

# Missouri Department of Social Services, Children's Division



## TITLE IV-B

### 2024 ANNUAL PROGRESS AND SERVICES REPORT

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**Title IV-B**  
**2024 Annual Progress and Services Report**

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

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Link to 2020-2024 Child and Family Services Plan found at <http://dss.mo.gov/cd/cfsplan/>

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## Introduction

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

Missouri has 114 counties and the City of St. Louis, which are grouped using pre-established judicial circuit boundaries. Each of the 46 circuits in Missouri has oversight by a Circuit Manager. The state has six regions with each governed by a Regional Director. In the Jackson County urban area, the Regional Director and the Circuit Manager positions are held by the same person. The St. Louis Region includes the county and the city of St. Louis. Missouri’s six regions are St. Louis, Kansas City, the Southwest Region, the Southeast Region, and the Northwest Region and the Northeast Region.

## Collaboration

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

The CFSR Advisory Committee’s centralized focus is to build an advisory resource infrastructure to result in positive outcomes for children, youth, and families. A broader collaboration of this kind benefits families in improved access and service availability, and a reduction of services and funding fragmentation. Standing members include Children’s Division managers, representatives of the Department of Elementary and Secondary Education, Department of Mental Health, Office of State Courts Administrator, CASA, the health care community, private child welfare agencies, as well as a foster/relative parent, foster youth, and parent with lived experience. An assessment of the functionality and membership of this group

has been initiated with assistance from the Capacity Building Center for States. As a result of that assessment, membership has been right-sized, with ongoing recruitment for additional stakeholder groups.

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

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

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

The Children's Division continues to collaborate with the courts through a variety of mechanisms. Two members of the Children's Division's management team as well as the CFSR Coordinator attends the Juvenile Court Improvement Project Steering Committee meetings and regularly shares relevant data. There are 19 Fostering Court Improvement (FCI) sites in the state. Fostering Court Improvement is a collaborative effort to use agency and court data systems to improve case handling, and outcomes through intensive data focused interaction and training for personnel in selected project judicial circuits.

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

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

## **Community Based Child Abuse Prevention**

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

CTF currently works with the Missouri Children's Division at the state level through collaborative efforts related to Family First Act planning and infant safe sleep initiatives.

### Background Information

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

Beginning in FY 2019 CTF shifted CBCAP funding from the Lead Agency Model to programs and initiatives related to home visiting and parent leadership.

### Home Visiting

CTF currently uses CBCAP funds to support three home visiting programs and two home visiting collective impact initiatives. The three direct service programs (Whole Kids Outreach, El Dorado Springs R-2 District, and Easterseals Midwest) serve families in 15 counties throughout Missouri using the Healthy Families America, Parents as Teachers, and Nurturing Parenting curricula respectively. The two home visiting collective impact initiatives (Promise 1000 and St. Louis Home Visiting Collaborative) aim to improve the quality, accessibility, and coordination of home visiting services provided in the Kansas City and St. Louis metro areas through use of a coordinated referral and intake system and shared evaluation mechanisms. CTF also uses leveraged funds to support home visiting services in an additional 17 counties, including an in-home service for families with children who have disabilities/developmental issues (Capable Kids and Families).

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

### Parent Leadership

CBCAP funds also currently support a Family Leadership Circle fellowship program developed and run by Kids Win Missouri. The content of the fellowship is related to Kids Win's Early Childhood and Education Initiative, and has focused on building parents' leadership, policy, and

advocacy skills through monthly virtual learning and engagement sessions and hands-on practice advocating both at the Capitol and in their communities. The initiative operates in 7 regions throughout the state (St. Louis, Kansas City, Northwest, Northeast, Mid-Missouri, Southwest and Southeast), and core partners/parents in these regions have all hosted events to engage other parents and legislators about their challenges and experiences with child care, preschool and home visiting. Core partners include a mix of community partnerships, community action agencies, and other community-based organizations that are already doing some level of parent engagement in their communities.

### Evaluation

CTF has aligned its home visiting evaluation with the MIECHV (Maternal, Infant and Early Childhood Home Visiting) program administered by the Missouri Department of Elementary and Secondary Education (DESE), including assessing for the MIECHV performance indicators. CTF has contracted with DESE to collect and analyze data from CTF-funded home visiting programs.

### **State Youth Advisory Board**

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

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

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

### Membership Requirements and Composition:

Members must be ages 15-21 to serve, but if a youth turns 21 or leaves Children's Division custody during the term, he/she can finish the remainder of the term if in good standing. During a conference planning year, a youth may stay on the board until the conference is over, even if they have turned 21 and their term expired. This allows them to finish the commitment they started. The youth must be an active participant of a Chafee or Transitional Living Program (TLP) and must have a good attendance record for activities in which he/she is involved, such as AYAB meetings, school, work, etc. The SYAB has a Chair, Co-Chair, Scribe, Co-Scribe,



Censor, and Media Specialist. Officer elections are held annually each summer. The board also may consist of three non-voting, Ex-Officio members. An Ex-Officio member must be a current or former foster care youth who served at least a one-year term as a board member or alternate within the last three years. There was one Ex-Officio members on the board in SFY23. Ex-Officio members must apply each year and can serve no more than two years upon recommendation of the Independent Living Coordinator (ILC) and approval of the Children's Division Director.

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

In SFY22 to date, the SYAB has had seven community members:

September 2022, FosterClub participated in a virtual meeting to share information with the members and discuss the Youth and Adult Leadership and Empowerment Conference partnership.

Missouri's 2022 FosterClub AllStar led an activity to support youth sharing their story.

Children's Division Senior Program Specialist, Child and Family Service Review (CFSR) Coordinator provided opportunities for youth to participate in the CFSR reviews and update the CFSR youth survey.

In September 2022 and March 2023, a University of Missouri PHD candidate shared an opportunity for youth to participate in a relationship permanency discussion and tips for advocacy.

In November 2022 and March 2023, the Missouri Coalition for Children provided opportunities for youth to participate in a Youth Congress and advocacy to improve supportive services in Missouri.

In March 2023, Guest speakers from the Department of Transportation attended to share driving programs to support older youth.

A Missouri Department of Social Services Deputy Director shared how a bill becomes a law and tips for Child Advocacy Day.

The Missouri Balance of State Continuum of Care provided Youth Homelessness Demonstration Program (YHDP) leadership opportunities to assist in ending youth homelessness.

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

### Recruitment and Retention:

Contractually, each region is required to have three representatives on the board. Regions are allowed to have additional youth as well, but membership overall is kept under 40 to be manageable and productive. The SYAB vote and determine if the youth nominees become a delegate member of the SYAB. The SYAB has final authority on membership approval. Some regions have more than one local youth advisory board and therefore send several more representatives, particularly in the more rural regions. The Transitional Living Program contract contains language for youth to participate in a local board. The Chafee contract contains language for youth to participate in a local board, the State Youth Advisory Board, the bi-annual adult and youth leadership and empowerment conference, and speaking engagements as part of a panel at conferences/seminars or participating as a youth representative in a workgroup or committee.

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

As of March 2023, there are 30 members on the SYAB.

Although members have busy and sometimes unpredictable lives, commitment to the SYAB is vital for its success. Members with a longstanding history reflect the importance of the board and are vital to the success of the board for historical knowledge, particularly in a conference planning year. Fifteen members have been involved with the SYAB for over one year. One youth has been a member since November 2018, and holds an officer position. Three members have been on the board since 2019 and they all hold officer positions. Even if a youth who has a longstanding history does not serve in the role of an officer, they become natural leaders of the group.

The pandemic has continued to have an impact on Local Youth Advisory Boards as well. The Local Youth Advisory Boards have increased in size in SFY23 and more locations have been added to reach youth. Continuing efforts are being made to provide training and manuals so LYAB meetings can be replicated in additional areas.

### Board Policy and Written Guidance:

The SYAB revised its handbook in June 2021. The SYAB handbook includes clear expectations, eligibility, and purpose of SYAB. No changes were made in SFY23. The board uses a creed to assist with conduct at meetings. Potential members must agree via signature to the conditions of the creed prior to becoming members and the creed is kept on file with the Independent Living Coordinator (ILC). The board has had minimal conduct issues, but this was another step to

solidifying expectations of youth leaders on the board and was modeled after 4-H. The creed is specific so when an issue arises, it is easily handled. There were no revisions to the Code of Conduct in SFY23. This will be evaluated as needed in SFY24.

### Youth Representation and Activities:

#### *Child Advocacy Day*

Each year the SYAB participates in Child Advocacy Day. Missouri's annual Child Advocacy Day is an opportunity for parents, providers, youth, and community members to speak up and ask lawmakers to make the health, safety, and education of Missouri's children a top priority for the state. With increased virtual opportunities, at least, one youth attended sessions offered the prior weeks before the in-person event at the Missouri Capitol Building. SYAB developed talking points to share with legislators from their area to talk about issues important to the youth. Youth participated in the Child Advocacy Day rally at the Capital, two SYAB officers were introduced on the House Floor, youth met with Legislators, and lunch was hosted by the State Youth Advisory Board. The incentive was offered in SFY23 and a letter to support a school absence was provided.

#### *Youth and Adult Leadership and Empowerment Conference:*

The SYAB hosts an Adult and Youth Leadership and Empowerment conference every 2 years; the last conference occurred at the end of SFY22; the next conference will occur in SFY24.

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

#### *FosterClub All-Star Program:*

Children's Division has invested in the FosterClub All-Star Program which resumed in-person in SFY23. Through the program, youth are provided with intensive leadership and public speaking training. In addition to motivating, educating, and empowering foster youth across America, the FosterClub All-Stars raise awareness about foster care. Missouri utilizes the youth upon his or her return to teach other youth, particularly SYAB members, leadership and advocacy skills as well as to represent Missouri in speaking engagements.

It is the philosophy of the agency by providing this type of leadership training and national exposure, one youth will be able to directly impact the lives of many youth within the state of Missouri. This youth will also be a trained leader in which he/she can better advocate within the system on behalf of youth in foster care. Missouri is sponsoring two youth participants in SFY23-24, and selection was made in March 2023. The internship will be in person this year. Youth selected are expected to participate in Children's Division workgroups, state agency advisory boards, and various speaking engagements.

### *Workgroups, Speaking Engagements, and Input:*

The SYAB, as well as other foster youth and alumni youth, are active in participating in speaking engagements and workgroups to promote the needs of youth in foster care. The following are activities which occurred in SFY23.

- 17 SYAB youth are on the Youth Homless Demonstration Project (YHDP) Committee
- 2 youth are part of the CFSR Committee
- 14 youth were invited to participate in the CFSR annual reviews
- 1 SYAB youth is part of the Psychotropic Medication Advisory Committee
- 1 youth is participating in the Association of Maternal and Child Health Programs Conference in New Orleans. She will also become an Adolescent Advisor for this program.

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

Youth are made aware of opportunities for speaking engagements and memberships in advisory committees and internships as they become known or requested at the local, state, and national level via meetings, email, and Facebook and this will continue in SFY24.

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

### **Older Youth Summits**

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

To date, no summits have been held as everything was put on hold due to the COVID-19 pandemic. Discussions are being held for SFY24.

### **Missouri State Foster Care and Adoption Advisory Board**

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

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

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

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

(a) The northwest region;

(b) The northeast region;

(c) The southeast region;

(d) The southwest region;

(e) The Kansas City region;

(f) The St. Louis area region;

(g) The St. Louis City region;

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

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

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

Each member of the board may be reimbursed for actual and necessary expenses incurred by the member in performance of his or her official duties. All reimbursements made under this

subsection shall be made from funds within the department of social services' children's division budget.

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

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

7. The board shall establish such procedures necessary to:

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

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

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

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

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

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

The Children's Division created a mailbox for the Board to facilitate communication between the board members. All policy regarding resource parents and foster youth is presented to and discussed with the MSFCAB using email and at the quarterly meetings. Each member, in turn, provides information to their local boards and peers. Policy for resource parents and foster youth is only published after the MSFCAB has provided review and comment. Some examples of policy that the board reviewed during CY2022 include:

- Provided feedback on the behavioral health care-in for Mo Medicaid
- Provided feedback on the Level A and B update and Core Teen

- Provided feedback on the Alternative Care Review Board
- Provided feedback on marginalized populations including the LGBTQ population
- Provided feedback on the new Pre-Service Curriculum
- Provided feedback on the TFC program
- Provided feedback on childcare providers and subsidy
- Provided feedback from the Resource Parent community on policy
- Provided feedback on foster children's funeral expenses
- Provided feedback on the Comprehensive Emergency Family Care Pilot
- Provided feedback on the American Rescue Plan Act
- Provided feedback on the AFCARS changes
- Provided feedback on Linking hearts
- Provided feedback on Runaway youth
- Provided feedback on HB429
- Provided feedback on the residential program
- Provided feedback on the licensing redesign through Change and Innovations

### **Parent Advisory Council**

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

The PAC was implemented with support from a collaboration of agencies which includes the Department of Health and Senior Services; the Children's Trust Fund; the Department of Mental Health and the Department of Social Services, Children's Division. In 2021, the Office of Childhood, located within The Department of Elementary and Secondary Education, was developed and continues support efforts for the PAC.

In 2022, a redesign occurred with the PAC. Two Regional Parent Advisory Councils were started in the last half of 2022. For purposes of regions for the Regional PACs, Missouri was separated in to seven regions. There are plans to expand to three additional locations during 2023. There will continue to be a State PAC. Regional PAC sites will use the World Café model to ask questions at the regional meetings, compile feedback, and a State PAC representative will act as a liaison between state and local groups.

Further collaboration has occurred to obtain parental feedback regarding practices and procedures having significant impact to parents. Draft updates have been sent to the State PAC,

when applicable, to obtain parental feedback. Providing feedback to organizations was a large goal of the PAC, so they were honored to be approached to do this. In addition, having the voice of those who have interacted with child welfare systems is vital for amplifying the parent voice and informing better practice. The Children's Division has previously assisted in recruiting new parents interested in leadership opportunities to apply for membership with the State PAC.

### **Task Force on Children's Justice (CJA Task Force)**

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

In addition to meeting virtually and in person on a quarterly basis in 2022, the Task Force via the use of subcommittees, held web-based virtual meetings and conference calls, reviewed policy, tracked and evaluated proposed legislation, and engaged in discussions which clearly displayed the value of having a multidisciplinary task force involved in the evaluation of the child welfare system's response to reports of child abuse and neglect. The Task Force continued to keep the improvement of the investigation and prosecution of child abuse and neglect and reducing trauma to children as its primary target for its work moving forward while continuing to make efforts to connect its work to other child welfare program areas and objectives.

The Task Force on Children's Justice is responsible for providing stable, flexible, and ongoing funding to support efforts to improve the investigative approach and response to child abuse and neglect. Funding granted by the Task Force will assist the State in its efforts to expand training; expand services; provide better staff development opportunities and positive work environments; promote a positive image; and gain public support. The end goal is an improved ability to recruit, train, and retain staff; ultimately, it will enhance the State's ability to respond to child abuse and neglect in the most timely and effective manner.

### **Recruitment Committee**

The Recruitment Committee is responsible for monitoring CJA's membership to ensure it consists of a minimum of 21 members and represents the required disciplines as specified in Section 107(c)(1) of the Act. The Missouri Task Force achieved full membership in 2022.



There were a number of retirements and job duty changes at the end of 2022, so the Task Force expects the membership to be at 21 by Spring 2023.

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

### **Goal Committee**

The committee was formed to assist the Task Force in maintaining focus on the goals the Task Force has identified through last year's Three Year Assessment, as well as reviewing the annual report to ensure that the Task Force is aligning grant funding and efforts with statutory requirements.

Based on the Three Year Assessment, the following recommendations were made to the Task Force:

1. Seek out and fund opportunities that address the most requested content outlined in the 3-year assessment
2. Work with grantees to improve communication efforts to increase reach across the state and disciplines. Encourage grantees to share marketing and communication strategies with one another and leverage each other's networks to share opportunities. The Task Force could also look into creating a shared distribution list or website with information about CJA-funded opportunities and the links to register.
3. Partner with state and local law enforcement leaders to learn how to better engage law enforcement professionals. The Task Force could conduct a focus group with law enforcement professionals to learn more about their specific barriers to participation and training needs.
4. Work with grantees and partner organizations to better understand why participation is lower in rural counties and how it could be bolstered. Explore the ideas generated in this evaluation, including additional scholarships and virtual opportunities.
5. Prioritize conference and training opportunities that include aspects that attendees value, outlined in the 3-year assessment.

The Task Force has been working with a consultant, With Insight, throughout 2022. With Insight has been conducting stakeholder surveys and focus groups to develop a strategic plan to update the grant application process and attract new potential grantees to apply for Children's Justice Act Task Force Grant monies. The collaboration with With Insight will continue throughout 2023.

## **Finance Committee**

The Finance Committee held discussions and scoring via e-mail on grant applications and presented recommendations for funding to the full Task Force at the quarterly meetings. The primary focus of the Task Force is to support trainings and conferences that can enhance the collaborations and knowledge of the numerous multi-disciplinary teams (MDTs) across the state. The Finance Committee will also be working with the Goal Committee to enhance the grant application and process in 2023.

## **Legislative Committee**

The Legislative Committee did not ultimately film a video for legislators. The Missouri Children's Division instead did a multipart series where different aspects of Children's Division role as well as members of the MDT roles were explained. Key legislators and their staff attended these WebEx's throughout 2022. In 2022, the Legislative Committee followed legislation and updated Task Force members on the status of legislation. Members of the MDT represented on the Task Force had conversations about the impact of bills on investigations and prosecution as well on their own specific professional roles in order to facilitate communication and collaboration among the professionals in responding to proposals. Each member of the Task Force was encouraged to speak with their legislator about their role and the function of MDTs in child welfare.

## **Foster Care Case Management Partnerships**

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

This partnership includes Continuous Quality Improvement (CQI) meetings at the local, regional, and CEO levels to address operational and collaboration issues at all possible levels. Though Missouri is now in the 16th year of a performance-based case management contract, time continues to be set aside at the CQI meetings for quality assurance/best practice discussions. Issues which cannot be resolved at the local level are referred to the regional CQI. Issues which cannot be resolved at the regional level are referred to the Program Manager's meetings.

Program manager meetings are held quarterly. These meetings now serve as the state level tier for the CQI process. These meetings are co-facilitated by a contractor and state agency representative. These meetings provide a forum to work on unresolved issues from the regional CQI meetings and an opportunity to share best practice. In recent years the group has discussed

strategies to increase parent/child and sibling visitation, identify evidence-based mental health practitioners, transition foster youth to adulthood, and improve placement stability.

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

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

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

Since 2015, FCCM providers have partnered with Children's Division to implement practice model initiatives. This includes trauma-informed care, recognizing signs of safety, and increasing access to wellbeing for children and families. In 2018 the FCCM providers sent representatives to be trained on the Trauma Toolkit which gave them the capability to train their staff to be trauma-informed directly. FCCM providers have had representatives complete the train the trainer training for the Five Domains of Wellbeing. Upon completion of this training, FCCM providers have the capability to provide this training directly to their staff as well.

During the 2020 legislative session HB 1414 was passed. This bill directed the Children's Division to form a Research and Evaluation Team. This team is comprised of representatives from every FCCM provider, the juvenile court, two representatives from area universities, and staff from Children's Division. This team has been meeting since August of 2020 to identify case metrics that will be measured through data extraction and case reviews. These reviews will be conducted for Children's Division cases and FCCM provider's cases. The team will review the

results of these reviews on an ongoing basis and provide technical assistance to those who need it to improve performance.

Implementation of phase one of the metrics will begin on October 1, 2022, with a total of seven measures. Those measures include:

- Maltreatment of children in foster care
- Worker/Child visitation
- Parent/Child visitation
- Healthy Child and Youth Exams within 30 days of custody
- Worker/Parent visitation
- Re-Entry into foster care
- Caseload sizes

The Foster Care Case Management Dashboard went live March of 2023. This dashboard will display Missouri's data by case management provider and by circuit and county each month. The same data and metrics will apply consistently to both the Children's Division and its contracted case management agencies. This will allow for review of the metrics to determine areas of strength and improvement. Each agency's leadership and quality teams, along with the Children's Division Oversight Team, will review the data and create improvement plans as needed. So far, the Maltreatment of children in foster care and Healthy Child and Youth Exams within 30 days of custody, and Caseload sizes are the three metrics posted to the dashboard. The other metrics will be posted as the data moves through the validation process.

Here is a link to this dashboard:

<https://dssintranet.mo.gov/dss-childrens-division/foster-care>

The case reviews will be completed using the federal On Site Review Instrument for CFSR Round 4. Data collection will begin in the Online Monitoring System (OMS) during the fall of 2022. Results in the OMS will be able to identify the review as a Foster Care Case Management case or a case managed by Children's Division.

The overall objective is to improve and strengthen the child welfare system across all case management providers.

### **Juvenile Court Improvement Project**

The purpose of the Juvenile Court Improvement Project (JCIP) is to develop and implement a statewide plan for improvement which will result in timely, full and fair proceedings for children and their families and to provide for the safety, well-being and timely placement of abused and neglected children in permanent homes. The activities of the court improvement project are directed by the JCIP Steering Committee, which meets quarterly. Such activities include

numerous multi-disciplinary, collaborative educational opportunities. Original members of the Juvenile Court Improvement Project Steering Committee were appointed by order of the Supreme Court of Missouri in January 2004. In that same order, the Steering Committee was assigned to the Family Court Committee. The Office of the State Courts Administrator (OSCA) staffs both committees. Appointed members include associate circuit family court judges, deputy family court administrator, guardian ad litem, court appointed special advocate, foster parent, tribal community representative, and child welfare agency staff. The steering committee is in the approval process of expanding the membership to include juvenile office staff, a representative from the state education department, department of mental health, community-based child abuse prevention program and an individual with lived expertise. JCIP encompasses all of the Court Improvement Project activities and the majority of services are offered statewide.

### **Fostering Court Improvement Project**

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

Fostering Court Improvement was initially implemented in four judicial circuits. These circuits were among those with the highest populations of children in out-of-home placement. They received initial training in October 2006, although several circuits have requested refresher trainings as needed. Over the next several years, the project expanded to include nine additional circuits. Currently, 19 of Missouri's 46 circuits participate in the FCI project. The number of circuits joining has not grown as consistently in recent years, as staff are working with additional circuits in other ways to expand the philosophy on more of a statewide level which has been delayed due to the recent pandemic. Additional circuits have shown interest in joining as FCI sites recently. CIP staff is working on updates to the training materials. Additional CIP staff are being hired to allow for program expansion. This has been delayed through the recent pandemic.

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

improvement efforts. This support can include on-site visits and attendance at the monthly meetings.

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

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

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

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

## **Missouri Court Appointed Special Advocate (CASA) Association**

The Missouri Court Appointed Special Advocate (CASA) Association's mission is to support, improve, and grow local CASA programs and lead advocacy efforts for abused and neglected children across Missouri. Currently, the Missouri CASA Association provides support and funding to 24 local CASA programs that serve 27 judicial circuits. Volunteers for the local CASA programs are caring community individuals who are supervised and supported by local CASA staff, and appointed by a judge, to advocate for the best interests of children who have been abused and neglected. The Missouri CASA Association is working to expand the number of local CASA programs in the state.

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

## **Partnership for Child Safety and Wellbeing**

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

Representation includes General Counsel and leadership from the Department of Social Services, Children's Division Director, and Deputy Director over foster care and the Division's Court Engagement Coordinator. The agenda and facilitation are the responsibilities of OSCA.

In 2022, the Partnership for Child Safety and Well-being continued their efforts to bring together the judiciary, juvenile office, child welfare agencies, advocates, and stakeholders to build effective and respectful working relationships that ensure children are safe, healthy, and thriving. The group met five (5) times in 2022: March, July, September, October and December. The priorities of the group, established jointly between OSCA and Children's Division included: meeting the residential requirements related to Independent Assessments and the development of Qualified Residential Treatment Programs (QRTP); improving initial case assessment activities; updating judicial education materials; and creating better practices with law enforcement who are conducting investigations of juveniles.

Leadership changes in OSCA and Children's Division occurred at the end of 2022. The State Court Administrator, Supreme Court Judge and Director of Children's Division made arrangements for new leaders to join the PCSW at their first 2023 meeting scheduled in March.

### **Adoption Resource Centers**

Missouri adoptive parents have had the benefit of having Adoption Resource Center (ARC) services available since House Bill 11 (2007) and are currently providing funding for centers located in St. Louis, Kansas City, Springfield, Jefferson City, Rolla, Columbia, Osage Beach, Macon and Hannibal. The motivation for these centers was the prevention of adoption disruption and support to resource families. The centers were developed to create and utilize local and regional partnerships with other agencies providing similar services to maximize the funds available and avoid duplication or gaps in services. These centers in effect serve throughout Missouri and were awarded funding in the SFY23 budget totaling over \$24,000,000.00.

The Community Connections Youth Project (CCYP) was created to focus on increasing the quality of life experienced by youth impacted by the foster care system. By connecting youth to community-based resource providers, the hope is to maximize the impact of the health and well-being of former foster youth, producing a more effective continuum of care for this population. This project is launched through the Kansas City, Rolla, and Springfield centers and with a SFY 23 budget of over \$1,000,000.00

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

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

In FY22 there were over 12,000 families served and over 14,000 children served.

In addition to post adoption supports being provided by the Adoption Resource Centers, the St. Louis, Kansas City, Central Missouri and Springfield centers were awarded funding in the SFY23 budget totaling over \$4,000,000.00 to carry on Extreme Recruitment Activities. Extreme Recruitment (ER) is a 12-20 week intensive intervention to identify relatives and kin for youth awaiting permanency in foster care. The ER staff includes family finders, as well as a private



investigator, that mines the records of waiting children and identifies and then locates relatives and kin to be explored for potential placement. In addition to ER, the Adoption Resource Center on the eastern side of the state is using 30 Days Family™ which focuses on family search, engagement, and placement efforts for youth entering out-of-home care. Over 600 children were served by the ER program in the FY 22.

### **Faith-Based Initiative**

George W. Bush's first executive order as president created the Office of Faith-Based and Community Initiatives in the White House in 2002. The initiative sought to strengthen faith-based and community organizations and expand their capacity to provide federally funded social services, with the idea having been that these groups were well-situated to meet the needs of local individuals.

In 2007, Gov. Blunt signed the “Faith-Based Organization Liaison Act” (SB 46) to strengthen existing partnerships with faith based groups. The law called on the Department of Social Services to designate Children’s Division (CD) regional liaisons to faith-based organizations. The Liaisons primary functions is to communicate with and promote faith-based organizations as a means of providing community resources to our families in need. Through time, the regional liaisons found that there was a huge interest from the faith based community to partner with CD. Circuit liaisons were then appointed to make sure the needs of the children and families were met in a timely manner.

The Statewide Faith Based Initiative is a community of Children’s Division staff and faith-based partners of all faiths across Missouri bringing hope, empowerment, encouragement and resources to strengthen and support children and families in need. Some of the circuits have a more active partnerships where they have introduced organized, regular local meetings to facilitate an interfaith collaboration. Other circuits collaborate only when there is a family or child need where they have introduced an email calling tree. When a family or child has a need an email will be sent out to the group of what the need is and whomever can meet that need will do so.

The statewide quarterly meetings is a chance for the regional representative, circuit liaisons and faith-based partners throughout the state to come together to share resources in the hopes that others can replicate them, ideas on how to begin and foster the partnership, share success stories, and support each other as services are provided to children, youth and families in need across Missouri. The agenda is set up to highlight two different faith-based partners each quarter. They are given 20-30 minutes to share what they do, how they meet the needs of families and children, how they got started, how they partner with CD and others, what it would take to get the same program started in another part of the state and answer any questions participants have. Another agenda item prompts regional liaisons talk about what collaboration is happening in their region and discuss new programs they are starting. At this time, they share success stories their partnerships have brought about as well as any new programs they are working on. So that

faith-based partners can be informed of the Children's Division's role, each quarter a representative from CD is invited to highlight a new program or project that is being rolled out. This person has 20 minutes to share what the program or project is, how it meets the needs of families and children, and if there is an opportunity for faith-based partners to get involved.

As the relationships began to build between CD and the faith-based partners, it is the hope that they begin to see change, growth, and respect. It is also the hope that the number of foster and adoptive parents begins to increase, the needs of families begin to be met sooner, and people begin to understand the role of CD in a better light.

The partnerships have begun to see the benefits of building and strengthening partnerships between Children's Division and the faith community. Collaborations between CD and faith-based organizations not only benefit children and youth, but also benefit the organizations themselves. The efforts from the Southwest Region have fostered a partnership with Cherish Kids that has enhanced the numbers of foster/adopt families and provided support services to them on going. More Than Enough Ministry is expanding partnerships with the 11<sup>th</sup> circuit as well as talking to St. Louis circuits. Missouri Baptist Child's Home is beginning to provide services through their program called Darkness to Light. This program is set up to see how to prevent, to recognize and to respond appropriately to child abuse. Many regions facilitated partnerships between the Care Portal and churches. Families are stronger when CD and faith-based organizations intentionally work together. This year, more circuits have trained faith-based partners to supervise visitations and provide support to families during visits. Each possess unique resources in carrying out their work with children and families. When working together and sharing resources, more families are served more effectively and efficiently and can reach objectives not attainable by either working alone.

Each circuit continues to identified at least one liaison and each region has identified a regional liaison. Many circuits have begun to have more internal Faith-Based Initiative meetings to encourage more participation with staff. Some circuits have a more active partnership, but every circuit has worked hard to connect with their faith-base partners to help meet the needs of children and families. The more active circuits are connected with circuits that are just beginning to develop a stronger partnership. The liaisons come from a variety of positions and were selected due to their interest in the position and connection to faith. All of the liaisons have assisted with moving the goals forward by having regular local meetings with their faith-based partners, the active circuits mentoring to the circuits that want to become more active, and sharing resources with each other.

There has been some key faith-based partners who have assisted with moving the goals forward. These members have mentored other members by sharing how their partnerships started and how they have been able to continue. They have brought their faith-based program information to the group and have shared with others how they replicate the same programs in their areas. The statewide quarterly meeting have been beneficial, because success stories of resources and

programs like “adopt a worker”, Birthday Blessings, visitation resources, recruitments efforts, and Care Portal have been shared and others want to replicate them in their areas.

The participation at the statewide meeting has increased its faith-based partners each year. This is in part to the increasing number of active circuits and the invitations by current faith-based partners to new partners. The increased number of active circuits with the initiative is in part to the mentoring of the current active circuits.

The Children’s Division director has begun to speak at churches and agencies spreading the word that CD is committed to collaborating with faith-based partners to help meet the needs of the children and families served by the agency.

### **CarePortal**

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

There are 26 counties in Missouri that are a part of the CarePortal Network, with expansion efforts occurring in several other counties. The Children’s Division submits a de-identified request, including information free from names or addresses, to CarePortal to assist in connecting families to resources. CarePortal notifies local churches and community members of the need, giving the local community a real-time opportunity to respond and catalyze a connection between church and government to the benefit of children and families. CarePortal has helped to connect children and families with resources in their community outside of government involvement to meet the current needs of the family. CarePortal provides access, training and support to child-serving agencies and churches, so that the children and families they both serve can benefit in many ways. Partnership assists to keep children safe by providing concrete goods, services (such as professional services like exterminator, financial services, home repair) and support to families to prevent removals and strengthen families; assist relative, foster, and adoptive families; and assist youth aging out of care. In addition, the partnership helps children achieve timely and sustained permanency by supporting caseworkers; supporting families to prevent removals and in reunification efforts; and supporting relative, foster and adoptive families. Providing relational and community support and providing goods and services can improve well-being for children and families. CarePortal also aims to reduce or avoid costs to child-serving agencies by providing goods, services and support to children, families and

youth aging out of care; helping to prevent children from entering or re-entering foster care; helping children to reach sustained permanency more quickly.

The first county in Missouri became active with CarePortal in 2015. CarePortal maintains a live impact report on their website. To date, 20,221 children have been served in Missouri thus far; with 14,953 children being specific DSS referral. Specific areas of impact for categorization of the request include help improve a child's wellbeing; strengthen a biological family; support a youth aging out of foster care; help prevent a child from entering care; help preserve foster/kinship (relative) placement; help preserve an adoptive placement; help reunify a biological family help place a child in foster/kinship (relative) care; help making an adoptive placement.

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

In addition the number of children served identified through the live impact report on their website, CarePortal also reflects the economic impact to the state, with a current economic impact identified as \$6,634,923 total; \$5,139,129 of this economic impact from DSS referrals. Their total economic impact is identified as the total volunteer hours and tangible resources that were provided through CarePortal to meet the critical needs of children and families in Missouri, as well as the avoided public spending cost for foster care services and interventions.

In 2022, General Revenue funds were included in the State Fiscal Year 2023 budget by the Legislature and approved by the Governor. The purpose of funding is to support the expansion of CarePortal in Missouri.

### **State Technical Assistance Team**

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

STAT is managed by a DSS Deputy Director and has criminal investigative staff available 24 hours a day to respond to requests for assistance. STAT's investigative responsibilities are considerably different than those of the Children's Division. STAT is a specialized law enforcement agency that averages approximately 200 criminal investigations annually which directly result in the arrest and prosecution of individuals who prey upon children. STAT also facilitates digital forensic examinations for local law enforcement investigations as a result of its partnership with the Missouri State Highway Patrol in the creation of the Missouri Digital Forensic Center. Internet and computer facilitated crimes against children continue to expand every year and the prevalence of personal electronic devices has increased exponentially. STAT can facilitate the collection of evidence from such devices.

This multidisciplinary approach has proven to be a key link in the successful investigation of children's events and the continued evaluation of child fatalities ultimately leading to meaningful prevention strategies across the state. The Missouri Child Fatality Review Program (CFRP) State Panel, consisting of members from various child protection professional disciplines, meets bi-annually to review topics of concern and identified trends and patterns of risk. The State Panel continues to endorse and recommend prevention efforts related to child deaths from same surface sleeping, unsafe bedding and abusive head trauma involving infants, along with a variety of other types of child fatalities. The Children's Division and STAT continue to promote safe sleep for infants with the use of brochures and other materials provided by the Missouri Children's Trust Fund and the Department of Health and Senior Services. The CFRP Annual Reports are available on the DSS website. Additional prevention efforts in the form of PowerPoint presentations and information fact sheets are routinely presented to the various stakeholders in child protection and safety arena throughout the state.

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

STAT often notifies Central Office policy staff of identified trends, patterns and spikes of risk to children. Several Practice Alerts have been sent to CD staff addressing safety issues involving children, infants and toddlers. Practice Alerts remind staff of important policy and practice and help ensure best efforts continue to occur. The CA/N hotline number is available on the website accessible by the public, and information about the 1-800 hotline number is routinely provided during public STAT training and presentations. Additionally, the various mandated reporters throughout the state are routinely provided training by STAT on investigating child fatalities,

reports of physical and sexual abuse of children and the collection of digital evidence in child exploitation investigations. STAT is an affiliated member agency of the statewide Internet Crimes Against Children (ICAC) task force. STAT criminal investigators are embedded with task force assignments with federal and state law enforcement partners. STAT criminal investigators are present in the MSHP Digital Forensic Investigations Unit as well as the FBI's Violent Crimes Against Children task force. STAT possesses a specialized police K9, Ike, who is specifically trained with his human partner to detect electronics that are often secreted by purveyors of the illicit material often encountered in the STAT investigations. Ike is one of only a very small number of such animals in the United States and only one of two in Missouri. STAT, via Ike, routinely assists local, state and federal law enforcement partners in the execution of searches for digital child exploitation materials across the state.

### **Missouri Community Partnerships**

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

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

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

The ability to address each community's unique needs is greatly enhanced by the large source of local volunteerism. During the current fiscal year, the partnerships have generated over 140,000 hours of volunteer service to their respective communities. In addition to the many service hours generated by the partnerships, they leveraged over \$13.00 for every \$1 of state funding provided

them in FY22. They served over 550,000 clients across the state. They continue to be a good return on investment, and together, they serve over a half million individuals annually.

The main focus of Community Partnerships is the wellbeing of Missouri's children and families. The prevention of maltreatment of children and the safety of families are paramount within the Missouri Community Partnership initiatives.

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

### **Missouri KidsFirst**

Missouri KidsFirst is a statewide not for profit organization located in Jefferson City, Missouri. The Missouri KidsFirst Board of Directors is comprised of community and business leaders from across Missouri with a wide variety of backgrounds. They operate under an approved set of detailed by-laws.

For 20 years, Missouri KidsFirst has been dedicated to protecting Missouri's children from abuse. Their mission is to empower adults to protect children from abuse and neglect through community education, professional training, and child advocacy. The mission points to some of Missouri KidsFirst's core beliefs. Namely—only adults can protect children, and it is every adult's responsibility to do so. This means that if children are to be safe, adults must have the knowledge, skills, and understanding required to act on behalf of children who are abused. Missouri KidsFirst's work falls into roughly three broad categories: education, advocacy, and prevention.

Missouri KidsFirst is an accredited chapter of the National Children's Alliance, serving as the official membership association of the Missouri Network of Child Advocacy Centers. The Network operates with program guidelines developed by the Child Advocacy Center Directors. Each Director of the accredited regional centers in Missouri serves on the Network. There are 15 regional child advocacy centers (CACs) in Missouri, with 26 locations, serving each of Missouri's 114 counties and the City of St. Louis. Missouri KidsFirst works with the Network Directors in achieving the goals of the Network and works with all the Child Advocacy Centers coordinating service delivery, providing support, advocacy, training, and technical assistance.

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

- ***ChildFirst*<sup>®</sup> Missouri**-Missouri KidsFirst trains forensic interviewers and members of multi-disciplinary teams to conduct child abuse cases in a child-friendly manner. This

training improves the effectiveness of all facets of child abuse cases from disclosure to prosecution to healing.

- **Forensic Interviewer Peer Review and Advanced Training-**Because of the critical nature of the forensic interview to the child abuse case, Forensic Interviewers are required to participate in peer review and ongoing advanced training to assure interviews are forensically sound, non-leading and representative of the latest research and best practice.
- **Victim Advocate Training-**This program teaches advocates effective techniques for serving victimized children and non-offending caregivers.

Missouri KidsFirst manages the SAFE-CARE (Sexual Assault Forensic Examination-Child Abuse Resource and Education) network. SAFE-CARE is Missouri's medical response to child abuse. Missouri KidsFirst handles the SAFE-CARE network's logistics, facilitates monthly case reviews and provider update sessions, and gathers SAFE-CARE data. Missouri KidsFirst also recruits new SAFE-CARE providers and works with child abuse pediatricians to develop training to ensure that current providers maintain the standards of the SAFE-CARE network. Missouri KidsFirst and the SAFE-CARE network provides in-person and web-based training about medical forensics for Children's Division staff.

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

### **Supervision Advisory Committee**

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



of continually improving supervision in the state of Missouri. Notable guests from the Department of Social Services, Children’s Division and Community Partners are invited to each meeting to discuss current projects within Children’s Division; giving SAC an opportunity to give a different point of view from the front line.

During each quarterly meeting, the Supervision Advisory Committee reviews the strategic plan and determines which goals and objectives to focus on over the next quarter. Through 2022, the committee has met virtually in order to continue their work. The following is a description of each strategic goal and includes a summary of progress towards completion.

#### Strategic Goal 1: Supervision Skill Building

This goal focuses on enhancing supervision skill building for all supervisors statewide and to improve overall training of supervisors. The benchmarks include developing annual supervisor conferences, addressing needs for mentoring and shadowing veteran supervisors, effectively responding to conflict at all levels (internally and externally), ethical practice in supervision, establishing effective boundaries with staff, peer to peer meetings for supervisors, and addressing continued education and advanced training.

#### Strategic Goal 2: Recruitment and Retention

This goal focuses on increasing the recruitment and retention of agency employees. The benchmarks include boosting moral for frontline staff and reviewing retention practices, improving recruitment, and developing an onboarding process for new supervisors.

#### Strategic Goal 3: Practice Enhancement

This goal focuses on improving the performance of frontline staff and supervisors in order to serve families more effectively. The benchmarks include exploring implementation of an on-line forum for supervisors to share information (i.e., electronic Work In Progress Boards) and exploring ‘back to basics’ concepts for supervisors; reducing the time spent on extraneous tasks and focusing on reasonable expectations to promote meaningful interactions and support critical thinking skills with staff. Other benchmarks are court-related topics, to include role clarification for staff and support for testimony skill-building have also been incorporated into this goal and promote consistency of general practices within circuits.

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

### **Social Work Advisory Group**

The Social Work Advisory Group is a standing committee of the Children’s Division, created at the request of the Title IV-E MSW Class of 2019. While it is a standing committee, it serves at

the pleasure of the Division Director and can be modified, continued, or de-commissioned by the Division's leadership.

Vision: The Social Work Advisory Group (SWAG) envisions an agency culture that values the skills and knowledge of social workers who strive for positive outcomes for children and families while promoting ethical standards of quality practice.

Purpose and Function: The purpose the SWAG is to advise, influence, and promote ethical and culturally informed recommendations to leadership of the Children's Division about child welfare practice. Additionally, SWAG will review and assess the implementation and outcomes of strategies adopted by the agency to improve the quality of such practice.

Group functions include:

1. Research and review developments in child welfare practice models including evidence based and promising practices.
2. Recommend to Division leadership strategies and activities to support the development and use of evidence-based practice to improve outcomes for our customers.
3. Assess and review the implementation and outcomes of the Division's strategic plan for supporting and improving child welfare practice and reporting the results to Division leadership.
4. Serve as a planning committee participant to develop strategies around ongoing professional development.
5. Provide support and mentoring for recruitment, retention and development of social workers.

Approximately 21 members serve on the SWAG with members possessing a Bachelor's or Master's Degree in Social Work.

- Two representatives from each of the Regions, one Bachelor or one Master level Social Worker, nominated by the Regional Director and appointed by the Division Director.
  - a. Members may invite current practicum students to attend.
  - b. When possible Title IV-E students may receive membership preference.
- One representative from the Child Abuse and Neglect Unit (CANHU), one representative from the Out of Home Investigation Unit (OHI), and one person from the Field Support Team, appointed by the Division Director or designee.
- Two Central Office staff: Recruitment and Retention Specialist and a member of the Training Unit.
- Two representatives from the Quality Assurance Unit.
- A faculty member from a University within Missouri that has a professional focus on public child welfare. The University should be a school that the Children's Division collaborates with for the Title IV-E MSW program.

- Additional members may be appointed at the discretion of the senior leadership within the Children’s Division.

The group is currently focusing on supporting social workers and staff within Children’s Division. There are several workgroups planned for this next year. The first initiative is to develop a plan to assist agency case aids with a path to getting their BSW with assistance from the agency. The second initiative is to develop a pay structure/career ladder proposal to submit to the Department that takes into account time of service and degrees/licensures. The final initiative is to create a support network for social work students through supervision for practicum students, project planning and mentorship.

### **Regional Collaborations**

In addition to the statewide collaborations described above, there are numerous collaborations occurring locally. Following are a few examples from the regions.

#### Northeast Region:

- All circuits in the Northeast Region are expected to ensure that schools and other requesting agencies receive training on mandated reporting for child abuse/neglect reporting. This is accomplished in a variety of ways to include, but not limited to, in-person trainings and virtual presentations.
- Bright Futures works with the Mexico Public School in Audrain County to identify the needs of the youth who attend the school and connect them with local resources. Bright Futures is a grassroots-type effort made up of all community groups (business, churches, parents, civic and human services groups) who come together sharing their time, talent and/or treasure to support school children. The thought is that when a community invests in the youth and meets their needs, they can focus on education. In return, the results will be higher self-worth, staying in school, achieving higher education, and being successful. The group meets monthly over lunch. In attendance at the meeting includes the principal, school counselor, numerous faith-based community partners, Juvenile Officer, Children’s Division, and youth from the school (high school level).
- The 14<sup>th</sup> Circuit Children’s Division is collaborating with the City of Moberly and the Moberly Police Department. The City has obtained grants to purchase buckets full of cleaning supplies for families. The buckets contain anything from trash bags and laundry detergent to lice removal kits. This is a program the City plans to continue, and the local office is excited to work with them.
- The 13th Circuit Children’s Division has been working with the Child Advocacy Center, Rainbow House, in Columbia for the past few years to develop a protocol on how to address, investigate, and provide services to children who have been Commercially Sexually Exploited. The core group working on a protocol has been the Circuit Manager, Central

Office program specialist, the Rainbow House, Boone County Sheriff's Department, Columbia Police Department representative, an emergency room SAFE nurse from University of Missouri, and at times a representative from True North Domestic Violence Shelter, as well as the Juvenile Office. A memorandum of understanding was signed by each discipline. The group has developed a protocol for the community and how to pull the multi-disciplinary team together in the case of human trafficking. Since the protocol has been developed, trainings in the community have occurred to educate the different disciplines about human trafficking and the protocol.

- Many circuits have a supply closet for families and children in Alternative Care, which is supplied by local churches and organizations. Staff are able to take items such as cleaning supplies and other household goods to families in need. Hygiene products and a few clothing items are on hand for children who need items when entering or residing in foster care.
- There are several free clothing and supplies options for resource parents. Macon, Audrain, St. Charles, and Lincoln County all have resources for these parents. Angels Wings is one of the larger providers and serves several Northeast circuits.
- Every Circuit in the Northeast Region has multiple organizations, volunteers and businesses that assist with Christmas and Birthday gifts for youth. The youth are given the opportunity to ask for what they want and foster parents are asked what the youth needs. These organizations include Elk's, Lions Clubs, Rotary, Birthday Blessings, local churches and many student lead school organizations.
- Many Circuits host back to school fairs and foster parent appreciation banquets where community partners offer goods, services, school supplies (back-packs/all of the basics), haircuts and other personal items.

#### Northwest Region:

##### 3<sup>rd</sup> Circuit:

- Children's Division and the Juvenile Office attend monthly Systems of Care Meeting with each school district in all four counties.
- Children's Division attends quarterly Human Service Meetings in Grundy, Harrison and Putnam County to share new resources available or recent changes with established service providers.
- Local Churches in each county provides donations to include; clothes closet for foster care children, monetary assistance, gas vouchers, hygiene/cleaning products, transportation, mentoring, as well other assistance to families.
- Grundy County is involved in the Peer Mentoring Program from University Extension.
- Grundy County CD has the Support of Church Women United who provides assistance much like a Care Portal, but is centered on families and children in Grundy County.

- Harrison County is in the process of creating a local Care Portal to assist in local service providers in meeting the needs of families/children.
- Putnam County families and children benefit greatly from support of several local churches who have joined together to meet their community's needs.
- Children's Division host quarterly Cornerstones of Care meetings on recruitment and retention of foster parents, as well as meetings with Intensive In-home Services and Family Reunification Services providers.

#### 4<sup>th</sup> Circuit:

- The Children's Division works with the Voices of Courage Child Advocacy Center and meet every 2 months with the Juvenile Office, Law Enforcement, Prosecutor and Physician from Children's Mercy.
- The Children's Division workers with Easterseals monthly with Systems of care meeting-networking-education-Easterseals- Children's Division - Juvenile Office -Health Centers to identify needs and resources.
- Mandated reporter training with schools or other agencies are provided yearly or as needed
- The Children's Division works with Community services in October to November wanting to adopt foster children for Christmas.

#### 5<sup>th</sup> Circuit:

- The 5<sup>th</sup> Circuit meets with local stakeholders to provide an annual mandated reporter training and follows up with a general question and answer session.
- The Children's Division works with the Voices of Courage Child Advocacy Center on developing protocols for child abuse investigations.
- The 5<sup>th</sup> Circuit partners with local law enforcement, medical providers, and Juvenile Office, meeting monthly to discuss cases in the area and to try and work as a team to provide the best possible outcomes for children and families.
- Children's Division meets with members of the Juvenile Office, Law enforcement, Department of Mental Health, Easter Seals, Foster Parents, CASA, and Court Clerk's office to discuss better outcomes for children in foster care as ways to help improve processes and communication between agencies.

#### 6<sup>th</sup> Circuit:

- The 6<sup>th</sup> circuit has a Birthday Closet for children in alternative care. This is sponsored by a few different community groups including Daughters of the American Revolution and First Baptist Church in Platte City. When a child in care has a birthday, the case manager can select a gift for them along with a cake mix/tub of icing.

- A pastor from The Calling Church comes to the office the first Thursday of every month to provide support to staff members. He sits in a private room and any staff member may choose to speak with him while he is here.
- The Assistance League of Kansas City frequently provides gift cards to Aldi for families and will provide vouchers to stores if a child on an assessment or investigation is in need of clothing.
- We meet with the local juvenile office at least once a month to go over cases and updates.
- We attend Systems of Care Meetings in the school district along with many other stakeholders.
- Platte County participates in one of the trainings each class for upcoming foster parents before they become licensed.
- We have Platte County Sheriff's coming in May to the office to do a Fentanyl training with us and we invited the Juvenile Office.
- We volunteer and participate in the Platte County Children's Trust Charity Golf Tournament.

#### 7<sup>th</sup> Circuit:

- Clay County Children's Division remains very involved in the community. The Children's Division regularly participates in Systems of Care Meetings with the Juvenile Office and local Mental Health Providers and other stakeholders. This is a collaborative meeting to problem solve and work together to meet the needs of children suffering from mental health issues.
- Clay County Children's Division participates in quarterly Child Fatality Review Meetings with several community partners including the Prosecutors Office, Juvenile Court, Mental Health Providers, Medical Providers, Health Department and Law Enforcement. Child fatality trends are reviewed and discussed on a regular basis.
- Clay County Investigation Supervisors participate in monthly Child Advocacy Center (CAC) case reviews along with representatives from CAC, Prosecuting Attorney, Law Enforcement, Medical Providers, and the Juvenile Office. Cases where children have been seen and interviewed at the CAC are reviewed and discussed as to what actions are still needed by each agency.
- Clay County Management Staff meet quarterly with the local Juvenile Office to share updates, concerns and to maintain a collaborative relationship. Juvenile Office staff include the GAL, CASA Director, Chief Juvenile Officer, the Juvenile Office Supervisor over Child Abuse and Neglect and the Juvenile Office Supervisor over Delinquency.
- Clay County Circuit Manager is a board member of the Child Advocacy Board. She attends quarterly meetings to discuss community needs and trends within the agencies to better serve children and families.

- Clay County Circuit Manager also attends and participates in the KC Roundtable. This group meets every quarter and consists of Clay, Platte and Jackson County Children’s Division, numerous community social service agencies, hospitals, legislators, BACA, and other local agencies. The focus is on child welfare, legislative and budget updates, and sharing of information and resources.
- Clay County Circuit Manager participates in regular meetings and quarterly Active Community Meetings with Faith-Based Partners and the Care Portal. Children’s Division gives an update on the local office and works with faith-based leaders on how to support families in the community.
- Clay County management Team meets every other month with Synergy Services and their Permanency Advocate Program to ensure services are being provided to families in need. This position was a collaboration between Synergy, the Juvenile Court and Clay County Children’s Division to provide an advocate to parents working with the court in Clay County.
- Clay County Circuit Manager attends and participates in quarterly Community Response Team Meetings. These are facilitated by Synergy Services. The purpose of this group is to keep other community members updated on changes within local agencies, discuss trends and needs in the community and work collaboratively towards solutions. Clay County, Ray County and Platte County Children’s Division participate. Tri-County Mental Health, Probation and Parole, Juvenile Office, Easter Seals, other social service agencies all participate in this meeting.

#### 8<sup>th</sup> Circuit:

- Ray County Coalition—serve on the board and attend monthly coalition meetings to build capacity and develop strategies to help Ray County youth reach their full potential in safe, healthy and drug-free communities by reducing substance use among youth;
- Vocational Rehabilitation Peer Mentoring—bi-monthly meeting with Vocational Rehabilitation, local school districts, Access II, IMPACT, and Full Employment Council to review process to make referrals and discuss progress toward expanding their program for 14-15 year old youth with an IEP or in the foster care system to give additional job training, placement and mentoring;
- Community Response Team—meet with Domestic Violence Shelter, Batterer’s Intervention Program, Child Advocacy Center, Probation and Parole, Law Enforcement, Legal Aid, Easter Seals and Juvenile Officers in the three county Clay/Platte/Ray area to enhance awareness of programs and keep up on current trends;
- Missouri River Crisis Intervention Team—prepare partner agencies in Carroll, Saline and Lafayette counties, including Law Enforcement, Mental Health Providers, Hospitals and Department of Health and Senior Services and Children’s Division to address barriers and advocate for policies and changes to support wellness and health within the established agencies and associations;

- Tri-CIT Crisis Intervention Team—partner with Clay, Platte and Ray counties with Law Enforcement, Mental Health Providers, Hospitals and Department of Health and Senior Services to address barriers and advocate for policies to support wellness and health within the established agencies and associations;
- Hardin Central Pre-school Oversight Committee—partner with Hardin Central School district to plan and guide policies for pre-school curriculum, attendance and out-reach;
- Health Care Collaborative of Rural America and Live Well Clinics—help to advance health care and social care in the rural communities of Carrollton, Lexington, Waverly, Concordia and Buckner as a member of the network to promote and educate health screenings, trainings, health management, low-cost medication, chronic disease prevention, health care advocacy, case management and access to numerous other programs and connections through outreach and clinics;
- Good Samaritan Round Table—meet with other Social Service Agencies in the Clay and rural Ray county area every other month for sharing information and resources for help with budgeting, medication, infant supplies, and life skills to prevent homelessness and hunger;
- Cornerstones of Care—meet with contracted agency quarterly to discuss placement of children in alternative care, foster and relative homes, and recruitment and retention of resource homes;
- Connections with Excelsior Springs School District—meet to discuss high risk pupils within the district to eliminate gaps in services and make sure needs of the children are met;
- Richmond R-XVI Parents as Teachers—attend planning meetings and provide guidance on policy and needs;
- Hardin Central Parents as Teachers—attend planning meetings and provide guidance on policy and needs;
- Special Needs Services of Ray County—assess individual situations of youth with unique needs in Ray County and support and enhance new initiatives, including a facility to meet the needs of the community;
- Child Advocacy Center—meet individually and quarterly with Synergy Services, Child Safe and Children’s Advocacy Center as well as law enforcement, prosecuting attorney and juvenile officer to determine the best course of action on cases referred for forensic interviews;
- Kiwanis Mother’s Day Baby Shower—assist and distribute diapers and baby items collected through donations from the Richmond/Ray County Kiwanis Club;
- Easter Seals Midwest—serve as board liaison for Ray and Carroll counties to promote and implement advocacy, support and training to help children and adults learn basic functions and master skills needed to develop and thrive in all stages of life;



## 9<sup>th</sup> Circuit:

- Children's Division works in collaboration with the community mental health center, local foster parents and parents that have joined the planning team to coordinate and offer Parent Cafes.
- There are monthly school meetings with several schools in the Circuit. Children's Division, Juvenile Office and school personnel participate together.
- Children's Division participates in the Peer Mentoring Team through Vocational Rehabilitation that serves the Circuit. This team consists of Children's Division, Juvenile Office, and Vocational Rehab.
- Presentations at Churches to discuss the need for foster parents and how they can work collaboratively to meet the needs of families and children.
- Participation in the local hospital's community assessment of needs. Once the hospital completes their assessment, Children's Division, Health Department, Community Mental Health providers meet to discuss and plan how to address community needs.
- Children's Division staff participates in community activities to engage with the community and to recruit and promote the need for foster parents. For example, staff participated in a drive through Halloween event and have participated in a holiday parade.
- Children's Division is working in collaboration with community partners, including the Health Department, hospital, church and community member representatives to develop a community organization to meet the needs of the youth and families that are served and to connect them to community resources. We are currently working on a collaborative goal to have a Healthy Child and Families Summit later this summer where families and children can connect with multiple resources in one event.

## 15<sup>th</sup> Circuit:

- Monthly school meetings are held to discuss families.
- Mandated reporter training with schools or other agencies are provided.
- Children's Division received love bags from the 31 bag company that have hygiene supplies in them for children in care.
- Children's Division is a part of a Crisis Intervention Team to discuss mental health and collaboration with other agencies to bring awareness.
- Numerous people in the community reach out in the beginning of November wanting to adopt foster children for Christmas.
- Children's Division attends Child Safe meetings, which collaborate with law enforcement and prosecutor to discuss cases.
- A local church in the circuit donates back packs full of school supplies for kids in care or those involved in Family-Centered Services.

- A local girl scout's troop did a hygiene drive and donated the supplies to Children's Division families.
- Some local churches offer parenting classes the Children's Division families can attend. One church also has a foster parent support group.
- Probation and Parole allow their clients to "pay restitution or community hours" by purchasing items for foster kids, such as clothing or other needs they may have.
- We have a local church that donates birthday gifts for our children in foster care.

#### 17<sup>th</sup> Circuit:

- The Mobile Crisis Project: this assures that all youth entering into foster care in 17<sup>th</sup> Circuit and surrounding counties are referred for mental health services and supports for the foster parents.
- Baby Grace: this is a community run organization that provides free diapers for members of the community. Diapers and wipes are kept in the office so when children come into care, baby supplies are on hand.
- Staff from the 17<sup>th</sup> Circuit in collaboration with Cornerstones of Care provide and give a brief orientation of what foster families can expect when children come into care and they are being called for placement. It also gives new foster families a point of contact within Children's Division to ask questions. Working with COC on Foster Family appreciation picnic.
- Presentations to schools or other organizations are provided when requested, especially around mandated reporting.
- Investigative Supervisor attends regular CCART and CAC reviews along with other multidisciplinary members, to include law enforcement, prosecuting attorney and juvenile officer to determine the best course of action on cases referred for forensic interviews.
- Children's Division working in collaboration with community partners, to meet the needs of the youth and families that are served and help connect them to community resources. Participation with partners such as school meetings with schools in the Circuit. Children's Division, Juvenile Office and school personnel participate together.
- Local churches provide Christmas gifts to youth in care as well as Teamsters 41 and the Swift Trucking Company. This group has been providing Christmas gifts to the 17<sup>th</sup> Circuit for several years.
- Management from Children's Division meets quarterly with the management of the Juvenile Office to work in collaboration for best interest of the children to move to permanency.
- Children's Division working in collaboration with Whitman Air Force Base/Family Advocacy and as well as other community partners for the coordination of services, support and referrals for victims of child abuse and neglect.

- Children’s Division attends quarterly Cornerstones of Care meetings on recruitment and retention of foster parents, as well as meetings with Intensive In-home Services and Family Reunification Services providers. Circuit Manager is the coordinator for IIS/FRS services in the sub-region.

#### 18<sup>th</sup> Circuit:

- Children’s Division attends the Pettis County Mental Health Coalition.
- Presentations to schools or other organizations are provided when requested.
- The circuit has a clothing closet for foster parents to utilize, with bedding, etc. for other needs.
- Groups donate “hygiene” bags for foster children for the first night in foster care. It consists of a bag, blanket, tee shirt, socks, underwear, shower gel, deodorant, feminine hygiene products as appropriate.
- Monthly meetings with the Juvenile Officer are held to discuss improvements to court processes, FST’s, etc.
- Participate in monthly board meetings at the Child Advocacy Center, Child Safe, in Sedalia.
- The Circuit Manager attends child fatality meetings.
- Investigative Supervisor attends regular CAC reviews along with other multidisciplinary members.
- Birthday Blessings provides birthday gifts for foster children. They also provide graduation presents and next steps baskets for youth moving to independence. They provide a few baskets each quarter for children who do not have visiting resources or family involvement.
- The Children’s Division works with Central Missouri Foster Adopt for a variety of resources for foster and bio families and for the 30 Days to Family program. This helps locate a family member for placement within 30 days of entry into foster care.
- Two organizations in the community provide Christmas to all foster children.
- The Circuit has partnered with the ministerial alliance to get lodging for some homeless families. Circuit Manager has presented to them regarding Birthday Blessings and for other needs foster children may have (hygiene bags, more foster parents).
- Quarterly meetings are held with the foster care licensing agent (Cornerstones of Care) to discuss any concerns/successes.
- Circuit Manager attends yearly meeting at the local community college (State Fair Community College) to discuss hiring trends and needs from the community college for employees.
- Circuit Manager presents to a criminal justice class regarding Children’s Division.
- Alternative care Supervisor maintains contact with various service providers to discuss concerns/updates.

- Circuit Manager has presented to UCM Master's students working towards Child and Family Development degrees.
- Investigative supervisor and Circuit Manager attend a yearly Sedalia 200 Social Worker meeting along with many contacts with them throughout the school year.
- 18<sup>th</sup> Circuit has a collaboration with Early Head Start for a home visitor to meet with up to six children who have an open case with Children's Division or are in alternative care. They meet with the biological parent and/or foster parent at least weekly. This person is also a liaison with Children's Division and Early Head Start and is located in the CD office.
- Meet monthly with Burrell Behavioral Health with all staff, AC sup and BBH staff

#### 43<sup>rd</sup> Circuit:

- Regular meetings are held with the larger school districts in the circuit. Some are monthly and some are bi-monthly.
- There are several fundraising and recruitment events that Foster Adopt Connect has scheduled. They have created new programs to provide services within the community. We meet monthly to collaborate.
- There are monthly meetings with Trenton and St. Joseph Child Advocacy Centers in all five counties in the circuit to review the ongoing criminal cases that have Children's Division involvement.
- Children's Division participates in fatality review meetings in four of the five counties in the circuit.
- The Circuit Manager attends an annual school counselor advisory board for the Hamilton school district. This is a community based meeting to discuss what topics the school counselors will be covering with their students throughout the year. They cover abuse/neglect, suicide/mental health, bullying, communication/decision making, appropriate peer relationships, etc.
- A community organization in Lathrop makes quilts and hygiene bags for foster children and donate to Children's Division multiple times a year.
- Children's Division CAN team and Worker IV's are meeting with each LE Agency within the circuit to provide education and build relationships.

#### Southeast Region:

#### 23<sup>rd</sup> Circuit:

- The Children's Division participates in Systems of Care along with the Juvenile Office, the local mental health provider, the Department of Mental Health, school members, and other community stakeholders. Several supervisors in the office participate in Truancy Court held at several schools. Jefferson County participates in the Faith-Based Initiative,

a collaborative effort between the Children's Division and the Faith- Based community intended to build relationships with and among Faith Based partners in the communities for the purpose of promoting safe and healthy children, youth, and families.

- The 23<sup>rd</sup> Judicial Circuit has developed a voluntary Drug Court program for parents with a pervasive substance abuse issue. Participants must agree to participate in the program for one year. Parents are drug tested weekly, meet with the Judge and members of their Family Support Team weekly, and gain a strong support system to prevent future relapse. This program is an asset to the circuit as it has reduced the recidivism rate and increases the likelihood of children being reunified with their parents.
- Supervisors within the circuit offer various trainings for community partners, which include presenting at the Truancy Conference, offering mandated reporter training to schools and the Sheriff's Department, and presenting information regarding foster care to stakeholder agencies. These collaborations provide an opportunity to share information regarding each agency's mission, practices, and policies which help to provide better outcomes for families.
- Jefferson County Children's Division has a representative that sits on the monthly Child Fatality Review Panel. All fatality cases of children (0 - 17) in Jefferson County are reviewed. The cases remain on the review list until the medical examiner has determined the cause and manner of death and the prosecuting attorney has made a decision if criminal charges are to be filed. Jefferson County Investigation supervisors participate in monthly Child Advocacy Center (CAC) Case Reviews along with representatives from the CAC, Prosecuting Attorney (PA), Law Enforcement agencies, and Juvenile Office. All cases where children have been interviewed at the CAC are reviewed and discussed as to what actions are still needed. Cases remain on the review list until the PA has made a determination as to whether criminal charges will be filed.
- Jefferson County Supervisors and Workers work in collaboration with the various school districts to hold prevention meetings for at-risk students. These meetings are held for truancy, behavior issues, and educational issues in an attempt to work with the family on a voluntary basis to prevent these issues from rising to the level of abuse or neglect. Together the family, school, community members, and Children's Division offer services that everyone feels would be beneficial to the family in order to resolve the issues before a hotline is needed.
- Children's Division and ComTrea, the local mental health provider, have worked together to provide families with a working and sustainable treatment plan. Working together has provided families with more customized intensive services. For families with multiple needs the collaboration has been able to find a treatment plan that will help the family address all of their needs between the two agencies. This provides the families with a wider range of services that not only address any abuse or neglect but also any mental health issues. This allows the families to utilize all the services between agencies to help them make the changes that are needed to have a healthy family.

- Jefferson County Children’s Division recently partnered with Jefferson Community Partnership, DMH, and ComTrea to draft an MOU for the Foster Youth to Independence Initiative. The purpose of this initiative is to assist young people aging out of foster care and who are at extreme risk of experiencing homelessness. Through the Foster Youth to Independence Initiative, housing vouchers are available through local public housing authorities to prevent or end homelessness among young adults under the age of 25 who are in, or have recently left, the foster care system.
- Jefferson County Children’s Division has three members on the Jefferson County Foster Care Fund (JCFCF). This organization receives donations and raises funds to provide scholarships and funding for individual foster children. JCFCF also puts together yearly events that include an Easter egg hunt, Foster Parent Appreciation Picnic, and a Christmas Party for foster children and resource providers. JCFCF also offers programs for each individual foster child to include birthday buddies, infant layettes, and a necessity nook.

#### 24<sup>th</sup> Circuit:

- Children’s Division in the 24<sup>th</sup> Circuit works closely with the Faith-Based partners in each of the four counties. Liaisons in all four counties reach out to many of the churches in the circuit to assist with resources for families as well as building support networks. The Faith-Based partners also work with the Children’s Division throughout the year to plan and coordinate a Christmas party and provide presents for the children in alternative care. Other events include CD and Faith-Based partners coming together for recruitment activities within the community to build the pool of available resource parents.
- Children’s Division staff have also been directly involved in development of the newly implemented Family Treatment Court in the 24<sup>th</sup> Circuit. Quarterly meetings of the Steering Committee are attended. The committee is apprised of Juvenile Court Officers, local attorneys, Circuit Court Judge, Circuit Commissioner, County Health Department Director, representative of Department of Mental Health administrative agent, Law Enforcement, a community member, and a school representative. This team assists the Treatment Court team with implementation and development of protocols to design a program that is beneficial and productive for clientele. There are two dedicated Children’s Division workers and one supervisor who work directly with the team to provide the participants and families with services that promote successful intervention. This has been a huge impact to circuit success in reunifying families involved with substance abuse issues.
- Two circuit supervisors attend monthly meetings for Child Advocacy Center multi-disciplinary team staffing. This is to identify needs in the cases that will move toward prosecution through criminal charges. These meetings are to enhance practice as a multi-disciplinary team following/advocating for victims of abuse.

- At least one Children’s Division representative attends monthly Systems of Care meetings in the 24<sup>th</sup> Circuit. These are in collaboration with school personnel, DMH administrative agents, and other community stakeholders. These meetings are very successful in integrating services and best practice to those families in the community who are involved with several different agencies.
- Children’s Division has representation with the Washington County Health Coalition. These meetings are quarterly and the group collaborates on health issues impacting the county. These concerns may include COVID-19 issues as well as Opiate use in the community. Membership of this coalition is comprised of school personnel, health department and other members of the medical field. Community members, law enforcement, and other agencies also attend these meetings.
- 24<sup>th</sup> Circuit also works locally with Juvenile Court Judges, attorneys, and Juvenile Court staff yearly to exchange feedback to best serve families. Training needs for Children’s Division workers and Juvenile Office staff are also discussed.
- 24<sup>th</sup> Circuit also represents Children’s Division in the community-based Well of Hope organization in Washington County. This group meets quarterly to educate the community and assist with resources.
- Staff continue to work towards community collaboration throughout the year by giving presentations at various teacher workshops, health fair events, and other community events within the four counties of Washington, St. Francois, Ste. Genevieve, and Madison.

25<sup>th</sup> Circuit:

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

- There is an MOU with Fort Leonard Wood (FLW) to conduct investigations and assessments on base. The Children’s Division is also a part of the Case Review Committee (CRC) team. This is a multi-disciplinary team appointed by the Garrison Commander and supervised by the General Leonard Wood Army Community Hospital (GLWACH) Commander to handle cases involving a Military Family where the children have or are suspected of having been abused. The 25<sup>th</sup> Circuit Manager or designee attends these CRC meetings as well as any Child Fatality reviews.
- The 25<sup>th</sup> Circuit is also working with two different foster parent organizations, Central Missouri Foster Care and Adoption Association and Foster and Adopt Connect. Children’s Division is able to refer families to receive clothing/resources; foster parent training; home studies and recruitment of foster parents; extreme recruitment and finding connections for youth with a goal of adoption; etc.
- Starting October 2019, Meramec Regional Planning Commission (MRPC) was granted a two phase, three year project through the Office of Juvenile Justice and Delinquency Prevention (OJJDP) in an effort to rid the Meramec Region of the opioid epidemic. The target population of this project is at-risk children, youth, and families who use opioids, are at risk for using opioids, or have family members that use opioids. This includes children, youth, and families in all eight counties of the Meramec Region: Crawford, Dent, Gasconade, Maries, Osage, Phelps, Pulaski, and Washington.
  - Phase 1: Planning - Dates: October 1, 2019 - September 30, 2020

Goal: Increase agency collaboration to foster a multi-systemic response to the opioid crisis.

Objectives: Develop a multi-agency consortium of stakeholders that have a regional representation of law enforcement, prosecutors, courts, probation, Division of Family Services, health care, mental health, and prevention organizations; Coordinate with OJJDP to conduct community needs assessments and SWOT analyses.

- Phase 2: Implementation - Dates: October 1, 2020 - October 1, 2022

Goal: Reduce negative outcomes for children, youth, and their families impacted by the opioid crisis.

Objective: Implement a minimum of three multi-systemic strategies to reduce youth opioid abuse and opioid-related deaths.

- Meramec Regional Planning Commission has also implemented Seeking Safety: Seeking Safety (SS) is a coping skills approach to help people attain safety from trauma and/or addiction from opioid use disorder or other substances. It is present-focused and designed to be safe, optimistic, and engaging. The treatment is highly flexible and can be conducted in group or individual format; open or closed groups; with any gender; adults and adolescents; any length of time available (using all 25 topics or fewer); any treatment setting (e.g., outpatient, inpatient, residential); and any type of trauma and/or addiction.



The program can be used from the start of treatment as it is stabilization oriented. Seeking Safety has been implemented for over 20 years in diverse types of programs, including community-based, mental health, addiction, criminal justice, veteran/military, adolescent, school, and medical settings.

Throughout the program, participants will learn the following skills:

- coping skills,
- how to set and stick to boundaries, and
- grounding techniques (which will be practiced on site.)

Those who have an Opioid Use Disorder (OUD) and/or a Substance Use Disorders (SUD) will benefit from the lessons taught during this program by learning to identify triggers and how to positively cope with them and learning about community resources that will be individualized to fit their specific needs.

Classes will last approximately one hour for both the male and female participants and will be taught over the course of 10 weeks. Participants that complete at least six of the 10 classes will receive a certificate of completion.

- C-STEM collaboration between CMH, CD, and TCH: Partnership to meet as many needs of the community as possible. The collaboration shares ideas and concerns and problem-solves as much as possible.
- The Crisis Intervention Team (CIT) program is a community partnership of law enforcement, mental health and addiction professionals, individuals who live with mental illness and/or addiction disorders, their families and other advocates.
- The 25<sup>th</sup> Circuit is involved with Kids Harbor II, the local Child Advocacy group. Phelps, Pulaski and Texas Counties have involvement with Multi-Disciplinary Teams. The circuit works locally with all Food and Service facilities in each county that offers assistance.
- System of Care with OZH Behavioral Health Center is composed of community members, families, youth, and others from a variety of backgrounds and organizations to share available resources and brainstorm solutions for families, youth, and clients in the community. Similar meetings are held with the Rolla Public School district.
- Pulaski County Community Network meets once a month with multiple agencies, religious organizations, etc., working on homelessness in the Pulaski County area.
- Phelps County Missouri State Representatives are currently in the process of setting up a community collaboration meeting that will take place in Rolla Mo. The goal of this meeting is to approach child welfare as a community partnership.

## 32<sup>nd</sup> Circuit:

- Children’s Division is working with Community Partnership of Southeast Missouri. Community Partnership offers the following services for families;
  - \*Every Day Dad – working with fathers to strengthen families
  - \*Missouri Mentoring – designed to help young mothers and fathers up to age 26 who are pregnant and/or parenting
  - \*Community Health Care Worker – works with families to help understand and manage health needs.
  - \*South Side Village – uses affordable housing as an anchor for childcare employment opportunities, education and job opportunities.
  - \*Cape Afterschool program – Helps to support families and children by providing high-quality, researched-based academic and enrichment activities.
  - \*RISE – a program to help individuals overcome challenges of living paycheck to paycheck. This program entails members to attend classes and work with a coach for life skills and self-sufficiency.
  - \*Re-entry program – Assists adult offenders in re-entering society.
  - \*There is also a program to assist with barriers in obtaining and maintain stable housing.
- Children’s Division is also linked with Foster, Adopt/Connect which offers support and training to foster parents in the Southeast.

We are currently working a pilot program through Foster, Adopt/Connect with the Hope House. This is a program whereby we can place children who come into state’s custody on an emergency basis where no fit and/or willing relatives have been initially located. Staff at the Hope House will complete extreme recruitment in searching for family members to potentially place the children when CD cannot easily locate extended family. The Hope House will take placement up to 30 days and possibly as much as 60 days while trying to locate other placement options.
- The 32<sup>nd</sup> Circuit partners with the EPIC coalition in supporting local events to reach out to children and families in regards to substance abuse awareness and substance abuse. EPIC also provides staff to assist with supervised visits between parents and children in state’s custody. EPIC and CD staff have worked to promote activities and provide support for children and families. Recently EPIC has added parenting classes and parent aides for families in the 32<sup>nd</sup> Circuit.
- The 32<sup>nd</sup> Circuit staff are also able to refer to Parents as Teachers program as well as Educare services. This also includes Home Visiting and the ability for parents to attend a Parent Café for extra support.
- The 32<sup>nd</sup> Circuit has Fatality Panel meetings (to look at ways to possibly reduce fatalities and look for certain trends and possible risk factors), and quarterly meetings with Safe/Care providers.

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

### 33<sup>rd</sup> Circuit:

- Area Resource Council meets monthly to discuss new and existing resources. Participants include Probation and Parole, Division of Youth Services, Department of Health and Senior Services, SEMO Council on Aging, Health Department, Ministers, Mission MO (drug rehab program), SEMO Food Bank, directors from area nursing homes, Bootheel Counseling, Experience Works, MO Career Center, Mississippi County Caring Committee, New Madrid Family Resource Center, Family Assistance Specialist with the National Guard, Catholic Charities, Red Cross, representative with Hospice, and people working with those who have been incarcerated.
- Multi-disciplinary team meetings are held quarterly. Law Enforcement, Prosecuting Attorney, CA/N Supervisor, and the Juvenile Office meet and speak about how the process is going, pending cases, and discuss any concerns as they arise.
- In an effort to help parents, the Children’s Division partner with One City, which is a program to help adults find gainful employment in the Sikeston area. One City provides support through educational assistance with interviews, resumes, and connections to the community.
- Children’s Division collaborates with Care Portal which helps supports meeting physical needs for our families. Care Portal has provided many families with meeting needs to repair homes, transportation, clothing, food, household items, and much more.
- The 33rd Circuit is able to refer to Parent as Teachers Program as well as Educare services.
- The 33rd Circuit is involved in Family Treatment Drug Court which is partnered with the Juvenile Office and Department of Mental Health through Boothell, who have now created a drug treatment program our families attend. There is a dedicated Children’s Division worker and supervisor who work directly with the team to provide families with services that promote successful intervention.
- The 33rd Circuit Children’s Division has also partnered with two local churches who help support the recruitment of Foster Parents, activities for our foster children, and activities for staff members in the 33rd Circuit.

### 34<sup>th</sup> Circuit:

- The Pemiscot County Initiative Network (PIN), based in Caruthersville, has been able to obtain some funding to assist with the needs of children in foster care. This very

generous resource has been able to assist with the purchase of activity fees for children as well as instruments, sports equipment, camp fees, uniforms, etc.

- Children’s Division collaborates with the Salvation Army in the Bell Ringing for both counties. In 2022, bell ringing occurred at Hayes’ Supermarket in Caruthersville as well as Walmart in Sikeston. In turn, Salvation Army assists CD with requests for funds for families throughout the year. Salvation Army also assists CD with the annual foster care Christmas party.
- The First Baptist Church in Caruthersville assists with an annual donation of Easter baskets for foster care youth, and another church donated white boards for both offices to be used in meetings. In addition, several foster parents are members of various churches which have resulted in donations of needed items as well as one church donating the use of their church property last Christmas for the annual party for youth in foster care.
- CD staff participates in the monthly Resource Council meeting at the Family Resource Center in New Madrid. Monthly Resource Council meetings involve many participants and represents various agencies in the circuit including hospitals, Administrative Agents, service organizations, emergency management, etc. Each agency provides a summary of their services or any special events that are planned. These services are then brought back to CD staff who make referrals to various programs as needed. The Family Resource Center is an invaluable resource for CD as they support the division in multiple ways throughout the year including representatives for PPRT meetings.
- Both counties in the circuit also participate in Multi-Disciplinary Team Meetings during which Child Advocacy Center, law enforcement jurisdictions, and Prosecuting Attorney’s offices review all referrals to the CAC for outcome data from CD and law enforcement and to track court cases resulting from CD involvement.
- Pemiscot County Children’s Division staff continues to participate in the Family Support Provider’s Coalition which is a team of community representatives who meet monthly to discuss community activities, events, agency offerings, etc.
- Although the Jurist in Residence program has ended, CASA has begun to accept referrals from the Juvenile Office and at least one child has been matched with a CASA worker. The program manager is in the process of contacting local churches and other community organizations in order to develop a volunteer base to build the program.

#### 35<sup>th</sup> Circuit:

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

- Stoddard County Resource Council meets monthly and serves as a collaborative event with local stakeholders. Each stakeholder provides an update to the services, programs and incentives in place within their agencies. These programs include but are not limited to MERS Goodwill, Bootheel Counseling, MPACT, Parents as Teachers, and Stoddard County Case Management through the Department of Mental Health.
- Parents as Teachers hosts a semi-annual meeting and is attended along with other stakeholders to explore services, resources and additional educational options for children under age five within the county.
- SEMO College meetings are held with different stakeholders at each campus. This is a FOCUS group to try to get youth in college, planned parenting, and working for investments in the future.
- Infant Mortality Board through Bootheel Consortium-Dunklin and Stoddard meets quarterly to focus on exploring strategic ways to prevent child deaths, targeting pre/post-natal women and families struggling with mental health issues.
- Child Fatality Review Boards-Stoddard and Dunklin periodic meetings review deaths of children age 17 and under in each county.
- Superintendent Meetings are held quarterly in Dunklin County with all area school Superintendents, the Juvenile Office, the Juvenile Judge, and the Children’s Division supervisor and Circuit Manager. Various topics are discussed, including mandated reporters, SAFE exams, and the procedure, legislation, and how all agencies can work more congruently together.
- Multi-Disciplinary Reviews-Stoddard and Dunklin meets quarterly with Child Advocacy Centers-Prosecutors and Law Enforcement. The meeting serves to advise all parties the status of pending CA/N and criminal investigations in regards to children that have completed SAFE exams.
- Children’s Home board meetings are held monthly in both Stoddard and Dunklin Counties.
- CASA-Dunklin County-The Division and CASA work together in all juvenile cases through Dunklin County.
- The Children’s Division Circuit Manager keeps Judges, Juvenile Offices, GAL, Juvenile Office and attorneys advised of changes or updates. One-on-one meetings are also held to discuss changes and develop local protocols if needed to ensure a holistic approach.
- Contacts remain with the local newspaper and online newspaper to help assist with recruitment efforts -all staffed by state office contacts.
- Local businesses in Stoddard and Dunklin have advertised scheduled foster parent classes through billboards and flyers.
- Faith-based agencies assist and provide support for foster children and foster parents with Christmas parties for youth in foster care as well as Foster Parent Appreciation dinners. Local churches are also instrumental in recruitment efforts, sharing with congregations

periodically a need for foster parents in the circuit. Several churches have “clothes closets” for any child in need.

### 36<sup>th</sup> Circuit:

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

unlimited supply of diapers for children/families in crisis. This has become a valued resource for CD staff. Bread Shed coordinators have provided unconditional support to CD over the past few years. The Bread Shed building has been made available for foster parent recruitment events and the annual Foster Parent Appreciation dinner.

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

rapport with the truancy court team members, it helps prevent inappropriate FCS referrals and/or requests for custody from being made.

- Quarterly Collaboration Meetings - CD, Family Counseling Center, and Juvenile Office meets for breakfast to discuss service delivery issues, improve interagency protocols and address concerns.

#### 37<sup>th</sup> Circuit:

- The 37<sup>th</sup> Circuit has a strong working partnership with the Oregon County faith-based group. The group arranges for monthly food distribution. The group tries to reach out to families who are working and do not qualify for the SNAP program. Churches donate money, and food is purchased at area food harvest centers. Church workers transport, package and distribute the food. The faith-based group is working to reestablish the soup kitchen on a monthly basis. In addition, the group loans DVDs of The Parenting Skills Program 123 Magic to families and discusses them with parents in individual parenting need. The group is looking into the feasibility of establishing a homeless shelter for families in the area. A site has been donated. On an ongoing basis, the Division will contact the employee who is involved with the faith-based group to let the group know of specific needs of families, such as furniture and bedding.
- The 37<sup>th</sup> Circuit also partners with Birthday Blessings who provide birthday presents, cake mix, candles, cups, plates, and decorative cups for all children who are in care or a part of a Family-Centered Services case. Birthday Blessing makes sure to wrap all gifts with cheerful wrapping paper and bows and places them in duffel bags, so if children have to move, they have something in which to put their clothes. Birthday Blessings also furnishes each child in Alternative Care a small Christmas gift.
- The circuit also partners with the Diaper Resource Center, which provides diapers to those in the 37<sup>th</sup> Circuit with need. They also work with foster parents who may have children with special needs that require additional diapers that the Children's Division diaper allowance or Missouri Health Net does not cover.
- The 37<sup>th</sup> is also fortunate to partner with The Chaos Closet. This is a new not-for-profit organization that helps provide necessities for children who are in care. They help provide clothing, beds, or any necessities that are children may need.

#### 42<sup>nd</sup> Circuit:

- The 42<sup>nd</sup> Circuit has Systems of Care Meetings in Wayne County and Reynolds County. These monthly meetings coordinate services and care for families in need in the community.
- Quarterly Multi-Disciplinary meetings are held in Crawford, Dent, Iron, Reynolds, and Wayne counties with Child Advocacy Centers that service the area. A representative



from CD in the Circuit, typically the CA/N supervisor, attends these meetings to provide updates and needs on cases.

- Circuit staff participate in meetings with CASA to collaborate on any case issues or concerns.
- Iron County Health Coalition meets monthly to discuss needs in the community. This coalition includes members from all of the large community organizations including CD, the schools, the health department, juvenile office, etc.
- In Dent County, Birthday Blessings provides birthday presents for all children who are in care in the county.

### Southwest Region:

#### 26<sup>th</sup> Circuit:

- The 26th Circuit currently has collaboration with area schools in five counties including monthly meetings with the Lebanon School District and quarterly visits with Eldon School District. The Camdenton School District holds an event twice a year to discuss Children's Division's mission, new policies and changes as well as any struggles or concerns the school may have.
- The Camden County Child Advocacy Council runs a thrift store in Camdenton and provides the local Children's Division office with funding such as gas cards, lice treatment supplies and other necessities for families.
- The Circuit Manager meets with the Chief Juvenile Officer periodically to discuss concerns and new ideas for the Circuit. We have also started Fostering Court Improvement activities and meetings.
- All Counties have MDT meetings and Leadership meetings are held with Law Enforcement, Kids Harbor, Prosecutor, Juvenile Office and Children's Division.
- Fostering Hope – Living 2 Give Hope is a faith-based, nonprofit organization founded to provide support to children in foster care, raise awareness of child abuse and neglect, recruit and support foster families, and support Children's Division staff. Fostering Hope facilitates many activities for families and children in the 26<sup>th</sup> Circuit.
- Preferred Families received the Regional Partnership Grant (RPG) and partners with the 26<sup>th</sup> Circuit Children's Division to provide services to provide families with services to decrease substance abuse, increase safety and well-being and achieve permanency.
- Circuit Manager meets with Kids Harbor Leadership to facilitate resources for families and training for staff.
- Laclede County Collaboration meets monthly to provide community training, collaboration for services, prevention, and resources to all community partners.
- Camden County Community Responders meeting occurs monthly with hospital staff, Law Enforcement, Fire Department, Prosecuting Attorney and other community partners meet to discuss concerns, resources and prevention.

- Central Missouri Foster Care and Adoption Association is a non-profit agency that educates, supports, and advocates for foster and adoptive children, youth and families in central Missouri by offering services and partnering with community and the 26<sup>th</sup> Circuit Children’s Division to develop healthy and self-sufficient individuals and families.

Services include:

- Community Connections Youth Project-provides tools and skills for transition to adulthood (social support, housing, education, employment, physical and mental health)
- 30 Days to Family- locates relatives for placement
- Kinship Navigator-provides support to relative caregivers
- Family Development- Supports to foster parents
- Begin Again Backpacks- provides items to kids entering foster care
- Odyssey- Fun events and activities for foster youth

#### 27<sup>th</sup> Circuit:

- The Children’s Division has developed a strong relationship and works collaboratively with the 27th Circuit Juvenile Office. The 27th Circuit Juvenile Officers are involved with open investigations when necessary, attend Family Support Team meetings on Family-Centered Service cases, attend home visits with Children’s Division staff, etc. Children’s Division holds monthly court staffings between the Juvenile Office, GAL and Children’s Division staff for all four counties to better prepare for each month’s juvenile court hearings. Normally, these court staffings are held the Monday prior to the scheduled Juvenile Law Day. These court staffings allow for Children’s Division, the Juvenile Office, and GALs to review the Children’s Division’s court reports and discuss if further information will be needed for the Juvenile Court Hearing. Children’s Division and Juvenile Office managers also meet every other month to discuss upcoming statute and practice changes for each agency and how those changes will affect the circuit.
- Bright Futures of Clinton - Since September 2014, the Clinton Community has partnered with other Bright Future Initiatives to be able to provide for children’s needs in the Clinton School District. Bright Futures is a grassroots-type effort made up of all community groups (business, churches, parents, civic and human services groups) who come together sharing their time, talent and/or treasure to support Clinton school children. The goal is to meet the needs that may go unmet and also to provide mentoring and other programs and efforts to help nurture local children into thriving, successful, contributing adults. Children who are hungry, cold, tired, humiliated, etc. cannot learn and succeed. It is the goal of Bright Futures Clinton to combat these barriers to success by forming relationships, connecting, and working together. Currently, the Children’s Division has a staff serving on the Advisory Board. Examples of their projects, include the following: community book drive, Monday with Mom, Back to School Fair, mentoring program, adopt a class/school, meeting individual students’ needs, etc.

- Door of Hope is a non-profit organization, which provides parenting education and support to parents in the Clinton community. The organization recognized the importance of father involvement and has groups and individual meetings, also, within Door of Hope. There is a Maternity House called “Well of Hope,” which is designed for teenage and young moms who may be homeless. Currently, there is a Henry County Children’s Division staff member who meets with Door of Hope to ensure families are receiving the support they need to be successful.
- Lily’s House- The goal of Lily’s House is to provide temporary and emergency housing to women and children in the Bates County area, and have plans to expand to surrounding areas. The founder of the organization is a Bates County foster parent and recognized a need to keep mothers and children together despite their drug addiction. They plan to provide supports of parenting education and transportation. The organization has partnered with local professionals, including Children’s Division in order to collectively serve the families of Bates County.
- All counties have MDT meetings held with Law Enforcement, Prosecutor, Juvenile Office, Children’s Division and Children’s Center (Bates/Henry/St. Clair) or Child Safe (Benton).
- Zoe’s Home- Zoe’s Home is a maternity and parenting home in Clinton, MO.
- The 27th Circuit currently has collaboration with area schools in four counties including monthly meetings with ten school districts in the Circuit. Participation in these meetings consist of Children’s Division, Juvenile Office, Compass Health and school officials. These meetings are held to discuss at-risk children that can be referred to necessary resources/services.

#### 28<sup>th</sup> Circuit:

- Dade County has a monthly meeting – County Connections – which includes individuals from Health Department, Work Force Development, Emergency Management, Ministerial Alliance, OACAC, Conservation Department, Children’s Division, schools, County Commissioners, Community Partnership, and other individuals who have an interest in service to the community. The group has been involved in Drug Take-Back programs; school back pack weekend food projects, domestic violence prevention, child abuse/neglect prevention discussions, foster parent recruitment opportunities, and other activities.
- The Greenfield Area Ministerial Alliance and Vernon County Ministerial Alliance partners with Children’s Division to meet specific needs when they are identified for families and children.
- Collaboration also occurs in each of the 28th Circuit’s four counties with public schools. The Juvenile office coordinates meetings with a majority of the public schools monthly to

share resources and agency information to help promote beneficial services to families. Children's Division actively participates in these collaborative efforts.

- Collaboration occurs with The Child Advocacy Council which provides services such as financial support to families engaged in services with Children's Division and promotes child abuse awareness within the community.
- Fostering Hope is a faith-based, nonprofit organization founded to provide support to children in foster care, raise awareness of child abuse and neglect, recruit and support foster families, and support Children's Division staff.
- The 28<sup>th</sup> Circuit has gained support from the Lamar Elks Lodge & Lamar Girls Scouts in an effort to make Children's Division children feel special on their birthday through a program called "Birthday Celebrations."
- Children's Division also collaborates monthly on the Vernon County domestic violence task force.
- The 28<sup>th</sup> circuit works with the 27<sup>th</sup> circuit each year and an organization called Area 4C that puts on a one day youth camp for the 27<sup>th</sup> and 28<sup>th</sup> as well as an older youth camp for three days/two nights.

#### 29<sup>th</sup> Circuit:

- The 29<sup>th</sup> Circuit has been working closely with community partners to establish a Family Drug Treatment Court. This was envisioned and has been in the works for years, but finally got off the ground and we are building up the number of families involved currently. This partnership is pulling together the court, mental health and substance abuse professionals, CD, and other partners to address this identified need and get at one of the root causes of child abuse and neglect, substance abuse.
- Camp Soroptimist was restarted last year after a few years being paused because of the COVID-19 pandemic. This week long overnight camp is for children in foster care and is put on with numerous partners who bring money, volunteers, food, crafts, and activities to the table. There are too many community partners to list but this 30 plus year long-standing tradition will continue and planning has already started for camp this summer.
- Fostering Hope is a faith-based, nonprofit organization founded to provide support to children in foster care, raise awareness of child abuse and neglect, recruit and support foster families, and support Children's Division staff. Fostering Hope is primarily made up of foster parents, but it has a wide network of faith and non-faith-based connections which contribute to the overall mission. Fostering Hope opened the Caring Closet, where foster children and resource parents can go to get clothes and some other needs met, above and beyond what the state can and does provide. The organization also partners with the Children's Division to host the foster parent appreciation dinner and employee recognition events. Fostering Hope helps agency staff connect children's needs with

actual goods and services the youth need, which many times cannot be met in any other manner.

- There is a local monthly provider network meeting comprised of many non-profit (and some for-profit) agencies working with children and families. Our CD Director came and spoke to the group at the most recent meeting in April.

### 30<sup>th</sup> Circuit:

#### Dallas

- The Dallas County Resource Group is a team that meets monthly in Buffalo, Missouri, led by the Dallas County Health Department. The group consists of people from the schools, DMH, Health Department, medical facilities, Children's Division, Bikers Against Child Abuse (BACA), LE, etc. sharing input on what their agencies are doing/involved in and making sure all community partners are aware.
- Grace Community Church has collaborated with Children's Division to supervise visits, help with the CD "closet," started a Foster Parent Support Group, and been a panel member for STRONG class.
- The Haven provides diapers/Parenting supplies for CD referred clients.
- DIVAS, which is a ladies group in Dallas County, is a CD support.
- Market 116 is a local retailer who put an Angel Tree up at Christmas to sponsor the children of Dallas County for Christmas.
- Missouri Extension Center/4H continues to partner with CD to do trainings for Foster Parent Support Group.
- Buffalo School (FBLA) provides stockings for children at Christmas time.

#### Webster

- The Webster County Children's Division Supervisor sits on the Parents as Teachers Advisory Board in partnership with the Marshfield R-1 School District.
- There are collaborative meetings between the Webster Co. Health Unit and numerous partner agencies to further provide resources and education to Webster County.
- Every year, Webster Co. partners with the Marshfield Police Department and Walmart to provide foster children gifts through the Shop with a Cop program.
- A Webster County Children's Division representative participates in drug court twice a month as an advisory member.
- Webster CD also partners with The Forgotten Initiative, or TFI, a ministry focused on supporting the people who support children in foster care (foster parents and social workers alike). They provide a clothing closet, visit room, beds, food for workers at long court hearings, special events for foster parent and social worker recognition, and numerous other services that are a huge benefit to the local office.

- Specialist meets with the Marshfield R-I panel and works on trends/issues/collaboration around policy and procedure with the schools.

## Hickory

- Hickory County has a new program through OCHC called Ozarks Community Health Center Foster Care Initiative. They help foster families, foster children and youth transitioning to independent living.
- OCHC partnered with CD to provide, “Could you survive a month in Foster Care? A Foster Care simulation” Set for 5/5/23.
- Each year individual schools have events they hold in order to assist the Hickory County foster children with backpacks, school supplies, personal hygiene items and blankets.
- Eagles/Shriners/Churches: Each year these organizations assist with the foster children Christmas by providing gifts and/or needed items. They also recognize the foster parents’ needs at this time of year and acknowledge them as well.
- Local law enforcement has Shop with a Cop program and will make sure foster children are included in the program. They also do the “Angel Tree” where community members choose a star off the tree and purchase items for families and children in need.
- Hickory County Cares has a local second hand clothing shop that is available to CD at any time to get emergency clothing, shoes, etc., for children who come into care. All these supports work closely with the local CD on these projects.
- Skyline schools’ FBLA club-Toy drive, quilts, stuffed animals for foster children.
- Hickory County Quilters at Hermitage First Baptist Church-pillows, pillow cases, duffle bags and quilts for foster children.

## Polk

- Polk County Children’s Division is a member of the Community Connections Team that works to identify issues/barriers for families in the community and identify solutions. An offshoot of this effort is the Opioid Summit Taskforce formed to address the challenges of opioid addiction within Polk County.
- A Children’s Division representative attends the Polk County Area CIT meeting in conjunction with Polk County Law Enforcement and other Social Services agencies to discuss incorporation of Trauma-Informed Treatment and response into law enforcement and social services interventions.
- The Polk County Children’s Division attends meeting with the Keeling Foundation/Polk County Cares as well as being a member of the Bolivar Area Chamber of Commerce.
- CD also collaborate with CMH on their NAS/SUD Addiction Recovery Program.

### 31<sup>st</sup> Circuit:

- The Child Abuse and Neglect Collaborative has been meeting regularly since January 2013. Membership includes representatives from many areas, including mental health, schools, child advocacy, childcare, victim's services, health/medical services, and public and private child welfare agencies. Members partner together to prevent child abuse and neglect through the following priorities:
  - Prevent child abuse and neglect through strengthening families.
  - Springfield and Greene County will have a quality understanding of child abuse and neglect and will know how to respond to the needs of the community.
  - All businesses, civic, and faith-based organizations in Greene County that work with children will support families through positive parenting practices.
  - Develop a state of the art child welfare system in Greene County, ensuring all children, families, and caseworkers will have the necessary training, support, and services needed for successful outcomes.
  - All suspected child abuse and neglect will be reported to the Missouri Child Abuse and Neglect Hotline
- Greene County Children's Division also has representation on the following workgroups/ advisory groups/boards that meet regularly: Community Partnership of the Ozarks, Child Advocacy Center, Missouri State University School of Social Work, Ambassadors for Children, Regional Partnership Grant, Isabel's House, The Northwest Project, The Interagency Support Team for Mental Health First Aid, Stand Against Trafficking, Sexual Assault Response Team, Multi-Disciplinary Team Staffing, Greene County Child Fatality Review, Drug Poisoning Task Force, EPICC, Faith Based, High Risk Victims Task Force, Regional Early Childhood Hub, Building Resilience, and The Family Justice Center. There are regular meetings with the court, such as Fostering Court Improvement, Family Dependency Treatment Court, and bi-monthly meetings with the Juvenile Judge.

### 38<sup>th</sup> Circuit:

- The Circuit has collaborated with Cherish Kids for numerous years to support foster families, foster children, the Children's Division staff and families in the community. Cherish Kids is a faith-based nonprofit organization based in Ozark, Missouri at James River Church. Cherish Kids helps with the recruitment of foster families, with locating families for children who need placement, and with special requests for a foster child such as sports equipment, band instruments, and other requests. In addition to this, they hold numerous events throughout the year to support foster families and children in their home.

- Abundant Blessings is a faith-based nonprofit organization located in the Circuit. Abundant Blessing is a clothing bank which provides used clothing and shoes to foster children as well as other needy families in the Ozark and Nixa school districts.
- Another community partner in the Circuit is the Nixa Christian Church. They help with needs of Intact Families who have Family-Centered Services through the agency. This partner provides items such as beds, mattresses, Christmas gifts, Easter baskets, as well as other various requested items needed by families.
- The Circuit attends various community-based meetings, including meetings with the Ozark School District and Nixa School District to discuss students for whom the school has concerns and locate services outside of the school's scope of service.
- Children's Division attends Christian County Homeless Alliance meetings focusing on homeless youth in Christian County and working toward solutions for these youth.
- The Circuit is part of a Sex Crimes and Child Abuse Task Force consisting of the Child Advocacy Center, Prosecuting Attorney's office, Emergency Management, Law Enforcement agencies, School Resource Officers, and Children's Division in training for/and identifying crimes for those involved in above cases to ensure consistency across the board.
- A quarterly meeting is held with the Court partners (Judge, Juvenile Officers, GAL), CD, FCCM and CASA to discuss best practice and any strengths, kudos or concerns an agency may have. Quality changes and improved partnerships have occurred through this process.

### 39<sup>th</sup> Circuit:

- The Circuit engages with the Angels for Children to partner with and support families. Angels for Children provides monetary assistance for services aimed to prevent entries into foster care such as energy assistance, furniture, clothing, and food. They also partner with Children's Division to reach one of their goals which is to fill a Christmas wish list for every child in foster care.
- The Circuit also participates in Systems of Care, which is a collaborative meeting of leadership positions within all agencies in the area that have a hand in child welfare. These include the Children's Division, the CAC, schools, local DMH providers, RPG, Juvenile Officers, medical facilities, Law Enforcement, Vocational Rehab and Division of Youth Services. Through this meeting, leaders problem solve together and often discuss individual cases to ensure the system surrounding a family is functioning well.
- The Circuit has developed a partnership with Local Churches (Eagle Rock Methodist and Kimberling City Seventh-day Adventist Church) who provide blankets; "love Bags" for children entering foster care that contain personal hygiene items, a stuffed animal, pajama's, and socks/underwear; and clothing for children under 6 years old.



- The Circuit partners with Family Advocacy Solutions and Life 360 in Monett to provide support and training options to foster parents. FAS hosts “block parties”, game nights, food truck events, and adds a training component so that the foster families are having fun day/nights out while also meeting training requirements. CD staff attend and spend time with the kids and provide supervision for the foster kids while the training is occurring.

#### 40<sup>th</sup> Circuit:

- The Exchange Club of Neosho, Missouri has partnered with the Children’s Division to provide monetary assistance to children in protective custody for extracurricular activity expenses (shoes for track, fees for baseball, soccer and sports equipment, formal attire for prom and tuition to camp). The Exchange Club also now oversees the funds previously managed by The Friends of Newton and McDonald Co. These funds can be used for children in foster care for such things as Christmas gifts and celebrations, prom expenses and other needs not met by the State.
- The Circuit also partners with Freedom Church in Neosho. This community partner has supported such activities as providing their facility and volunteers for the Christmas party for foster youth ages 12 and under. Freedom Church has developed a volunteer program that recruits and trains people to provide supervision for visits between parents and children in the foster care system.
- Fostering Hope assists graduating students with their senior portraits and invites the Resource and Adoptive parents in the Circuit to attend quarterly craft and coffee nights. Fostering Hope also helped with providing gifts at Christmastime for children who were case managed by the contractors as well as Easter Baskets, birthday cards, and any other items needed for foster children.
- Ignite Church, The Neosho United Methodist Church, Griffith Motor in Neosho and Freedom church in Neosho sponsor all the kids in foster care that are case managed by Children’s Division at Christmas time with Angel Trees. This is a tremendous support and help to the resource parents. They also helped us along with Domino’s Pizza sponsor Christmas parties for our kids.
- Newell Co (formerly known as Sunbeam) has partnered with the Children’s Division for several years at Christmas time to provide gifts for kids who are residing with their families but need a little extra support.
- The Lutheran Women’s Missionary League from the First Lutheran Church in Neosho is has monthly item they collect. These items have included backpacks and duffel bags for kids, pajamas and socks, underwear and diapers. They plan to collect cleaning items and child-friendly food baskets.
- Shoe Sensation in Neosho sponsored a shoe and school supply drive for our kids and helped with Christmas presents.

- West 60 Cycle holds 2 poker runs that take donations for toys and gift cards for us.
- The United Methodist Women’s Group in Anderson just partnered with us to appreciate foster parents and staff and help with needs.
- Foster Closet just opened up in McDonald County to help families in that county get clothes and items for children in foster care. They are hoping to expand to holding classes, groups, and therapy in their office.
- Access Family Care has provided our office with covid supplies and resources. They now have a dedicated liaison for us to help get clients connected to medical and mental health services quickly.

#### 44<sup>th</sup> Circuit:

- The 44th Circuit is a part of Wright County Resource Team that consists of local social workers who meet monthly to discuss local resources and activities available to assist the community. The group educates, networks, and raises awareness of resources in the community.
- The Circuit works closely with the faith-based community to address the needs of the community. They have assisted with collecting donations and collaborate to provide a yearly Christmas Party for foster parents and foster youth and provide essentials such as pajamas, shoes, etc. In 2018, expansion of this collaboration was introduced into each of the three counties and the faith-based community continues to work closely with the Children’s Division to meet the needs of youth and families in the area.
- The 44th Circuit has a Foster-Adopt Connect branch based in Mountain Grove. We partner with this agency to help provide training, resources, and support to foster-adopt families, as well as providing a family advocate for all types of families.
- The Circuit has been adopted by Birthday Blessings. This organization ensures each foster youth in custody receives a birthday package which includes presents, cake, and party supplies, etc. as well as providing reading materials to each child at Christmas. Additionally, Birthday Blessings provides small care packages to workers periodically as worker appreciation, and adoption and graduation acknowledgements.
- Each county in the circuit has a multi-disciplinary team that looks at child/abuse concerns with law enforcement, CAC, prosecuting attorneys, and victim advocates.
- To raise awareness for prevention of child abuse and neglect, Douglas County partners with the Chart Go Blue committee to plan committees and activities that raise community awareness in this area.
- The schools host “at risk” meetings, allowing the schools to discuss concerns and team members can share resources for family in need.
- Children’s Division has participated in Opioid/Substance abuse task force in each county which resulted in a grant that now employs community navigators who help those with addiction issues navigate the system and have meaningful access to resources. Most

recently, Children's Division and the task force members are working on a mentoring activity called Empower Youth that provides individual mentors as well as group activities focused on hands-on life skills.

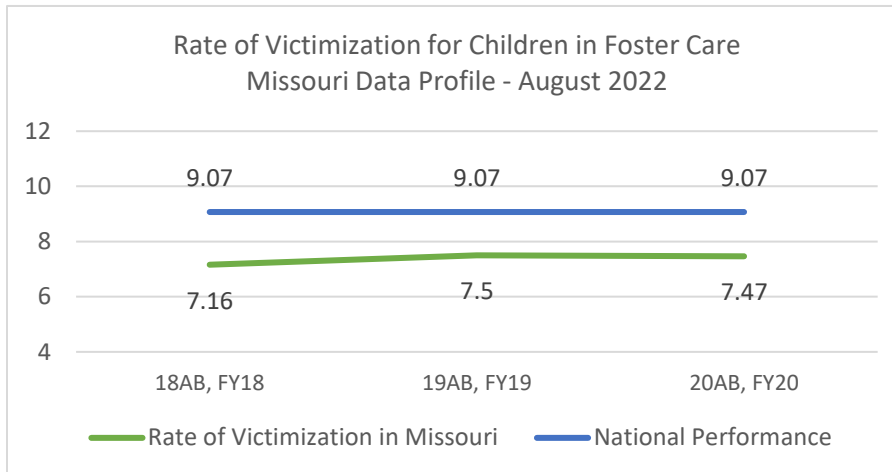
#### 46<sup>th</sup> Circuit:

- The Circuit collaborates with Bloom Church to provide Christmas gifts to children in protective custody as well as to recruit foster homes.
- The Circuit collaborates with Ambassador's For Children to provide clothing and other items for children experiencing foster care. AFC provides a mobile clothing closet two times per year to reduce the need to travel to Springfield for resources. Referrals for other special items can also be referred to AFC by the case managers.
- FosterAdoptConnect has begun providing mobile services through Sammy's Window to support foster families in Taney County.
- The Circuit has relationships with My Very Own, Suitcases for new beginnings, and Branson United Methodist Church to provide a duffel bag with comfort and hygiene items to every child that enters custody in Taney County.
- The Circuit collaborates with Women On Mission from Forsyth Baptist Church to provide children's books, games/activities, snacks and socks/underwear, and support for special activities.
- The Circuit participates in the Community Health Assessment conducted by the Taney County Health Department to determine service and initiative needs in the community.
- The Circuit has joined the Ozark Wellness Network which meets monthly to support collaboration, share resources, and educate members on topics important to our community.
- A representative from the Circuit attends a monthly agency luncheon hosted by Ozark Mountain Country Cares to provide an opportunity for collaboration between community support agencies.
- The Circuit collaborates with the Taney County Health Department to provide specialized training opportunities for staff such as car seat safety and QPR Suicide prevention. We also participate in referring or distributing grant based items including lock boxes for safe medication storage and safe sleep environments for infants.

## Assessment of Current Performance

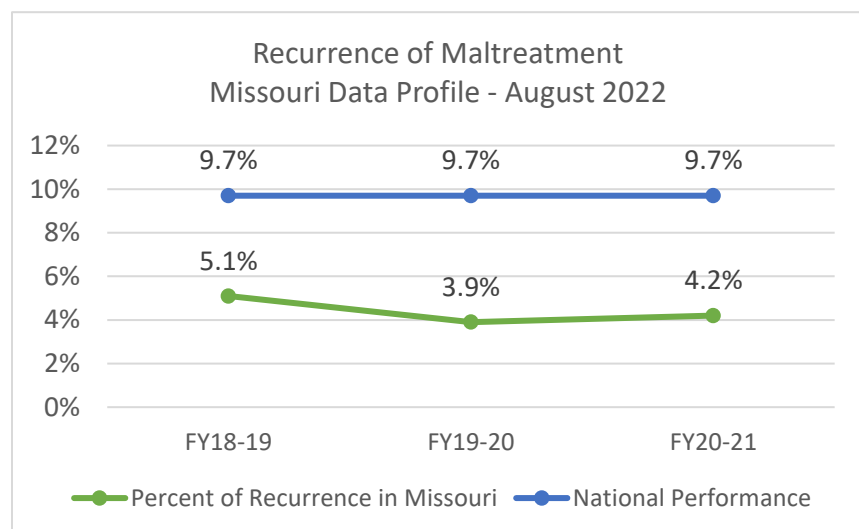
### Safety Outcomes 1 and 2

Missouri’s CFSR Round 3 Data Profile dated August 2022 indicated the Children’s Division successfully meets both safety indicators. For Maltreatment in Care, Missouri’s Risk-Standardized Performance (RSP) is 7.47 victimizations per 100,000 days in foster care. This is below the national standard of 9.07. In review of Missouri’s context data, children



between the ages of 11-16 experience the most maltreatment in foster care with a rate of 8.67. This age group represents 32.7% of total days in foster care, yet 50.2% of total victimizations in foster care. Black or African American children experience maltreatment in foster care at a higher rate (6.32) than white children (5.37).

For Recurrence of Maltreatment within 12 months, Missouri’s RSP is 4.2%, which is below the national standard of 9.7% and an increase from the previous data profile measure of 3.9%. All age categories are well beneath the national standard, however, children ages 11-16 experience the most initial victimization (38.2%) and the most re-victimization (42.7%) compared to other age categories. Black or African American children’s percentage of recurrence of maltreatment is 3.4% and the percentage of recurrence of maltreatment for white children is 3.2%.

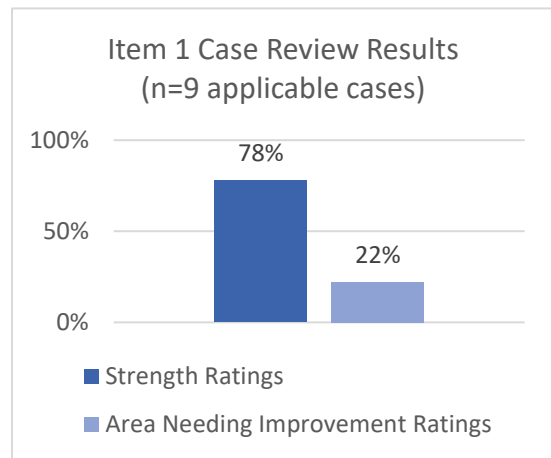


Safety Outcome 1: Children are, first and foremost protected from abuse and neglect

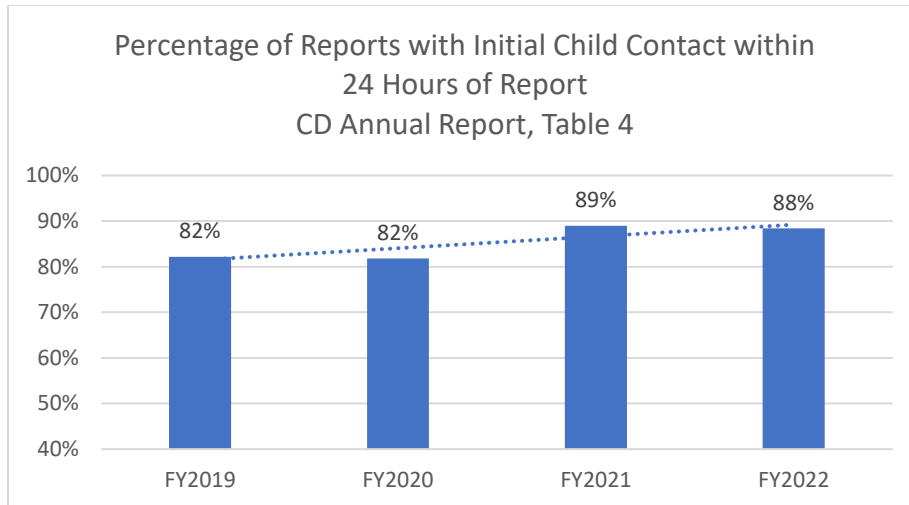
Missouri state statute requires all hotline reports to be initiated within 24 hours of receipt. The timeframe requirement for initial safety contact is based on the priority level assigned at the time the hotline is accepted. State policy allows multi-disciplinary team (MDT) members to make the initial face-to-face contact for safety assurance. The MDT member may include law enforcement, local public school liaisons, juvenile officers, juvenile court officials, or other service agencies. If a multi-disciplinary team member assures safety, Children’s Division staff must see all children within 72 hours of the report date and time.

Priority Level	Initial Contact Timeframes for Victim Children
1	Within 3 hours of report
2	Within 24 hours of report
3	Within 72 hours of report

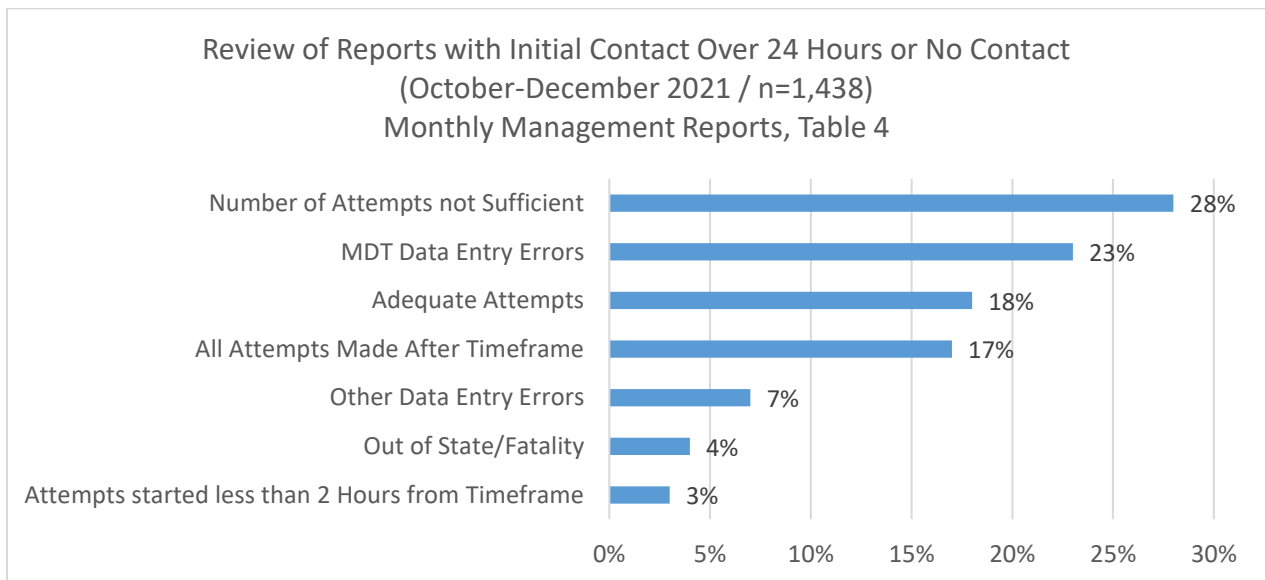
Case reviews conducted using the On-Site Review Instrument for CFSR Round 4 were completed in September and December 2022. A total of 42 cases were reviewed, with nine being applicable for Item 1. Of the applicable cases, 78% were determined to be strength ratings (7/9). This is lower than Missouri’s performance during CFSR Round 3 (93%, 28/30). The final year of CFSR Round 3 case reviews for PIP monitoring purposes resulted in 87% strength ratings for Item 1 (33/38).



The Children’s Division’s current administrative data reports the percentage of accepted hotline reports in which initial child contact occurred within 24 hours of the report date and time. There is no delineation between the priority levels outlined above. As noted in the chart below, the percentage of victim children who were seen within 24 hours of the hotline report increased between 2020 and 2021. Emphasis was placed on seeing children within timeframes and starting the efforts to contact the children with enough time to make several attempts, if needed.



The Quality Assurance System team members conducted a targeted review of hotlines that did not achieve 24 hour contact according to the Children’s Division Monthly Management Report, Table 4, which is similar to the report depicted in the chart above. Data entry errors represented 30% (431/1,438) of the non-compliance reports, followed by an insufficient number of attempts to contact the child (28%, 403/1,438), and all attempts made after the timeframe had expired made up 17% (244/1,438) of the reports that were out of compliance with the 24 hour contact expectation. Eighteen percent (18%, 259/1,438) of the reports had sufficient attempts to see the victim child, but those attempts were not successful.



During the CFSR Statewide Assessment Event that was held in March 2023, session attendees had the opportunity to respond to an online polling question that asked “Do you think Children’s Division staff and Multi-Disciplinary Team Members understand what is required for the initial assurance of child safety?” Fifty-eight percent (58%, 7/12) of respondents answered affirmatively while 42% (5/12) answered the question negatively.

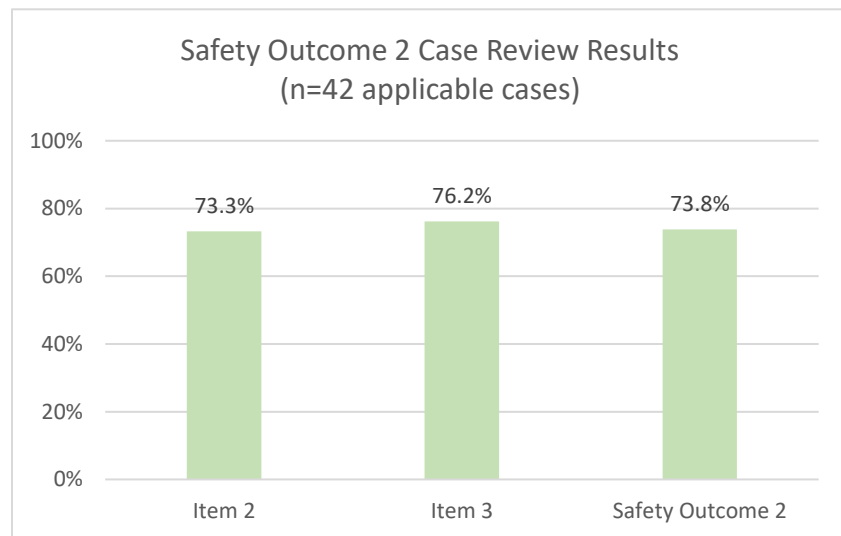
Session participants included Children’s Division front-line investigative staff and supervisors, Child Abuse and Neglect Hotline Unit management staff, community members who serve in MDT roles, and Children’s Division leadership with Child Abuse and Neglect program line responsibilities.

In discussion, the session participants mentioned that staff turnover within the MDT agencies, schools, and law enforcement make it challenging to ensure new MDT members are trained in their responsibilities when asked to assure child safety. Staffing shortages within the Children’s Division also impact the number of MDT members that are being asked to complete the initial assurance of child safety. With the number of vacancies among Children’s Division staff, the current investigators are struggling to find enough time to complete timely initial contact given the number of reports they are being assigned each day.

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

For Safety Outcome 2, 58% (38/65) of cases reviewed during CFSR Round 3 were found to be substantially achieved.

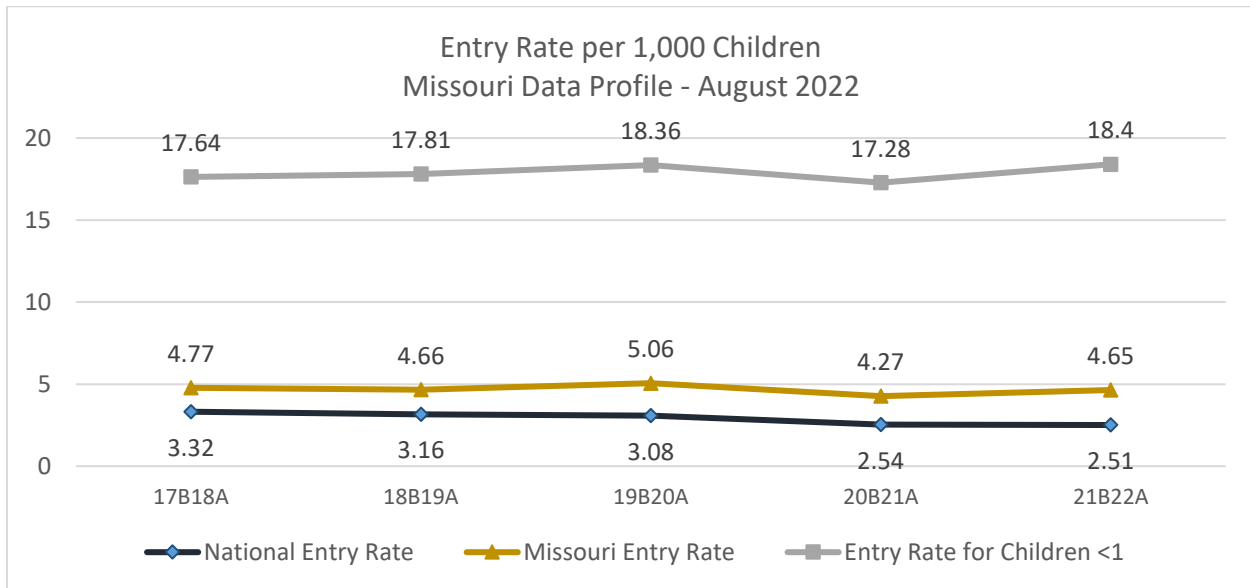
Case reviews conducted using the On-Site Review Instrument for CFSR Round 4 were completed in September and December 2022. Overall, Safety Outcome 2 was rated substantially achieved in 31 of the 42 cases reviewed (73.8%).



Item 2, Services provided to the children to remain safely in their homes, was rated as an area needing improvement during Missouri’s Round 3 CFSR, with 52% (12/23) of cases receiving strengths ratings. Case reviews completed during the final year of Round 3 PIP monitoring resulted in 86% strength ratings (30/35). On-going case reviews in the past year have shown strength ratings for 73% (11/15) of cases, as evidenced in the chart above. For cases rated as strengths, services were established at the start of trial home visits to support reunification and appropriate services were put in place to address the immediate concerns surrounding case opening, to include mental health treatment, domestic violence services, and substance abuse treatment.

The foster care entry rate for children in Missouri is 4.65 per 1,000 children, nearly double the national entry rate (2.51 per 1,000 children). The national rate of entry is on a downward trend but Missouri is not recognizing the same pattern. Most significant is the entry rate for children

under one year of age, which is 18.4 per 1,000 children. The age group with the next highest rate is children ages one to five (5.01 per 1,000 children).



Missouri has several programs to help prevent children’s removal by providing the family with services to ensure the child’s safety while remaining in the home. Families entering the child welfare system due to reports of child abuse or neglect may receive case management services referred to as Family-Centered Services. Family-Centered Services may also be provided if the family requests preventive treatment services. Services are available to families, including expectant parents, who request services aimed at preventing child maltreatment and promoting health and appropriate parenting skills. Family-Centered Services seek to empower the family and minimize their dependence upon the social service system. Additionally, Missouri offers Intensive in-home services (IIS) for families with children at risk of being removed from the home. Intensive In-Home Services is a short-term, intensive, home-based, crisis intervention program which offers families in crisis an alternative to out-of-home placement through the enhancement of family capabilities. Crisis nurseries are also available in some areas of the state to provide temporary care for children if parents need a short-term alternative arrangement.

With the passage of House Bill 1414 in August 2020, there has been increased focus on Temporary Alternative Placement Arrangements (TAPA). Policy was released in July 2021 which requires Team Decision Making (TDM) meetings with any temporary, voluntary placement arrangement. The law also requires a Family-Centered Services case be opened with families who voluntarily place their children outside of the home and these placements last more than ten days. Tools have been created to assist staff with documentation of immediate safety concerns and identification of the services that will be offered to the family to address the safety concerns.



During the CFSR Statewide Assessment Event, attendees were asked what additional supports or services would be needed to allow children to safely remain in their family homes. Session participants included representation from the judiciary, Juvenile Office, attorneys who represent parents in child welfare cases, Child Advocacy Center staff members, parents with lived experience, Probation and Parole representatives, Intensive In-Home Service providers, and Children's Division field staff and policy development representatives. The supports and services they identified included:

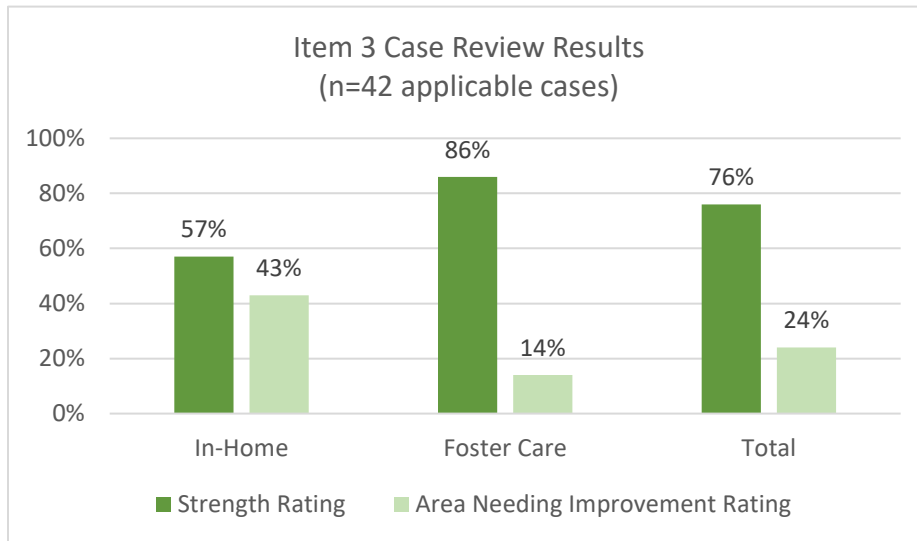
- More substance use treatment options
- Children's Division staff housed in school settings to more quickly identify families who need prevention services
- Financial resources to help with tangible housing needs
- Effective and reliable parenting classes to specifically target parenting teenagers
- Achievement courts for youth with challenging behaviors
- Wraparound services targeted at keeping teenagers in the home

Session participants were also asked to discuss the reasons they feel that infants have a higher entry rate into foster care than other age groups. Some reasons mentioned were:

- Infants are seen more frequently for WIC appointments and well-child check-ups
- Mothers and infants test positive for substances at birth
- There are limited facilities that will allow an infant to stay with the mother while she receives substance use treatment
- Older siblings may already be in foster care, so infants are automatically placed
- Parents may be fearful to ask for help and see it as a risk for the infant to be removed

Item 3, Risk and Safety Assessment and Management, was rated as an area needing improvement during CFRS Round 3, with 60% (39/65) of cases rated as strengths. Case reviews during the final year of CFRS Round 3 PIP monitoring resulted in strength ratings for 74% of cases (63/85). On-going internal CFRS case reviews since the Round 4 OSRI was published have shown strength ratings for 76% (32/42) of cases. The breakdown of in-home case review

results and results for foster care cases are outlined below. Foster care cases received strength ratings in 86% (24/28) of cases compared to 57% (8/14) strength ratings for in-home cases.



Initial risk and safety assessments were thorough and complete for all cases reviewed. Ongoing risk and safety assessments were thorough and complete for 76% (32/42) of

cases reviewed. It was noted in many cases that information from collateral contacts who were aware of the family’s circumstances were included in the risk and safety assessment, adding to the thoroughness of the assessment. Completion of assessments prior to case closing decisions was also noted as a strength in practice. Concerns for in-home cases specifically were seen when not all children in the home were assessed for risk and safety on an ongoing basis. In addition, there were cases in which children spent significant amounts of time in the homes of non-custodial parents and those environment were not routinely assessed for risk and safety concerns.

Of the 42 cases reviewed for Item 3, 17 identified safety or risk concerns. Of the 17, 14 (82%) were addressed appropriately by the agency.

The Structured Decision Making (SDM) Safety Assessment was introduced by policy in December 2021. An initial safety assessment is required to be completed for all investigations, assessments, Newborn Crisis Assessments and Out-of-Home investigation reports. If the initial safety determination was “unsafe” or “safe with plan”, a review or update of the safety assessment is required prior to case closure. Children’s Division is currently working with consultant partners to enhance the Risk Assessment tool to lead to the utilization of a SDM validated process to assess risk and drive prevention practice.

**Permanency Outcomes 1 and 2**

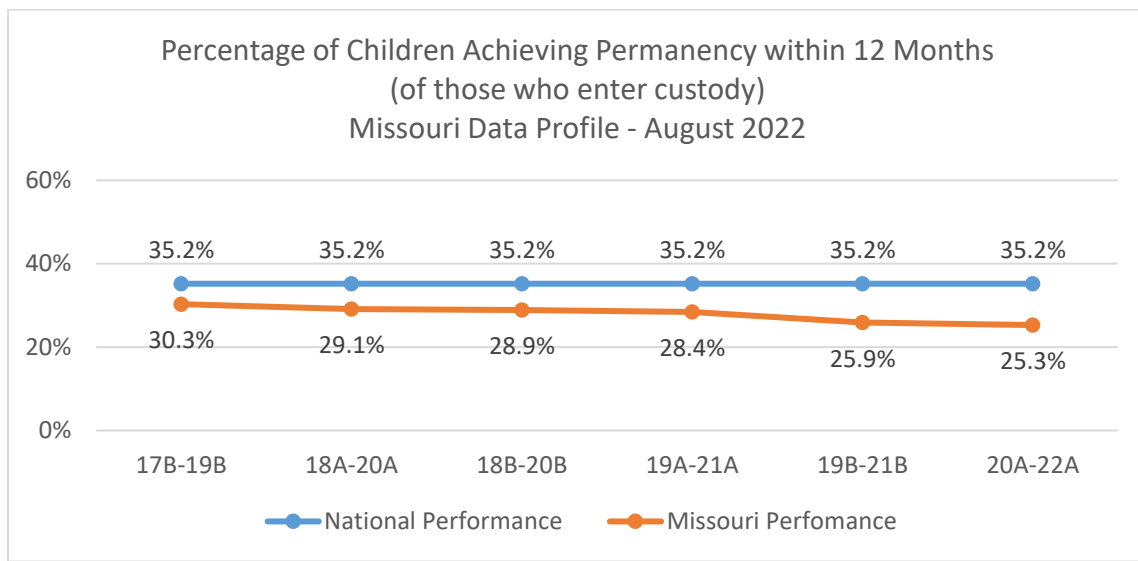
**Permanency Outcome 1: Children have permanency and stability in their living situations**

Permanency Outcome 1 was not in substantial conformity during CFSR Round 3, as the outcome was found to be substantially achieved for only 23% (9/40) of the cases reviewed. In reviews conducted in September and December 2022 which utilized the Round 4 OSRI, Permanency Outcome 1 has been substantially achieved in 29% (8/28) of the cases reviewed.

Missouri’s CFSR Round 3 Data Profile dated August 2022 indicated the Children’s Division successfully met three of the five permanency indicators.

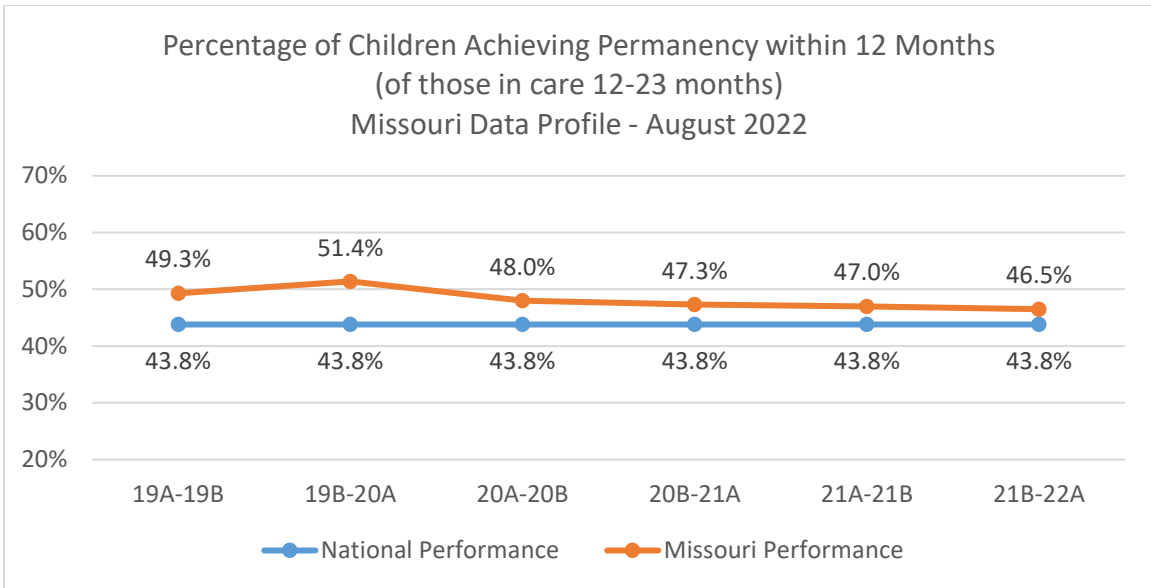
As noted in the chart below, the percentage of children reaching permanency within 12 months for children entering foster care in Missouri is 25.3%, well below the national performance of 35.2%. The national performance has not been met for the past several reporting periods and Missouri’s performance continues to decline.

Children under age one make up 20.6% of the entries into foster care, but 16.3% of total exits. The rate of permanency within 12 months of entry is lowest for this age group (21.2%).



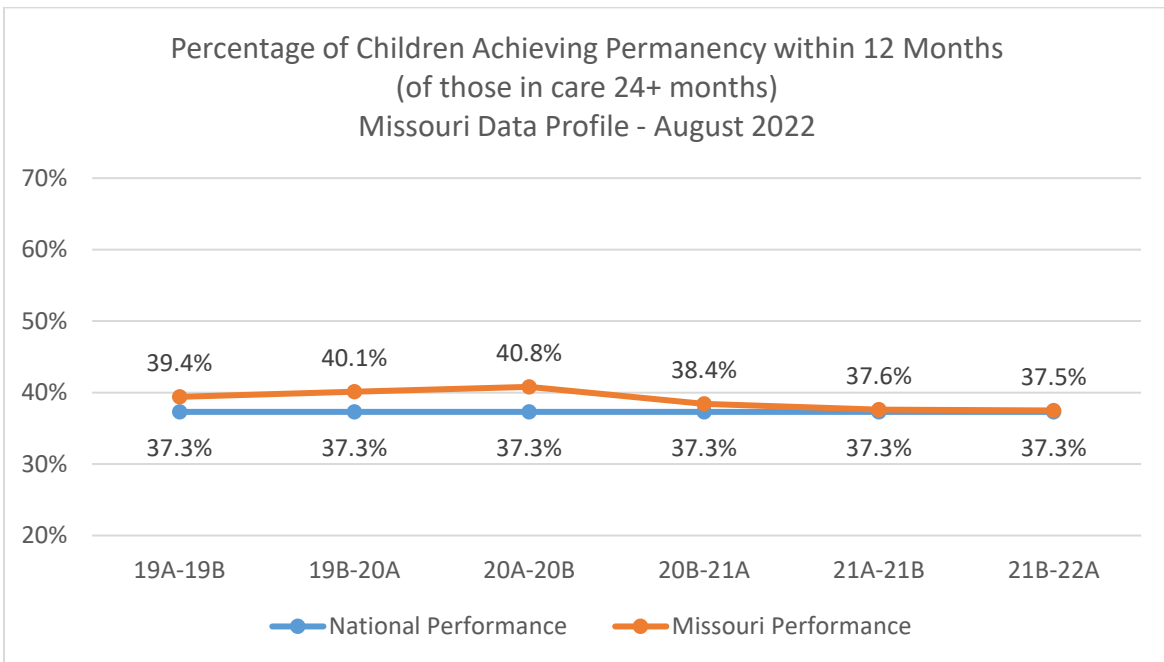
The next Data Profile measure is Permanency in 12 months for children who have been in custody between 12 and 23 months. Missouri’s percentage of children in this category who achieved permanency in 12 months is 46.5%, which is above the national performance of 43.8%. While Missouri’s performance has exceeded the national performance for the past several reporting periods, it is on a downward trend.

Permanency rates for children ages 11-16 do not meet national performance among children in care 12-23 months. The rate of permanency achieved for this age group is 41.1%. In contrast, permanency rates for younger children exceed national performance.



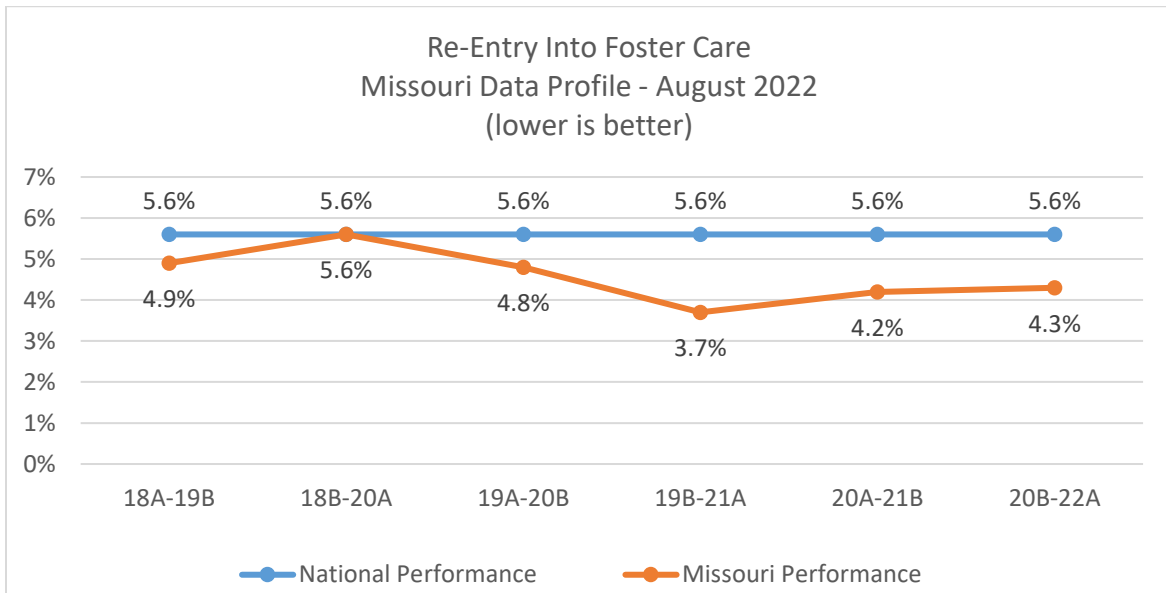
The third Data Profile measure of Permanency within 12 Months assesses permanency for children who have been in custody for 24 months or longer. The national performance for this measure is 37.3%. Missouri’s performance is only slightly higher at 37.5%, as noted in the chart below. As with the other Permanency within 12 Months measures, the percentage of children achieving permanency within 12 months for this cohort is also declining.

Similar to the information presented above, permanency rates for children ages 11-16 do not meet national performance among children in care 24+ months. The rate of permanency achieved for this age group is 27.3%. In contrast, permanency rates for younger children exceed national performance.



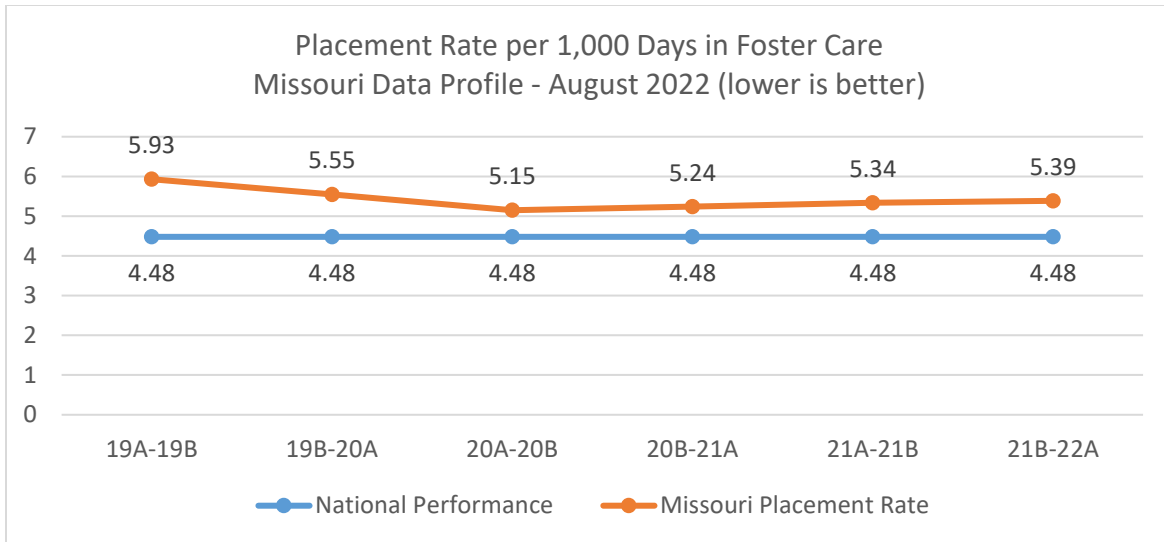
The fourth Data Profile permanency measure is Reentry to Foster Care. For this measure, a lower performance is desired. Missouri’s reentry rate is 4.3% which is lower than the national performance of 5.6%. Missouri’s performance has been below the national performance for most of the recent reporting periods.

Children under one year of age are the only category that does not meet national performance. Re-entry for children under one is 6.6%. The re-entry rate for children 0-3 is 11.1%.



The final Data Profile measure is Placement Stability and is measured by a rate of placement moves and a lower number is desired. Missouri’s rate of placement moves as of August 2022 was 5.39, which is worse than the national performance of 4.48. The rate of placement moves has consistently been worse than the national performance for the past several reporting periods.

Children ages 11-16 have a placement rate that is almost double the national performance (8.00). The placement rate is also highest for black children at 6.06.



Item 4, Stability of Placement, was rated as an area needing improvement during CFSR Round 3, with 88% (35/40) of cases receiving strength ratings. The final year of CFSR Round 3 case reviews resulted in 75% strength ratings (55/73). Missouri was unable to reach the Program Improvement Plan monitoring goal established for Round 3, resulting in the assessment of federal penalties.

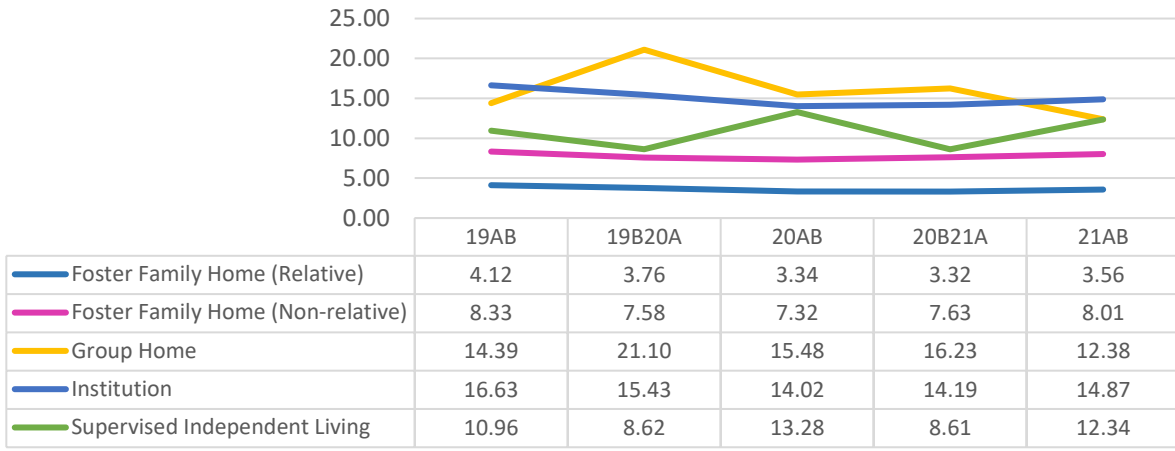
On-going internal CFSR case reviews since the Round 4 OSRI was published have shown strength ratings for 82% (23/28) of cases. More than half of the children reviewed (57%, 16/28) were in relative placements and all but one of the 16 received strength ratings. Of the five cases rated as area needing improvement:

- Four were foster home disruptions, and one was a relative placement disruption
- Three homes requested the child to be moved, but had asked for assistance with insufficient follow-up by the agency
- Two homes received services, but concerns were not able to be resolved, leading to unplanned moves for the children

The Placement Stability Data Profile measure was examined by the child’s most recent placement type. As indicated in the chart below, relative placements consistently resulted in the lowest rate of placement moves and performance better than the nation. All other placement types result in worse than the national performance.

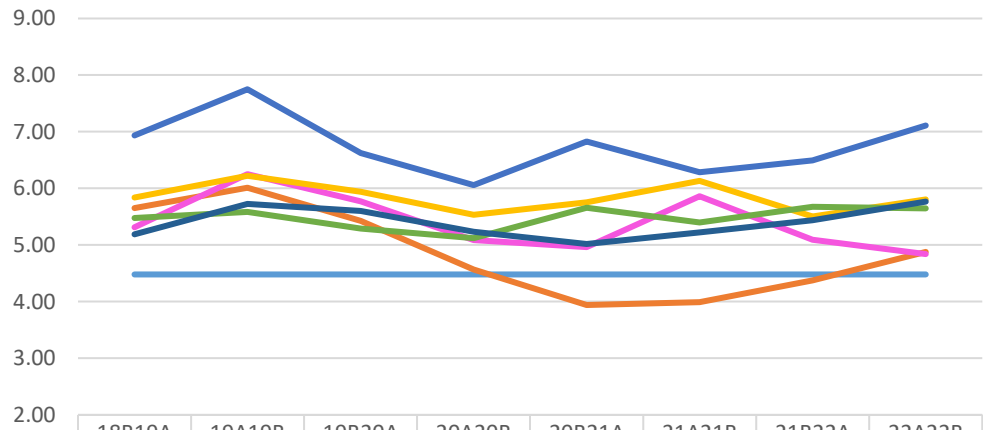
Missouri statute and policy prioritize placement with relatives. As of February 28, 2023, 52% (6,833/13,221) of children in foster care were placed with relatives, as defined in state statute.

Missouri Placement Stability Statewide Data Indicator  
 Observed Performance by Most Recent Placement Type  
 (A lower rate is desirable / National performance = 4.48)



The supplemental context data for this Data Profile measure was also examined to determine the rate of placement moves by region in Missouri. The Kansas City region is the only area that has exceeded the national performance during the past four years of reporting. However, with the most recent data, all regions' outcomes are worse than the national performance.

### Missouri Data Profile - Placement Stability by Region 2018 - 2022



	18B19A	19A19B	19B20A	20A20B	20B21A	21A21B	21B22A	22A22B
National Performance	4.48	4.48	4.48	4.48	4.48	4.48	4.48	4.48
Kansas City Region	5.65	6.01	5.43	4.57	3.94	3.99	4.37	4.88
Northwest Region	5.31	6.25	5.77	5.09	4.96	5.86	5.10	4.84
Northeast Region	5.84	6.22	5.94	5.53	5.75	6.13	5.50	5.81
St. Louis	6.93	7.75	6.62	6.06	6.83	6.29	6.50	7.11
Southeast Region	5.48	5.59	5.29	5.12	5.66	5.40	5.67	5.65
Southwest Region	5.19	5.72	5.60	5.24	5.02	5.22	5.44	5.77

The data presented outlines that older children experience more placement moves than younger children and that relative placements are more stable than other placement types. Children’s Division has identified the behavioral challenges of older children as a significant barrier to placement stability. There are efforts in place to engage with the Department of Mental Health and the Division of Youth Services to determine the best placement options and services to meet the needs of some of the older youth in the foster care population.

The Children’s Division has also increased efforts to support relative placements in Missouri through the use of Kinship Navigator programming implemented by the Family Resource Centers throughout the state.

Item 5, Permanency Goal for the Child, was rated as an area needing improvement in CFSR Round 3, with 55% (22/40) of cases receiving strength ratings. The final year of CFSR Round 3 case reviews resulted in 60% strength ratings for Item 5 (44/73). Missouri was unable to reach the Program Improvement Plan monitoring goal established for Round 3, resulting in the assessment of federal penalties.

On-going internal CFSR case reviews since the Round 4 OSRI was published have shown strength ratings for 64% (18/28) of cases. Of the records reviewed, all case goals were identified in the case file. Permanency goals were established timely for 93% (26/28) of the children



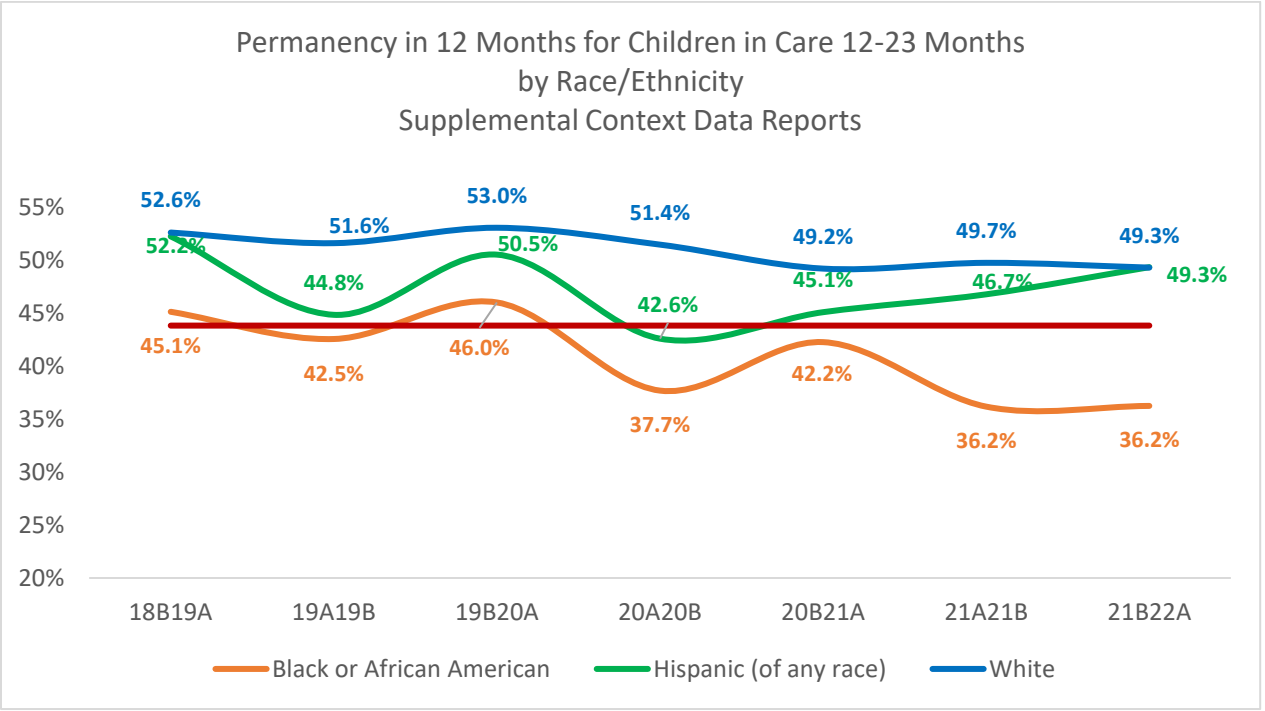
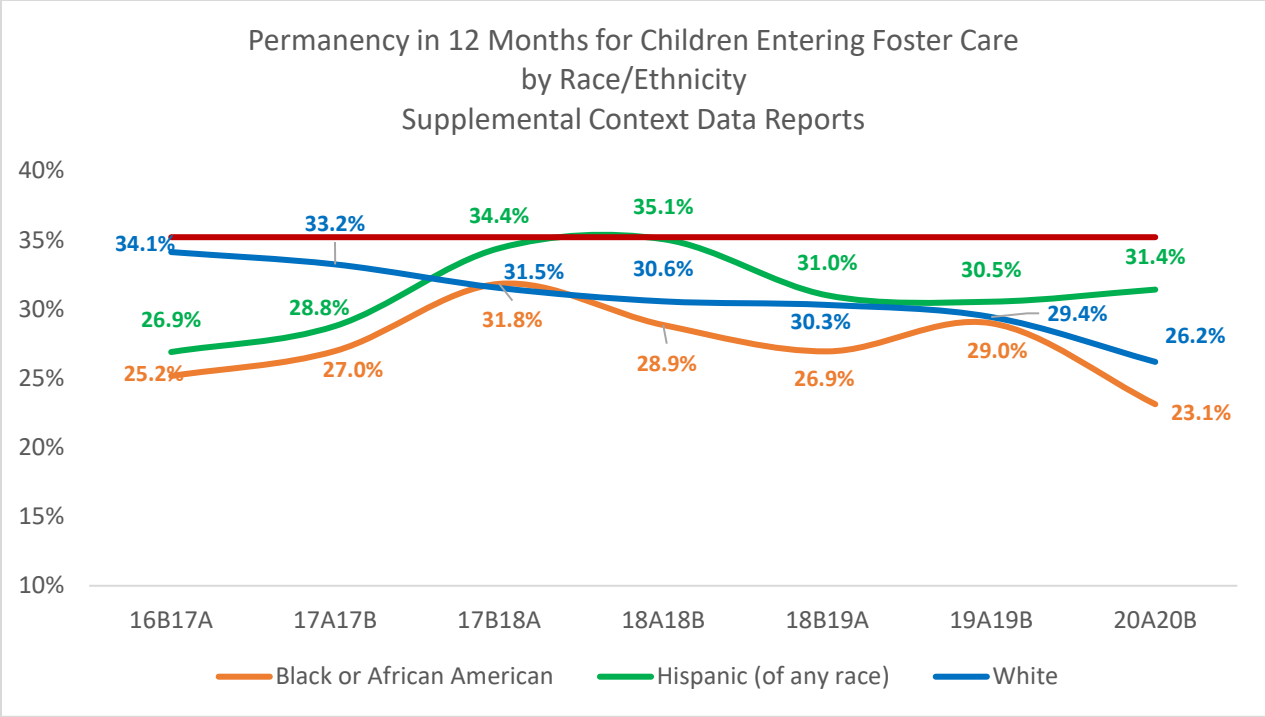
reviewed. The identified case goals were appropriate to the child's need for permanency and to the case circumstances for 71% (20/28) of the cases reviewed. Termination of Parental Rights petitions were acted upon in a timely manner for 75% (12/16) of the applicable cases.

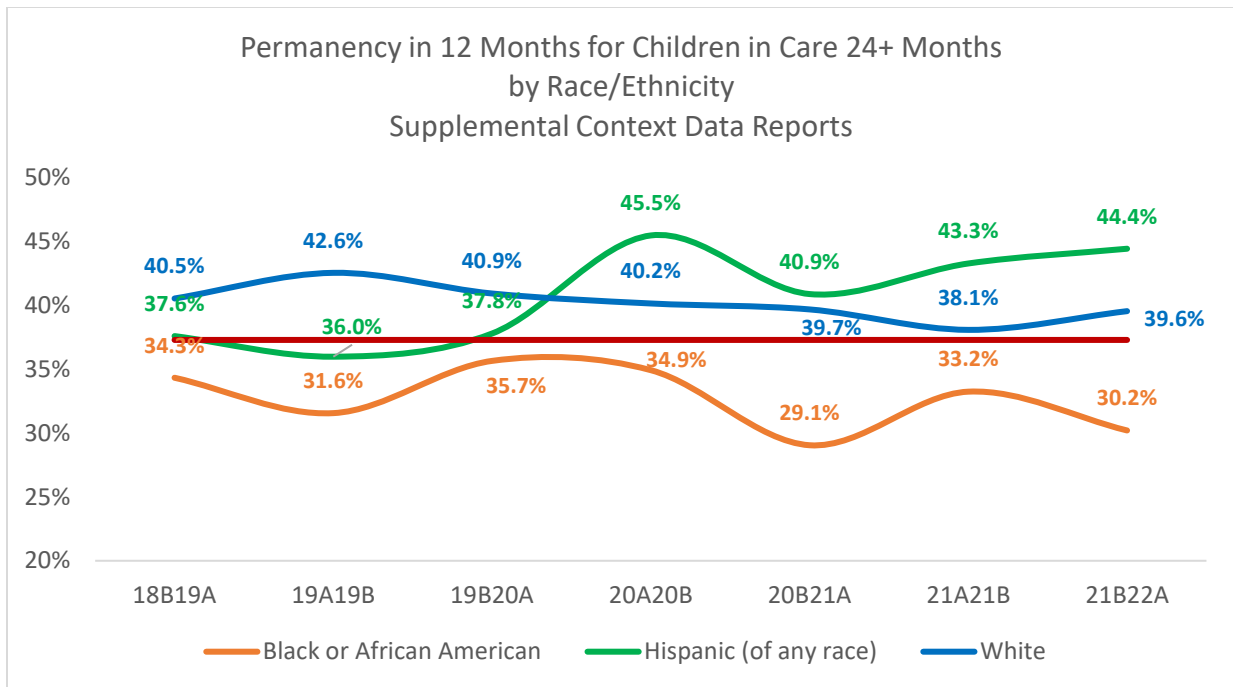
The use of concurrent planning in Missouri's child welfare system was addressed in the 2020-2024 Child and Family Services Plan. There was confusion among field staff about the required establishment of a concurrent goal. Concurrent planning policy was reviewed and revised to clarify that a concurrent goal is not required if the primary goal is something other than reunification. There were steps taken to ensure that the information being provided in Child Welfare Practice Training, the initial training received by new case management staff, was consistent with the wording changes to policy. A power point was also created and distributed to all circuits to use as curriculum for learning opportunities within their staff meetings.

Item 6, Achieving Reunification, Guardianship, Adoption, or Another Planned Permanent Living Arrangement (APPLA), was determined to be an area needing improvement in CFSR Round 3. Ten of the 40 cases (25%) received strength ratings. The final year of CFSR Round 3 case review data resulted in 45% strength ratings (33/73).

Ongoing internal CFSR case reviews since the release of the Round 4 OSRI have shown strength ratings for 39% (11/28) of the cases reviewed. One case had a goal of APPLA and it was determined that the youth was placed in an arrangement that was intended to last until independence was achieved, leading to a strength rating (100%, 1/1). Ten of the remaining 27 cases (37%) found that the agency and court had not made concerted efforts to achieve the child's permanency goal in a timely manner. Examining the case review results by case goal indicates that 41% (7/17) of children with an identified goal of reunification received strength ratings. Likewise, cases of children with an identified primary or concurrent goal of adoption also received 41% (7/17) strength ratings. And, for cases of children with an identified primary or concurrent goal of guardianship, 36% (4/11) received strength ratings.

As noted above, the timeliness of permanency achievement has declined for all three of the Permanency within 12 Months Data Profile measures. Significant differences between the outcomes for Black or African American children when compared to white children or those of Hispanic heritage exist. For all measures, the rate of permanency achieved within 12 months is lowest for Black or African American children and is consistently worse than the national performance (red line in the charts below).





The Children’s Division has engaged with experts from the Capacity Building Center for States around racial disproportionality and disparity to begin to address this issue.

The Program Improvement Plan from CFSR Round 3 contained several strategies to help address timely permanency for children in Missouri’s child welfare system. The first was the Permanency Attorney Initiative (PAI). Prior to CFSR Round 3, there were very limited attorney resources to represent agency staff in court. Attorneys within the Department of Social Service’s Division of Legal Services were available on a referral basis, but did not have capacity to support Children’s Division staff in the vast majority of scheduled court hearings. The PAI identified new full-time attorneys dedicated to representing Children’s Division both in court and in the provision of legal advice as permanency recommendations were being discussed. Another PIP strategy from CFSR Round 3 included the development of the Partnership for Child Safety and Wellbeing (PCSW), a collaborative group between the state agency and court partners. The PCSW continues to meet and discuss efforts to improve the timeliness of permanency for children in Missouri.

During the CFSR Statewide Assessment Event, participants were asked to identify the largest barriers to achieving timely permanency Missouri. Participants in this session included representatives from the judiciary, Juvenile Officers, foster parents, attorneys who represent parents involved in the child welfare system, Children’s Division and Foster Care Case Management leadership and field staff, Permanency Attorneys and Guardians ad Litem.

Barriers to achieving timely permanency were identified as follows:

- Caseworker turnover and high caseloads do not allow workers time to focus on their cases and families feel like they are starting over
- Communication among Family Support Team members is poor
- Trial Home Visits last a long time while waiting for custody orders to be completed
- Parents are asked to completed specific services, but they may not be available or accessible in their area
- Delays in orders and findings by the court
- Lack of documentation of services that have been provided to families can lead to delays in termination of parental rights
- Wide variance from circuit to circuit regarding services the state will fund
- Inconsistent practices across the state regarding parents’ due process and right to legal representation
- There are more children with delinquency and mental health concerns entering foster care than ever before, bringing different challenges to permanency

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

Permanency Outcome 2 was not in substantial conformity during CFSR Round 3, as the outcome was found to be substantially achieved for 65% (26/40) of the cases reviewed. In reviews conducted in September and December 2022 which utilized the Round 4 OSRI, Permanency Outcome 2 has been substantially achieved in 43% (12/28) of the cases reviewed.

The chart below outlines the case review data for the 28 foster care cases that have been reviewed using the CFSR Round 4 OSRI.

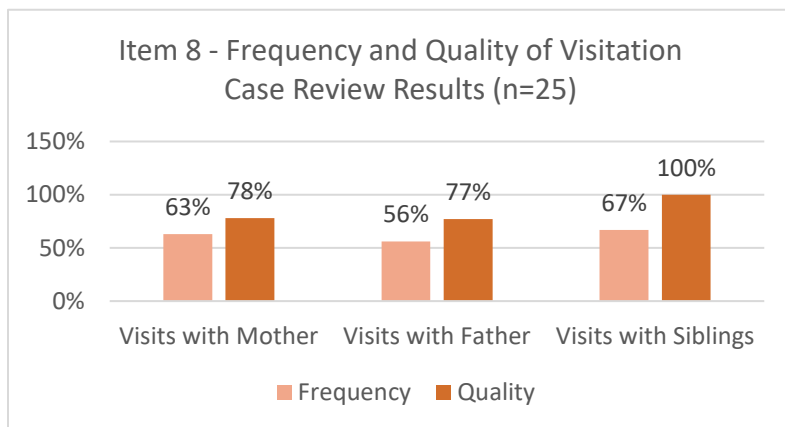
CFSR Item		Strength	Area Needing Improvement	Not Applicable
Item 7	Placement With Siblings	77.78% n=14	22.22% n=4	n=10
Item 8	Visiting With Parents and Siblings in Foster Care	36% n=9	64% n=16	n=3
Item 9	Preserving Connections	71.43% n=20	28.57% n=8	n=0
Item 10	Relative Placement	77.78% n=21	22.22% n=6	n=1
Item 11	Relationship of Child in Care With Parents	37.5% n=9	62.5% n=15	n=4

Item 7, Placement with Siblings, was rated as a strength during CFSR Round 3, with 97% (32/33) of the applicable cases receiving strength ratings. The final year of CFSR Round 3 case reviews resulted in 90% strength ratings (46/51). As noted above, ongoing internal CFSR case

reviews for Round 4 have rated 78% (14/18) of the cases as strengths for sibling placement. For the four cases that were rated as area needing improvement in the most recent internal CFSR case reviews, concerted efforts to place the children together were not made throughout the period under review.

Item 8, Visiting with Parents and Siblings in Foster Care, received an area needing improvement rating during CFSR Round 3 with 71% (25/35) of cases rated as strengths. All of the nine (100%, 9/9) applicable cases for sibling visitation determined that the frequency and quality of visitation between the siblings who are in foster care but placed separately was sufficient to preserve the continuity of the relationship. Visitation between the child and his/her mother led to strength ratings for 72% (23/32) of the applicable cases and visitation between the child and his/her father led to strength ratings for 70% (16/23) of the applicable cases. CFSR Round 3 case review data for the final year of PIP monitoring resulted in 57% strength ratings (40/70).

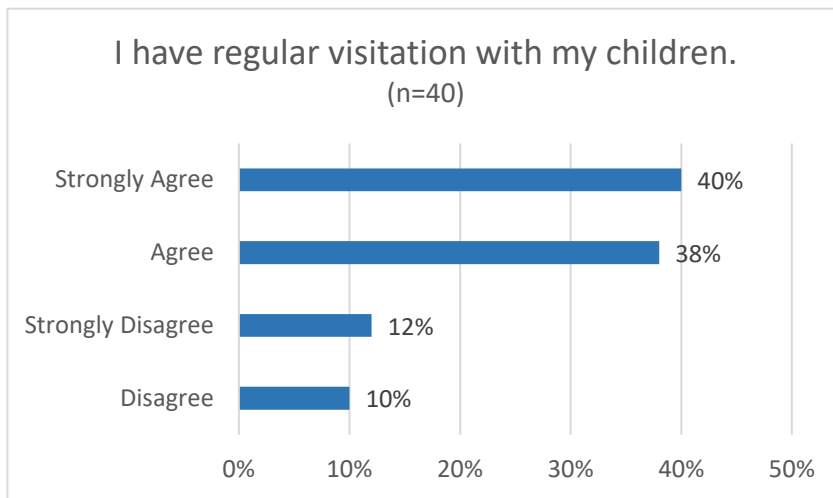
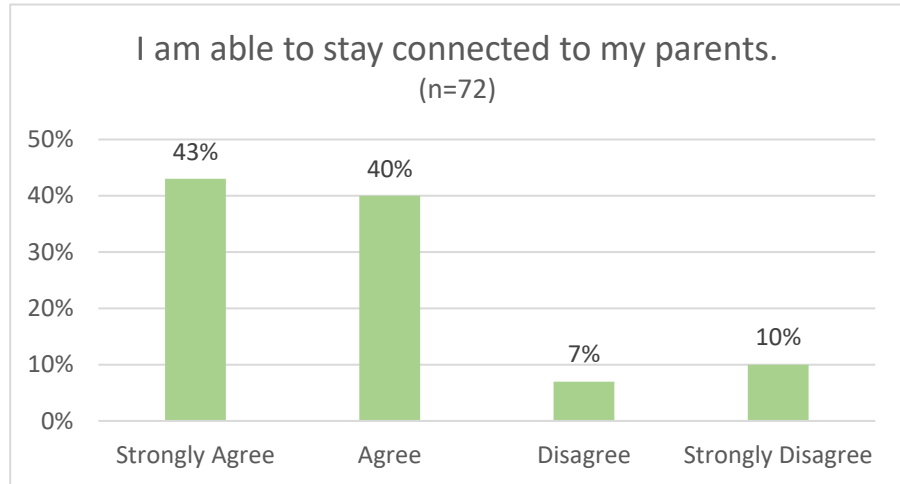
Ongoing internal CFSR case reviews since the release of the Round 4 OSRI have shown strength ratings for 36% (9/25) of the cases reviewed. As noted in the chart, the frequency of visitation between the child and his/her mother was determined to be sufficient for 63% (15/24) of cases and the quality of visitation was sufficient in 78% (14/18) of the cases reviewed. Visitation between the child and his/her father was determined to be of sufficient frequency in 56% (10/18) of cases and the quality of visitation was sufficient for 77% (10/13) of reviewed cases. Finally, visitation between the child and his/her siblings who were also in foster care was determined to be of sufficient frequency in 67% (6/9) of cases reviewed and all cases (100%, 8/8) were found to be of sufficient quality to preserve the continuity of the relationship.



The case review summaries indicated several reasons for area needing improvement ratings. Several cases had parents who were incarcerated and concerted efforts were not made to explore visitation options in these situations. Transportation issues were present in one case and there were no attempts by the agency to help resolve them. One case used virtual visitation between parents and children without exploring the possibility of in-person visitation, impacting the quality of the visits. And, several cases required the parents to produce clean drug screens before visitation was allowed, although there were no identified safety concerns to prevent visitation between the parents and the children.

In preparation for the CFSR Statewide Assessment Event in March 2023, surveys were distributed to foster care youth ages 12 and older and to parents whose children are in foster care. Surveys included questions related to visitation between parents and children.

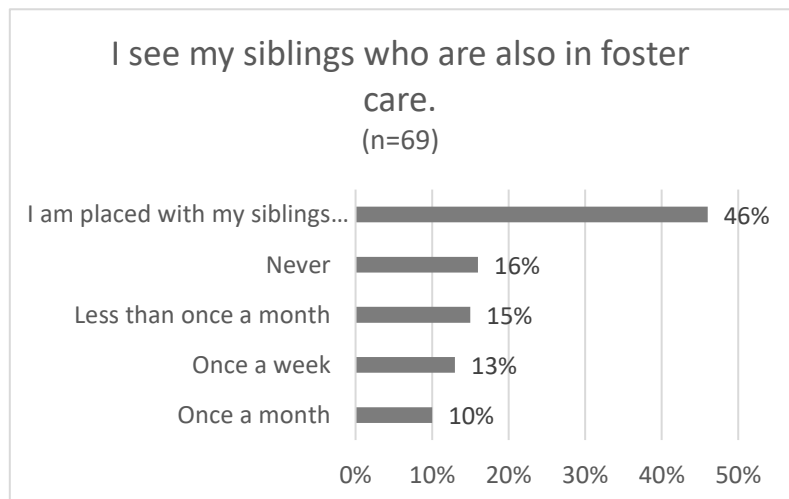
Youth were asked to respond to the statement “I am able to stay connected to my parents”. Of the youth who responded, 83% (60/72) indicated that they strongly agreed or agreed with the statement.



Similarly, surveys asked parents to respond to the statement “I have regular visitation with my children”. Of the parents who responded, 78% noted that they strongly agreed or agreed with the statement.

Youth were also asked to describe the frequency of which they see their siblings who are also in foster care.

Thirty-two (32) of the 69 (46%) youth whose responses were applicable to the question indicated that they are placed in the same setting with their siblings. Removing those 32, forty-three percent (43%, 16/37) indicated that they see their siblings at least once a month and 57% (21/37) responded that they see their siblings less than once a month or



never see their siblings who are also placed in foster care.

During the CFSR Statewide Assessment Event, participants were asked to answer polling questions in regards to parent and child visitation. The statement they were asked to respond to read “The child welfare system as a whole makes every effort to help parents and children visit on a regular basis”. Of the 17 attendees who responded to the poll, 10 of 17 (59%) agreed or strongly agreed. The remaining 41% (7/17) disagreed with the statement.

Participants were also asked to respond to this question by ranking the choices given: “If parents and children are not able to visit on a regular basis, whose decisions impact this the most?” Eighteen participants engaged in this poll. The following are the rankings in order by most impact to least impact:

1. The court
2. The case manger
3. The foster/relative caregiver
4. The parent
5. The children

A similar ranking question was also posed, this time asking “If siblings are not able to visit on a regular basis, whose decisions impact this the most?” Nineteen participants answered this question with the rankings in order by most impact to least impact:

1. The case manager
2. The foster/relative caregiver
3. The court
4. The children
5. The parents

Participants in this session included front-line supervisors and workers from the Children’s Division and a Foster Care Case Management agency, foster parents, attorneys who represent children in foster care, Juvenile Office representatives, parents with lived experience, and youth in foster care, as well as Children’s Division leadership.

Item 9, Preserving Connections, was determined to be an area needing improvement during CFSR Round 3 as 70% (28/40) of the cases reviewed received strength ratings. In the final year of PIP monitoring, case review data indicated 73% strength ratings for Item 9 (53/73). Internal CFSR case reviews were completed in September and December 2022 using the Round 4 OSRI. Of the 28 foster care cases reviewed, 71% (20/28) were considered to be strengths. Notable connections that were not maintained for the eight cases rated as area needing improvements include siblings who are not in foster care and other extended family. In some cases, relatives could not be approved for placement, but would be appropriate and safe for ongoing contact with the child. However, that contact was not maintained.

Item 10, Relative Placement, was determined to be an area needing improvement during CFSR Round 3 as 79% (31/39) of the cases reviewed received strength ratings. Case reviews completed during the final year of CFSR Round 3 PIP monitoring resulted in 64% strength ratings for this item (47/73). Internal CFSR case reviews were completed in September and December 2022 using the Round 4 OSRI. Of the 28 foster care cases reviewed, one was rated as not applicable as the child required a specialized placement to address treatment needs throughout the period under review. Of the remaining 27 children reviewed, 71% (21/27) were rated as strengths. Sixteen of the 27 applicable children were placed with relatives that were appropriate for the child's needs. For the remaining 11 children, maternal relatives were not identified, located, informed, and evaluated as appropriate for four children and paternal relatives were not identified, located, informed, and evaluated as needed for six children.

Item 11, Relationship of Child in Care with Parents, was rated as an area needing improvement during CFSR Round 3. Nineteen of the applicable 33 cases (58%), were rated as strengths. Thirty-two cases were applicable for mothers and 23 cases were applicable for fathers. Concerted efforts to promote, support and otherwise maintain a positive and nurturing relationship between the child and the mother were found for 63% of applicable cases (20/32) and concerted efforts to do the same for fathers were found for 61% of applicable cases (14/23). Case reviews completed for PIP monitoring during the final year of CFSR Round 3 resulted in 48% strength ratings (33/69).

Case reviews conducted internally using the Round 4 OSRI were completed in September and December 2022. Thirty-eight percent (38%, 9/24) were determined to be strength ratings. Twelve of the 24 cases applicable for the mothers were found to be strengths ratings (50%) and eight of the 18 records applicable for the fathers were rated as strengths (44%).

### **Wellbeing Outcomes 1, 2, and 3**

#### **Wellbeing Outcome 1: Families have enhanced capacity to provide for their children's needs**

Wellbeing Outcome 1 was not in substantial conformity during CFSR Round 3, as the outcome was found to be substantially achieved for 37% (24/65) of the cases reviewed. In reviews conducted in September and December 2022 which utilized the Round 4 OSRI, Wellbeing Outcome 1 has been substantially achieved in 29% (12/42) of the cases reviewed.

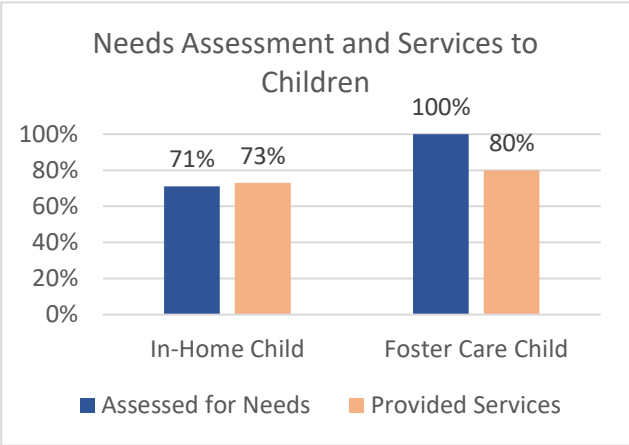
The chart below outlines the case review data for the 42 cases that have been reviewed using the CFSR Round 4 OSRI.



CFSR Item		Strength	Area Needing Improvement	Not Applicable
Item 12	Needs and Services to Children, Parents and Foster Parents	33.33% n=14	66.67% n=28	n=0
Item 12A	Needs Assessment and Services to Children	76.19% n=32	23.81% n=10	n=0
Item 12B	Needs Assessment and Services to Parents	37.5% n=15	62.5% n=25	n=2
Item 12C	Needs Assessment and Services to Foster Parents	85.19% n=23	14.81% n=4	n=27
Item 13	Child and Family Involvement in Case Planning	60.98% n=25	39.02% n=16	n=1
Item 14	Caseworker Visits With Child	61.9% n=26	38.1% n=16	n=0
Item 15	Caseworker Visits With Parents	28.21% n=11	71.79% n=28	n=3

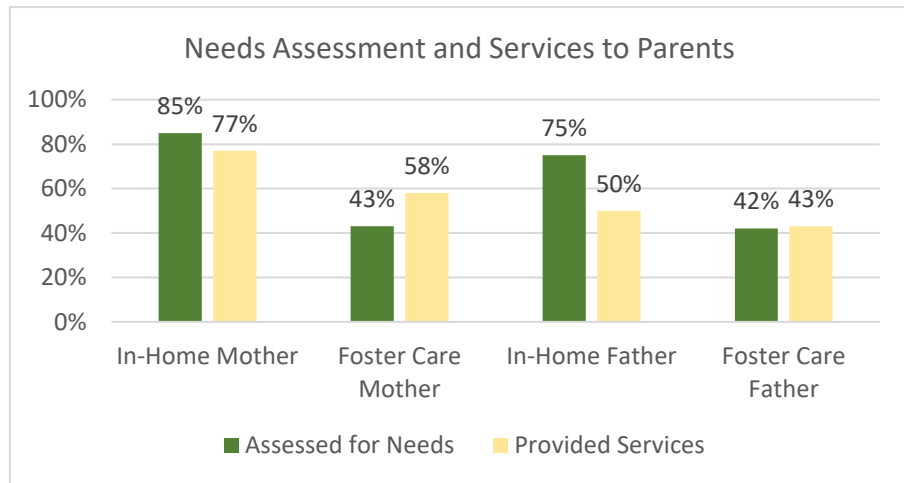
Item 12A, Needs and Services to Children, was rated as an area needing improvement during CFSR Round 3. Sixty-two percent (62%, 40/65) of cases were rated as strengths for this sub-item. The sub-item was rated as an area needing improvement in 65% of the foster care cases and 61% of the in-home cases that were reviewed in Round 3. For cases reviewed in the final year of PIP monitoring for CFSR Round 3, 89% of cases were rated as strengths (76/85).

During September and December 2022, internal CFSR case reviews have been completed using the Round 4 OSRI. A total of 42 cases have been reviewed. As noted above, 76% of cases received a strength rating for sub-item 12A. In-home cases received strength ratings for 64% (9/14) of the reviews and foster care cases were rated as strengths in 82% (23/28) of the reviews. As noted in the chart, there were more consistent assessment and provision of services to children in foster care than for children being served through in-home services cases.



Item 12B, Needs and Assessment of Services to Parents, was determined to be an area needing improvement during CFSR Round 3, with 43% (27/63) of the applicable cases receiving strength ratings. This sub-item was rated as a strength in 42% of the foster care cases and 48% of the in-home cases that were reviewed. Cases reviewed in the final year of PIP monitoring in CFSR Round 3 resulted in 37% strength ratings for Item 12B (31/83).

Internal CFSR case reviews were completed in September and December 2022 using the Round 4 OSRI. Of those cases, 38% (15/40) received strength ratings for sub-item 12B. In-home service cases were rated as strengths in 64% (9/14) of the reviews and foster care cases were rated as strengths in 27% (7/26) of the reviews. In contrast to needs and services provided to children, needs assessment and service provision to parents on in-home service cases were rated



higher than for parents whose children were in foster care. Service provision to address the identified needs of mothers occurred with more frequency than for fathers, regardless of case type.

Case reviews revealed a lack of concerted efforts to identify, locate, and/or engage parents as one of the main reasons cases were found to be areas needing improvement for sub-item 12B.

During the CFSR Statewide Assessment Event, participants were asked to discuss the reasons they felt needs assessment and service provision were more successful with parents of in-home services cases than parents with children in foster care. They felt that the relationship between the case manager and the parents of children in foster care is seen as more adversarial in nature and the relationship between the case manager and parents whose children remain in the home is seen as more cooperative and supportive.

Participants in this session included foster care youth, parents with lived experience, service providers, Children’s Division field staff and leadership, Juvenile Officers, and attorneys who represent children in foster care.

Item 12C, Needs and Assessment of Services to Foster Parents, was also an area needing improvement during CFSR Round 3. Sixty-eight percent (68%, 27/40) of the foster care cases reviewed received strength ratings. Case review data in the final year of PIP monitoring for CFSR Round 3 resulted in 84% strength ratings for Item 12C (59/70).

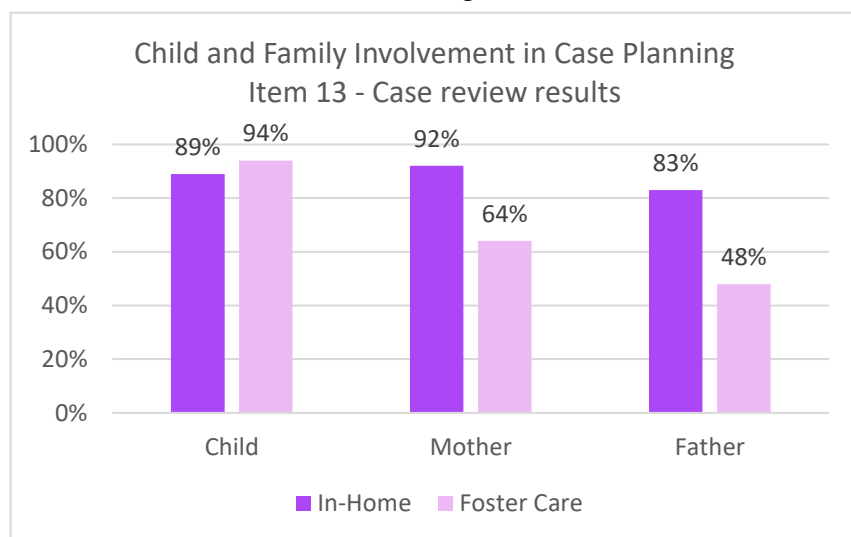
Internal CFSR reviews conducted using the Round 4 OSRI resulted in strength ratings for 85% (23/27) of the foster care cases reviewed. Foster parent needs were assessed as required for 24 of the 27 (89%) cases reviewed. Service needs were identified in 15 of the cases, with services provided to meet those needs in 11 cases (73%). The four cases that were found to be areas

needing improvement for sub-item 12C were also rated as areas needing improvement on Item 4, stability of placement.

Item 13, Child and Family Involvement in Case Planning, was also determined to be an area needing improvement during CFSR Round 3, with 48% (31/64) of cases receiving strength ratings. This item was rated as a strength in 51% of the foster care cases and 48% of the in-home cases that were reviewed. Case planning occurred most frequently with mothers (68%), and children (64%), and least frequently with fathers (45%). In the final year of PIP monitoring for CFSR Round 3, 63% (52/83) of cases received strength ratings for Item 13.

Most recently, case reviews were completed in September and December 2022, using the Round 4 OSRI. In these reviews, 59% (24/41) cases were rated as strengths. Involvement in case

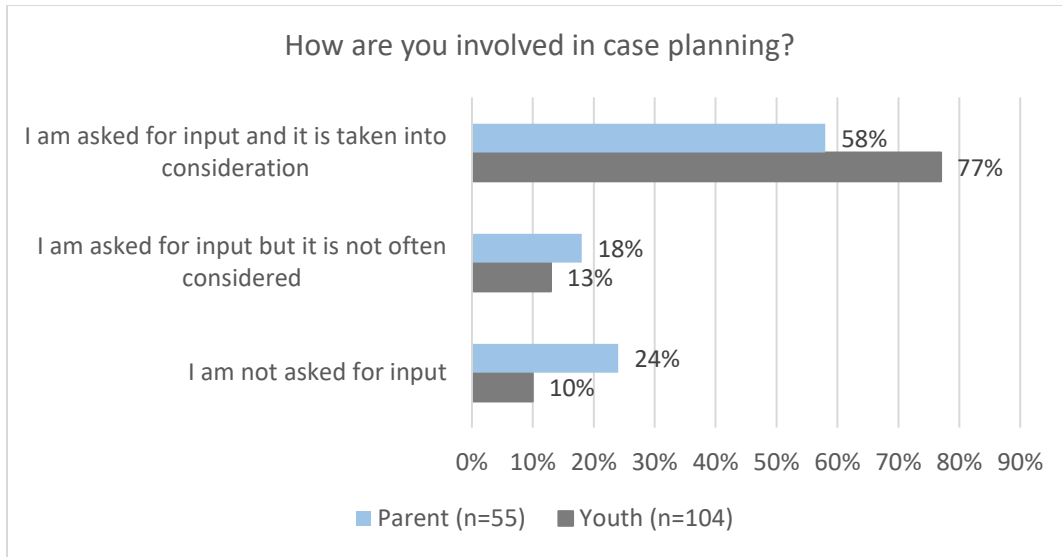
planning was rated as strengths in 48% (13/27) of foster care cases and 79% (11/14) of in-home cases. As noted in the chart, mothers and fathers were more frequently involved in case planning during in-home cases than in foster care cases. And, regardless of case type, mothers were more frequently involved in case planning than fathers.



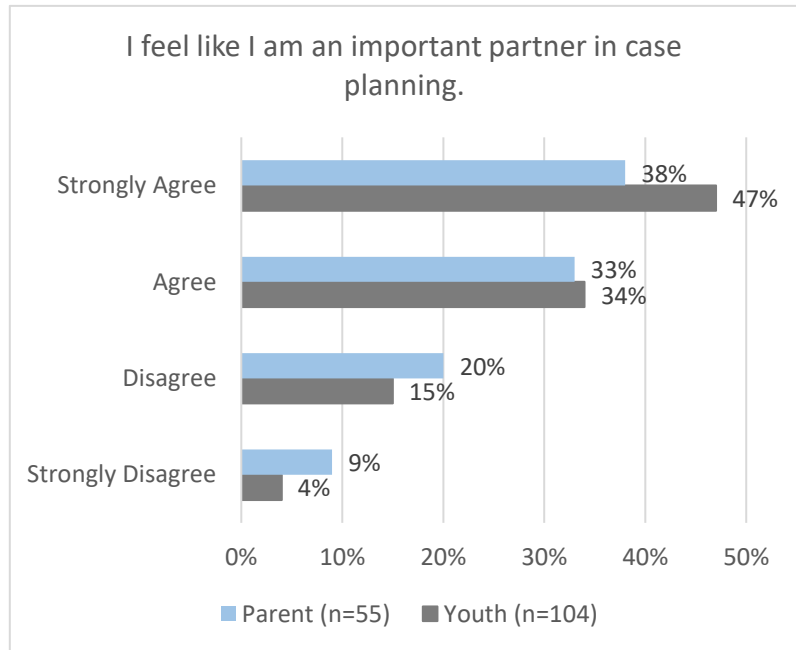
In preparation for the CFSR Statewide Assessment Event, surveys were distributed to youth in foster care ages 12 and older and to parents involved in open in-home services cases or parents whose children were in foster care. They were asked to respond to the question, “How are you involved in case planning?” The choices for response were:

- I am asked for input and it is taken into consideration
- I am asked for input but it is not often considered
- I am not asked for input

Seventy-seven percent (77%, 80/104) of youth indicated that they were asked for input and it is taken into consideration. Fifty-eight percent (58%, 32/55) of parents who responded to the survey indicated that they were asked for input and it is taken into consideration.



Survey recipients were also asked to respond to the following statement “I feel like I am an important partner in case planning”. Youth strongly agreed or agreed with the statement in 81% (84/104) of responses. Parents strongly agreed or agreed with the statement in 71% (39/55) of responses.

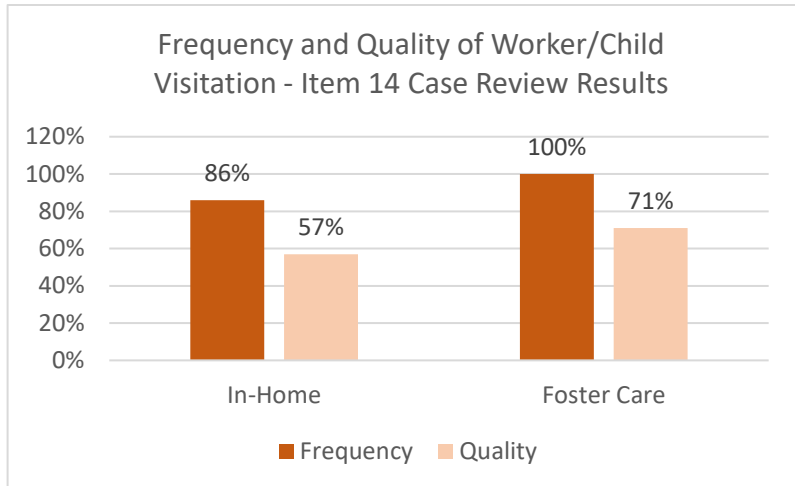


Item 14, Caseworker visits with Children, was determined to be an area needing improvement during CFSR Round 3 with 60% (39/65) of cases receiving strength ratings. For foster care cases, 73% of cases received strength ratings and 43% of in-home cases received strength ratings. Cases reviewed in the final year of PIP reporting for CFSR Round 3 resulted in 72% (61/85) strength ratings.

Internal CFSR reviews have occurred during September and December 2022 using the Round 4 OSRI. Sixty percent (60%, 25/42) of cases were rated as strengths. Foster care cases were rated as strengths in 68% (19/28) of the cases reviewed. In-home cases were rated as strengths in 43% (6/14) of the cases reviewed.

As noted in the chart, the quality of visits between the workers and children was rated significantly lower than the frequency of the visitation. The frequency of visitation was

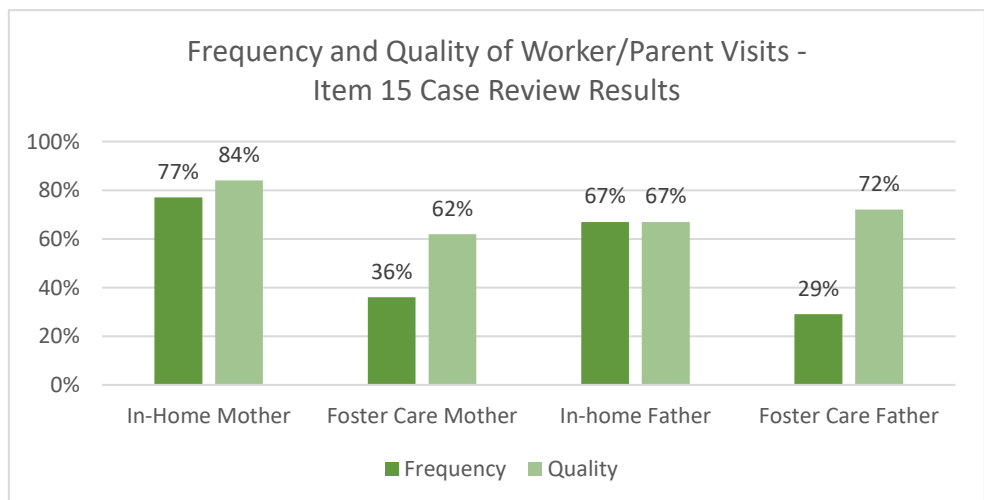
sufficient for 93% (39/42) of the cases reviewed. The quality of the visitation was sufficient for 67% (28/42) of the cases reviewed. The federal case review tool instructs that children over the age of infancy should be seen alone for at least a portion of every visit in order for quality to be assessed as sufficient, with limited exception. For many of the cases rated as areas needing improvement, there were visits in which the child was not seen individually.



Item 15, Caseworker Visits with Parents, was determined to be an area needing improvement during CFSR Round 3. Of the 61 cases applicable for this item, 43% were rated as strengths (26/61). Foster care cases were rated as strength in 39% of the cases and in-home cases were rated as strengths in 52% of the cases. Item 15 was rated as strength in 29% (23/80) of the case reviews conducted in the final year of PIP monitoring for CFSR Round 3.

Internal CFSR case reviews were completed in September and December 2022 using the Round 4 OSRI. Of those cases, 28% (11/39) received strength ratings for caseworker visits with parents. In-home service cases were rated as strengths in 50% (7/14) of the reviews and foster care cases were rated as strengths in 16% (4/25) of the reviews.

For all case types, the frequency of visitation with mothers was determined to be sufficient for 50% (19/38) of cases reviewed and the quality of visitation was determined to be sufficient in 71% (24/34) of cases. The frequency of visitation with fathers was



deemed sufficient for 42% (14/33) of cases and the quality of visitation was sufficient for 64% (18/28) of cases. As evidenced in the chart, the frequency of visitation for parents of children in foster care is significantly lower than for parents being served through in-home service cases.

The participants in this CFSR Statewide Assessment Event session were asked to discuss the reasons they felt engagement with fathers scored lower than engagement with mothers when considering involvement in case planning and visitation with workers. Their responses included the following:

- Mothers are typically the hands-on parent
- Fathers may not engage because pride gets in the way and they do not want to say they might need help
- There are typically more female caseworkers and fathers may not feel represented
- Court can be a barrier if paternity is not legally established
- If fathers are not involved from the beginning of the case, they can be forgotten

Barriers to establishing regular visitation between workers and parents were also identified:

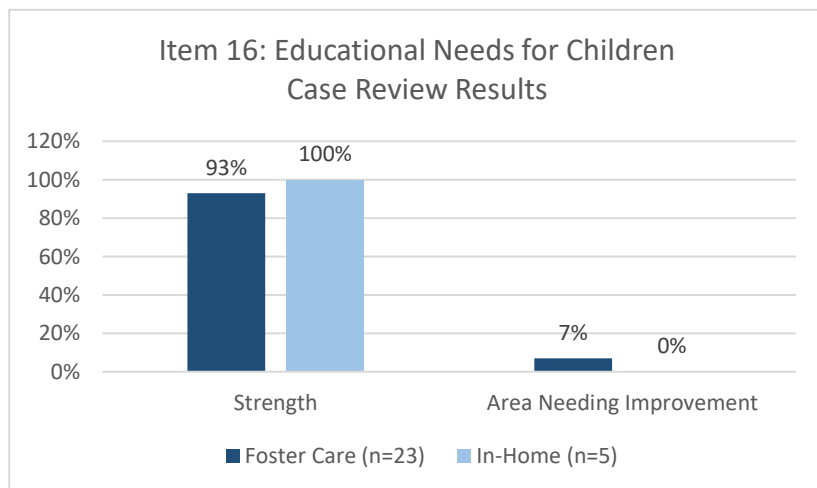
- Turnover causes parents to retell their story multiple times and it is difficult for them to keep up with who they should be talking to
- Workers have difficulties finding parents
- High caseloads cause competing priorities for workers
- Parents with warrants may be hesitant to reach out or engage with workers

Wellbeing Outcome 2: Children receive appropriate services to meet their educational needs

Wellbeing Outcome 2 includes only one item and it was not in substantial conformity with federal requirements during CFSR Round 3. Eighty-three percent (83%, 35/42) of cases reviewed for Item 16 were rated as strengths. Foster care cases that were applicable for Item 16 were rated as strengths in 85% of the reviews. In-home cases that were applicable for Item 16 were rated as strengths in 86% of the reviews. In the final year of case reviews for CFSR Round 3 PIP monitoring, 92% (54/59) of applicable cases were determined to be strengths.

Internal CFSR case reviews were completed in September and December 2022 utilizing the Round 4 OSRI. Ninety-three percent (93%, 26/28) of the cases reviewed were rated as strengths. For foster care cases that were reviewed, 91% (21/23) received strength ratings. For in-home

cases that were reviewed, all cases that were applicable for Item 16 were rated as strengths (100%, 5/5).



All children reviewed received thorough assessments of their educational needs. The chart below notes the needs that were assessed and the services that were provided to address those needs.

Educational Needs	Services Pursued
Communication delays	Speech therapy
Behavior challenges in school setting	Day treatment school with group and individual therapies
Consistent attendance	Transportation assistance
Performance below grade level	Tutoring, specialized classroom setting
Post high school plans	Assistance with college applications and college visits

During the CFSR Statewide Assessment Event session that focused on educational needs and services, participants clearly identified several early childhood services that are available throughout the state (Early Head Start, Parents as Teachers, and Head Start). However, the participants also discussed the lack of consistent services that are available for school-age children. They noted that occupational and physical therapies are not readily available in every school. Some schools struggle to schedule Individual Educational Plan (IEP) meetings timely, which can cause delays in educational services for children.

The group of participants, which included relative and foster parents; service providers; youth with lived experience; Children’s Division workers, supervisors, and administrators; and partner agency representatives, also mentioned the frequent placement moves that some children in foster care experience impacts their education, especially when the moves occur between school districts.

Wellbeing Outcome 3: Children receive adequate services to meet their physical and mental health needs

Wellbeing Outcome 3 was not in substantial conformity during CFSR Round 3, as the outcome was found to be substantially achieved for 58% (35/60) of the cases reviewed. In reviews conducted in September and December 2022 which utilized the Round 4 OSRI, Wellbeing Outcome 3 has been determined to be substantially achieved in 53% (20/38) of the cases reviewed.

Item 17, Physical Health of the Child, was determined to be an area needing improvement during CFSR Round 3, with 66% (33/50) of the cases receiving strengths ratings. Strengths ratings were received for 63% of foster care cases and 78% of in-home cases. In the final year of PIP monitoring for CFSR Round 3, 62% (48/78) of cases reviewed received strength ratings.

During internal CFSR case reviews completed in 2022 using the Round 4 OSRI, 62% of cases were rated strengths for physical health of the child. Sixty-eight percent (68%, 19/28) of the

foster care cases received strength ratings and 33% (2/6) of the in-home cases that were applicable for Item 17 were rated as strengths.

For foster care cases, the area needing improvement ratings were primarily because routine physical or dental preventive exams were not provided according to the periodicity schedule outlined in Children’s Division policy. For the in-home cases that were applicable for Item 17, the area needing improvement ratings were assigned because the reason for case opening was related to physical concerns and ongoing assessments, even informally, were not completed.

Item 18, Mental/Behavioral Health of the Child, was rated as an area needing improvement during CFSR Round 3 because 72% (33/46) of the applicable cases were rated as strengths. Strength ratings were received for 69% of foster care cases and 76% of in-home cases. For cases reviewed during the final year of PIP monitoring for CFSR Round 3, 85% (39/46) of cases received strength ratings.

Internal CFSR case reviews were completed in September and December 2022 using the Round 4 OSRI. Of the 42 cases reviewed, 27 were applicable for Item 18. Seventy-four percent (74%, 20/27) received strengths ratings. Foster care cases were rated as strengths in 74% (14/19) of the reviews and 75% (6/8) of the in-home cases received strength ratings.

Area Needing Improvement ratings for mental and behavioral health were due to:

- Waiting lists for play therapy and individual therapy
- No assessment for grief and loss due to death of a sibling and a parent
- Autism testing and services not provided
- No individual or family therapy provided

### **Item 19 – Statewide Information System**

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

The Statewide Information System was found to be in substantial conformity with federal requirements during CFSR Round 3 conducted in July 2017. Missouri believes that this item continues to be in substantial conformity.

The state operates a statewide information system known as the Family and Children Electronic System (FACES). The system is utilized for all children in foster care; child abuse and neglect reports; and families enrolled in preventive services. FACES identifies the status, demographic characteristics, location of the child’s placement, and permanency goals of every child in foster care. Staff update the electronic case record in FACES to capture the required information for federal reporting and best practice. Policy states that the case manager should record any



placement change in FACES within 24 hours of the placement. All other foster care activities should be recorded at least every 30 days. Supervisory staff are responsible for monitoring the timeliness of data entry.

The custody status of every child in foster care is recorded on the Court Information and Legal Status Information screens in FACES. This includes the child's foster care begin date and the date the child achieves permanency, if no longer in foster care. As children leave foster care, the FACES system identifies their exit status. If children proceed to final adoption or legal guardianship arrangements that include subsidy, the case remains open, but the change in legal status and the date of the change is clearly identified. For children who exit foster care and custody is returned to the parent, or the youth reaches independence, the case is closed in the system and the exit date is recorded. For all children exiting foster care, their legal status history is maintained in the FACES system to provide an historical picture of all foster care stays.

When a child is placed in foster care, edits in FACES require the worker to enter demographic information and placement location. A case cannot be opened without this information, and policy requires the case to be opened in the system within 24 hours of the child's removal from the home.

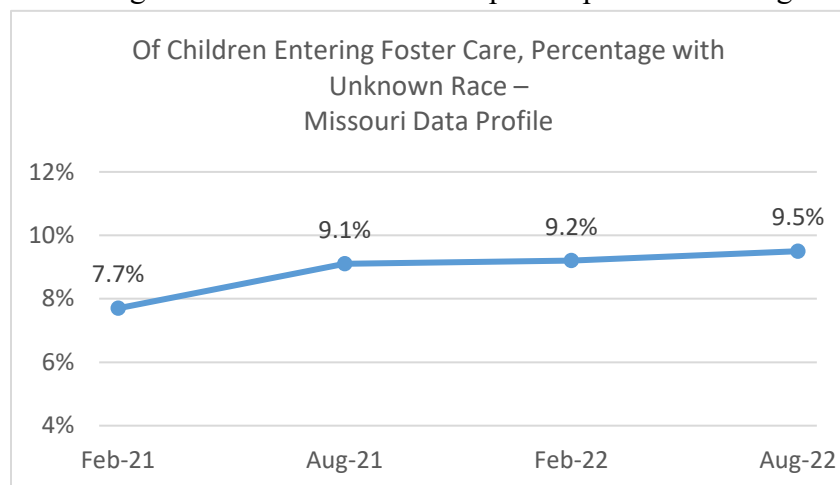
All foster care placements entered into FACES are tied to the financial and licensing portions of the system. This ensures placements are valid and licensed, and that appropriate payments are issued. FACES also allows for temporary placements to be identified, capturing short-term placements, such as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

Permanency goals for every child in foster care are captured on the Family Support Team Screen in FACES. This screen allows a primary and a concurrent goal to be identified. The reunification and/or permanency resource can also be named on this screen.

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

As noted in the chart below, the percentage of children entering foster care with race documented as unknown has increased over the past four reporting periods, but remains below 10%.

According to Missouri’s federal data profile provided in August 2022, 9.5% (607/6,380) of

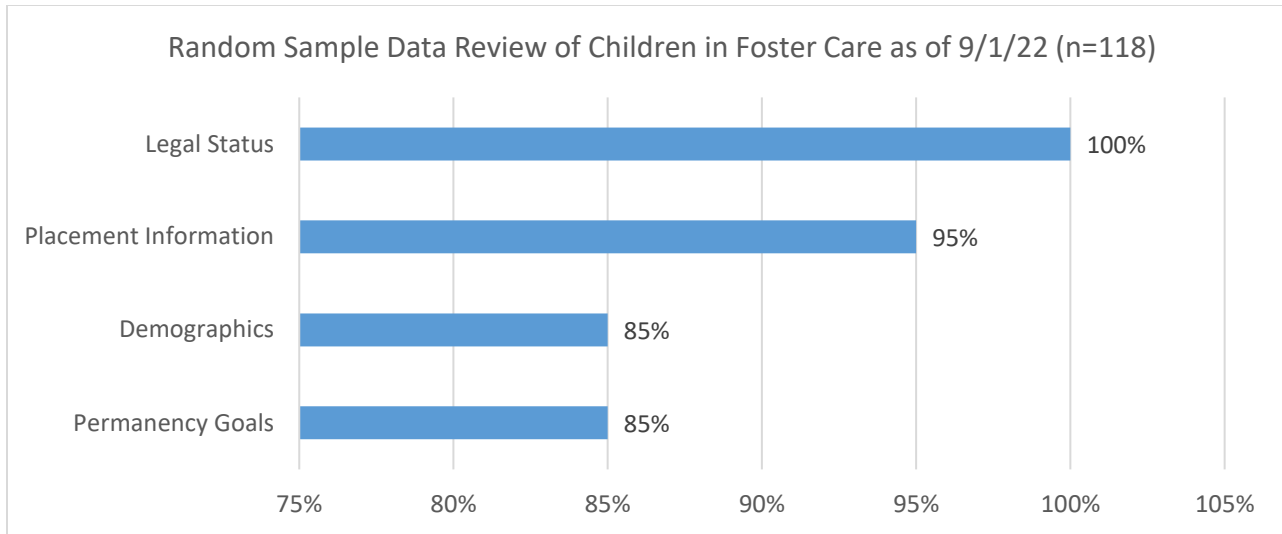


children entering foster care were recorded as unknown race. This percentage remains consistent in the data profile dated February 2023. When a child is born in Missouri, a DCN is assigned at the time the birth certificate is filed. The child’s race is also identified at DCN assignment. As noted above, the DCN is stored in an area

common to all divisions of the Department of Social Services. The FACES system was changed several years ago to allow race to be multi-selected, encouraging more data specificity. This change removed the “two or more races” option. However, the common area was not updated to accommodate the change. As a result, if a child is identified as “multi-racial” in the common area, the system mapping does not communicate with the FACES changes and the child’s race is captured as “unable to determine”. System changes are in process within the DSS common area to resolve the issue.

Additional data sources were utilized to further evaluate the functioning of this item. Specifically, a random sample of 118 cases was selected to determine if legal status, placement information, demographic information, and permanency goals were accurate in comparison to foster parent and case manager report. A survey among case managers was also used to determine whether they agree with the statement that information is current and accurate in FACES.

In September of 2022, members of the QAS staff completed a data accuracy review of a random sample of children in foster care on September 1, 2022 (118/13,659). Cases were selected for review using a randomization feature within the FACES system. This feature was created in FACES, and subsequently approved by the Children’s Bureau, to aid in case sampling for CFSR Round 3 case reviews. Data elements reviewed by QAS staff included the child’s legal status, date of birth, race, Hispanic heritage, gender, placement information, and permanency goal. QAS staff spoke with foster parents and/or case managers to verify the information recorded in FACES was accurate as of September 1, 2022.



The legal status of all children reviewed was recorded correctly in the FACES system (118/118 – 100%).

Placement information was accurate for 95% of children reviewed. The placement for one child was not recorded correctly (117/118 – 99%). For two children, the address of the placement was not correct (116/118 – 98%). And for four children, the phone number for the placement provider had not been updated (114/118 – 97%).

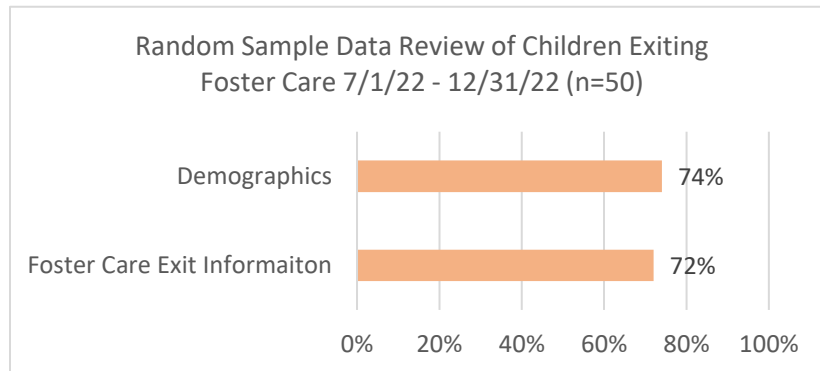
Demographic information was accurate for 85% of children reviewed (100/118). Gender and date of birth were correctly identified in the system for all children (118/118 – 100%). Race was captured accurately for 89% of children (105/118). Seven children were categorized as unable to determine race and another six children were identified as white, but should have been identified as two or more races. Five of the seven children categorized as unable to determine race were ages three or younger at the time of the review. They were young enough that their racial information would have been impacted by the DCN common area issues previously described. Hispanic heritage was accurate for 91% of children reviewed (107/118). Of the 18 children whose demographic information was inaccurate, six overlapped and were inaccurate for both race and Hispanic heritage.

Permanency goals were correctly identified for 85% of children reviewed, as well (100/118). The child’s primary goal was correct for 91% of cases reviewed (107/118). The concurrent goal was accurate for 88% of children reviewed (104/118). Of the 18 children whose permanency goals were inaccurate, six overlapped and were inaccurate for both the primary goal and the concurrent goal.

Likewise, a random sample of children who exited foster care between July 1, 2022 and December 31, 2022 was selected for a similar review during the month of April 2023 (50/3,279). Children were randomly selected using the RAND formula in Excel. Data elements reviewed by QAS staff included the child’s date of birth, race, Hispanic heritage, gender, and exit date and

type. QAS staff spoke with foster parents and/or case managers to verify the demographic information recorded in FACES was accurate and referenced court orders to verify exit date and type.

For the exit cohort of children, demographic information was accurate for 74% of children reviewed (37/50). Gender and date of birth were correctly identified in the system for all children (100%, 50/50). Race was captured



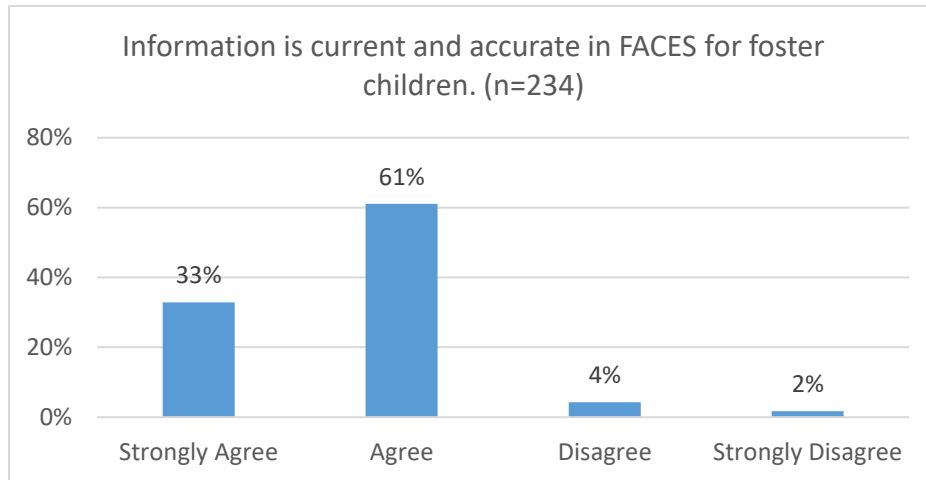
accurately for 78% of children (39/50). Six children were categorized as unable to determine race and another five children were identified as a single race, but should have been identified as two or more races. Hispanic heritage was accurate for 82% of children reviewed (41/50). Of the 13 children whose demographic information was inaccurate, six overlapped and were inaccurate for both race and Hispanic heritage.

The foster care exit information was accurate for 72% (36/50) children reviewed. The exit type was correct for all children (100%, 50/50). The exit date matched the court ordered date for 72% of children (36/50). The following table describes the date inaccuracies in greater detail.

Date Discrepancy	Number of Children
Less than 8 days	6
Between 8 and 15 days	5
Between 16 and 30 days	0
Between 31 and 60 days	2
More than 60 days	1

Children’s Division plans to continue these types of data accuracy reviews on an annual basis moving forward.

Another avenue for data collection that informs Item 19 was through survey information from case managers and specialists who work in the field. For a description of the survey distribution process, please refer to the “Description of Stakeholder Involvement in the Statewide Assessment Process” section of this report. Two hundred thirty-four (234) responded to this survey question: “The following pieces of information are current and accurate in FACES for the foster children that I case manage: demographic information (date of birth, race, sex, ethnicity), placement information, and permanency goals”.



Ninety-four percent (94%) of the respondents indicated that they strongly agreed or agreed with the statement (220/234).

During the CFSR Statewide Assessment Event session covering the Statewide Information System, attendees were asked to rank the following options in order from greatest impact (1) on data accuracy to least impact (8) on data accuracy. Thirteen people attended this session and included Children’s Division front line staff, staff from the Quality Assurance System and FACES Units, and Foster Care Case Management staff and supervisors. The results of the poll are as follows:

1. I don’t have enough time to complete data entry.
2. Case information is lost due to case transfers/worker turnover.
3. There are specific ways data must be entered to “count”.
4. Navigation within FACES can be complicated and/or is not intuitive.
5. FACES isn’t easy to use when working in the field.
6. I have difficulties signing into FACES while working remotely.
7. There is not enough time to verify the information is accurate.
8. FACES is not available when I need it (it is off-line).

Data is reviewed for errors prior to the federal AFCARS submission every six months. Each AFCARS file is exported into an excel spreadsheet allowing for all data fields to be reviewed for inconsistencies. The data submitted to AFCARS is pulled directly from the data entered in the FACES system. For each of the past four federal data profile reporting periods, there have been no data quality concerns with the AFCARS information as provided.

Data mining and data clean-up efforts are routinely conducted through oversight and follow up by members of the Quality Assurance System (QAS). The need for data clean-up can be brought to the attention of the QAS staff in multiple ways. Prior to each six-month AFCARS submission, the data are reviewed and if inaccuracies are noted, there is a request for follow-up. The DSS Research and Evaluation Unit is responsible for data extraction from FACES. If members of that unit notice oddities in the data, they will refer questions to the QAS staff for research of the issue. In addition, the QAS unit is provided a variety of reports from the Research and

Evaluation Unit on a monthly basis. These reports are reviewed for consistency at least quarterly, as well. Recent examples of data clean-up resulting from the data quality checks just described, include identification and correction of foster care children who do not have an established permanency goal and have been in foster care for more than 30 days. Youth under age 16 with a permanency goal of Another Planned Permanent Living Arrangement (APPLA) is another example of a data clean-up effort that has occurred. Children on trial home visits lasting longer than 180 days are also routinely flagged for follow-up.

Furthermore, QAS staff use a monthly data file received from the DSS Research and Evaluation Unit that includes child legal status, demographics, placement location, and goals. This data is shared with supervisory staff on a monthly basis, and an area for data review is highlighted each month. Some examples include ensuring current educational information is added at the beginning of each school year and that court information is entered on a consistent basis. If there is missing information, it can be highlighted for further review and discussion.

As CFSR case reviews are completed, if data accuracy issues are noted by the reviewer, they have permission to inform the case manager and/or supervisor of the inaccuracy. Foster Care Case Management (FCCM) agency staff also complete data accuracy reviews at case closure, or prior to the case being returned to the Children's Division, to ensure the child's record is up-to-date following their involvement with the child and family. The Children's Division staff who oversee the FCCM contract also complete a data accuracy review in FACES prior to case transfers between the Children's Division and FCCM agency.

Based on the information presented above, Missouri asserts that Item 19, Statewide Information System, is in substantial conformity with federal regulations. The review of system accuracy and worker/specialist survey results indicate that the vast majority of children in foster care, or who have left foster care in the past 12 months, have accurate demographic information, placement information, and permanency goals. The statewide information system has capacity to track foster care begin and end dates, as well as the legal status of all foster care children, as well.

### **Item 20 – Written Case Plan**

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

During CFSR Round 3, Missouri asserted that this item was an area needing improvement. The statewide assessment showed that efforts were needed to ensure that all children had written case plans that contained all required elements. Parent engagement in case planning was also found to be a need. Missouri believes that Item 20 continues to be an Area Needing Improvement for CFSR Round 4.

As a result of the CFSR Round 3 findings, Missouri has undergone a complete redesign of information gathering, engagement, and planning with families, including how safety threats are identified and verbalized to families, the family support team, and the courts. This model, called the Alternative Care Missouri Model, was implemented in August 2021.

### *Family Assessment*

After a child enters foster care, there is a 30-day assessment period. During that assessment period, the case manager assigned to the family will begin engaging the family and corresponding with the Family Support Team. The case manager, along with the family and support team, will assess the dynamics of the family and the reason(s) the child entered foster care through completion of an Initial Family Assessment. During the initial family assessment period, the assigned case manager will meet with the family as necessary to gather a full picture of the family. Completion of a genogram, documentation of a variety of cultural aspects of the family, and discussion of existing safety within the family and their safety network are tools within the Initial Family Assessment package to help develop a comprehensive understanding of the family.

During the initial 30-day assessment period, the team utilizes information from the Initial Family Assessment(s) to develop the Social Service Plan (SSP) and Child Assessment and Service Plan (CS-1).

### *Social Service Plan*

The Social Service Plan is a whole family case planning document that identifies the goals, services, and steps the family will take to remedy the factors which caused the child to enter foster care. The Social Service Plan will capture all case activities from opening to closure and the circumstances that drove those activities and decisions throughout the case.

The Social Service Plan is designed to be a fluid document in which information can be continuously added over the life of a case, showing the progression toward permanency over time. The initial Social Service Plan is to be completed within the first 30 days of the child's entry into foster care. The safety goals and plan to meet those safety goals shall be submitted to the team and court at the initial Disposition hearing.

The Social Service Plan captures the following information:

- Reason(s)/circumstances that caused the child(ren) to enter Alternative Care
- Threats of harm or actual harm caused or contributed to by each Parent/Caregiver/Guardian toward each child
- Adverse impact of harm on the child
- Safety Goals defined around each threat of harm to identify specific positive changes in behavior which need to be observed to ensure that the parent has remedied that particular concern

- Next Steps are descriptive action items, services or supports identified to help the family successfully reach their safety goal(s)
- Successful completion of each goal or step, so the document reflects all reasonable efforts made on behalf of the team to support a successful outcome for the child and family
- Progress, or lack thereof, in pursuit of the positive behavioral changes resulting from any services or supports put in place for the family
- Critical decisions made throughout the case and why those decisions were made
- Reasonable efforts and decisions made throughout the case by the team, including permanency plans, concurrent plans, the family's level of involvement, and paternity efforts.
- Each child's individual status, how needs were met, and what needs remain.
- The family's natural supports who can be used to create ongoing safety and accountability

### *Child Assessment and Services Plan (CS-1)*

The CS-1 captures a more detailed case plan for each child and documents: placement details, relationships, reasonable efforts to prevent removal, visitation with parents and siblings, child needs and services provided. The CS-1 contains all required provisions identified in the Social Security Act.

Currently, case managers are required to complete the Child Assessment and Services Plan within the first 30 days of the child's entry into foster care in addition to the Social Service Plan. Because the Social Service Plan is in the initial phase of development (out of eight phases) and does not currently capture all of the required provisions identified in the Social Security Act, in a future phase of development, the documentation currently being captured on the CS-1 will be absorbed into the Social Service Plan to maintain all child and family case planning information in one document. This will occur with the development of the new CCWIS system.

### *Family Support Teams (FST)*

Children's Division policy requires that case planning decisions be made through the Family Support Team process. The Social Service Plan is reviewed during every Family Support Team meeting to discuss the progress of the family in addressing the reasons the child(ren) entered foster care; to help determine an appropriate point of goal change, if necessary; to determine appropriate visitation arrangements; and to plan for case closure.

The FST members include the worker, supervisor, parents/caregivers, child (if age appropriate), juvenile officer, Guardian Ad Litem, CASA, parents' attorneys, natural supports, placement provider, treatment providers, and school personnel. FST meetings are conducted according to the time schedule listed below for as long as the court holds jurisdiction of the child, the Children's Division has custody, and the child is in an out-of-home care setting.

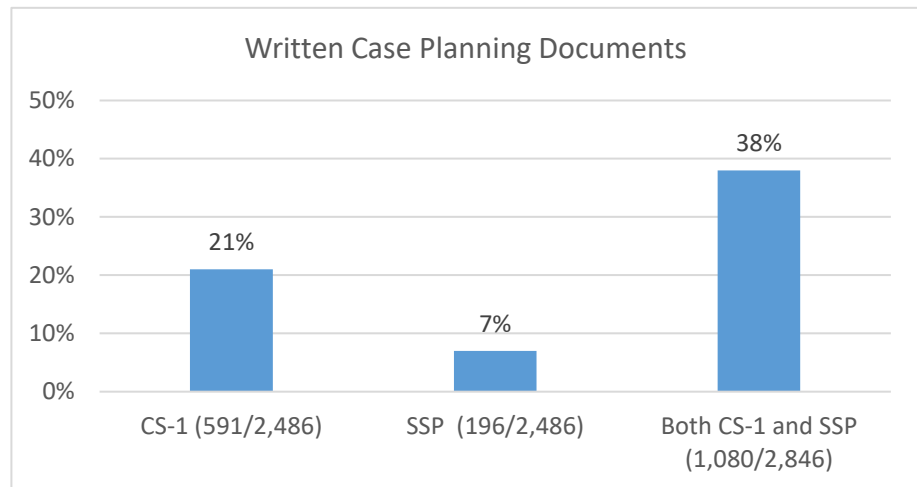


- 72 hour meeting (preliminary case plan and concurrent plan established)
- 30-day FST meeting (case plan and concurrent plan established)
- 60-day FST meeting (review of case progress)
- 90-day FST meeting (review of case progress)
- FST is held at least every 30 days until adjudication by the court
- 6-month FST meeting (review of the case plan; possible change of plan)
- 12-month FST meeting (review of the case plan; possible change of plan)
- 18-month FST meeting (review of the case plan; possible change of plan)
- Every six months as long as the case is open
- At the request of any team member at any time when decisions need to be made
- When placement decisions need to be made

FST meetings are an effective vehicle for moving children to permanency as case planning decisions are made during these times, with all involved parties at the table, including the parents.

Administrative data was gathered for children who entered foster care between January 1 and June 30, 2022 and remained in custody for at least 60 days to determine the percentage of children with a written case plan. In total, 3,065 children entered care during that time period.

Of those, 219 were excluded from the analysis as they were in Children’s Division’s custody for less than 60 days. Of the remaining children, 66% had a written case plan (1,867/2,846). The following chart outlines which planning documents were used at what frequency.

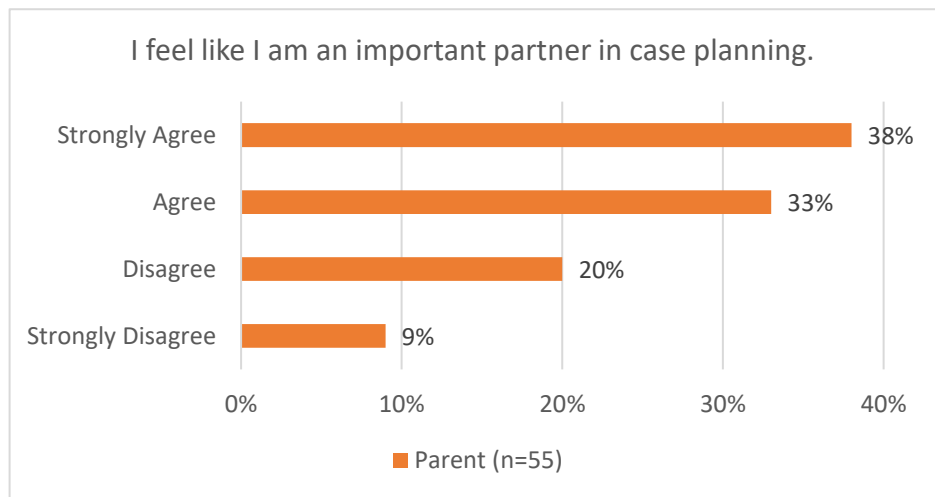


During the Statewide Assessment Event session covering the Case Review systemic factor, participants were asked to respond to the following question by utilizing an online poll. Twelve participants, who included members of the legal and judicial community in Missouri and Children’s Division leadership, answered the question “How is the information that is required in written case plans for children in foster care documented in your circuit?” Four of the 12 respondents (33%) indicated that written case plans were documented in the Children’s Division case file via the Child Assessment and Service Plan and/or the Social Service Plan. Three of the 12 session participants indicated that written case plans were documented within court reports

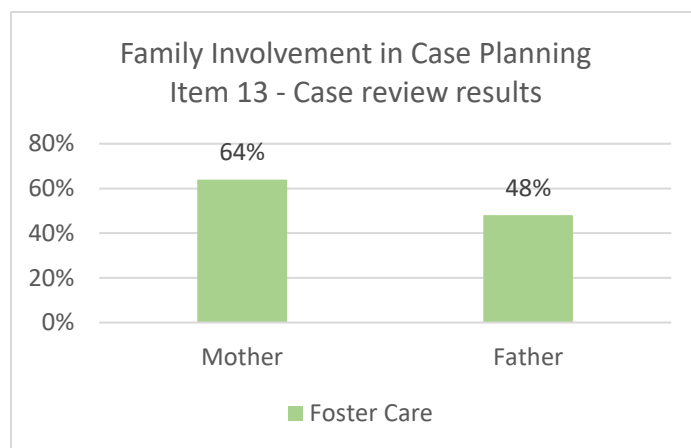
provided by the Children’s Division (25%). The remaining five responded that they were not sure where case plans were documented (42%).

In preparation for the Statewide Assessment Event, parents were provided the opportunity to participate in a survey to gain their perspectives on a number of child welfare topics. For a description of the survey distribution process, please refer to the “Description of Stakeholder Involvement in the Statewide Assessment” section of this document.

One of the questions posed to parents asked them to react to the statement “I feel like I am an important partner in case planning.” Fifty-five (55) parents participated in the survey. Among these participants, 71% of parents responded that they strongly agreed or agreed that they feel like important partners in case planning (39/55). Parents disagreed or strongly disagreed with the statement 29% of the time (16/55).



A similar data element can be found in case review results. Item 13 of the On-Site Review Instrument (OSRI) assesses whether concerted efforts were made to actively involve the mother and the father in the case planning process. A total of 28 foster care cases were reviewed between September, 2022 and January, 2023. Three of the mothers and seven of the fathers were

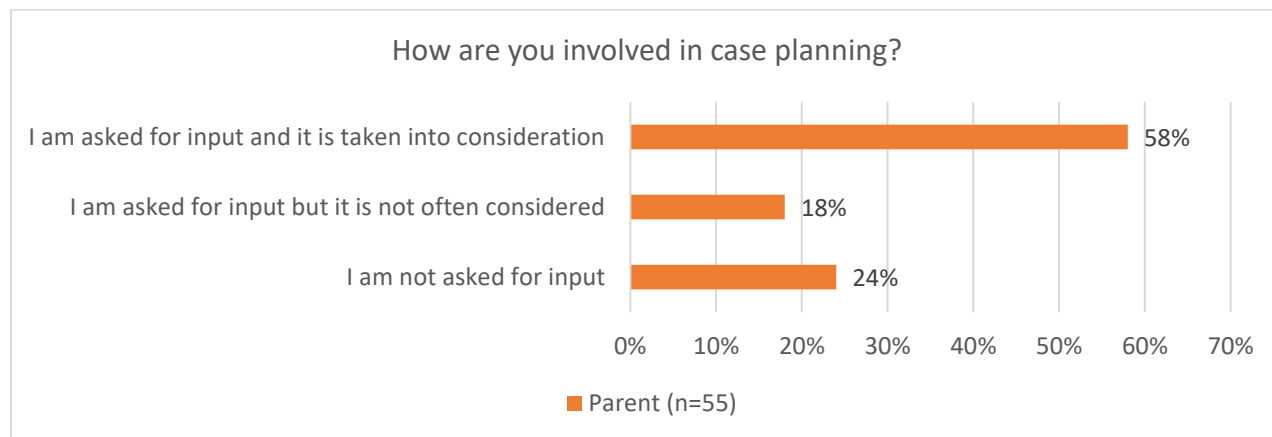


not applicable for this item, due to termination of parental rights being completed prior to the period under review, failure of the agency to attempt to locate the parents, or the parents indicating they did not want to be involved in case planning. Of the 25 remaining mothers, concerted efforts were made to involve them in 64% (16/25) of the cases reviewed. For the 21 remaining fathers, 10 cases showed concerted efforts were made to actively

involve them in case planning (48% - 10/21).

For the case reviews receiving strength ratings for family involvement in case planning, the majority of engagement efforts occurred during Family Support Team meetings, court hearings, and ongoing visitation between the case manager and the parent.

Another survey question asked parents to identify what case planning looks like for them. The following chart details the responses to the question “How are you involved in case planning?” More than half of the parents who responded to the survey indicated that they are asked for input and it is taken into consideration (58%, 32/55).



Based on the data provided, there are noticeable areas in which practice needs to be strengthened. While 66% of children who entered foster care in the first half of 2022 have a written case plan in the FACES system, consistent documentation across all areas of Missouri is not evident. Just over half of parents who responded to the survey reported that they were given the opportunity to be involved in case planning decisions for their families. For these reasons, Missouri asserts that Item 20, Written Case Plan, is an area needing improvement for the child welfare system.

### **Item 21: Periodic Reviews**

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

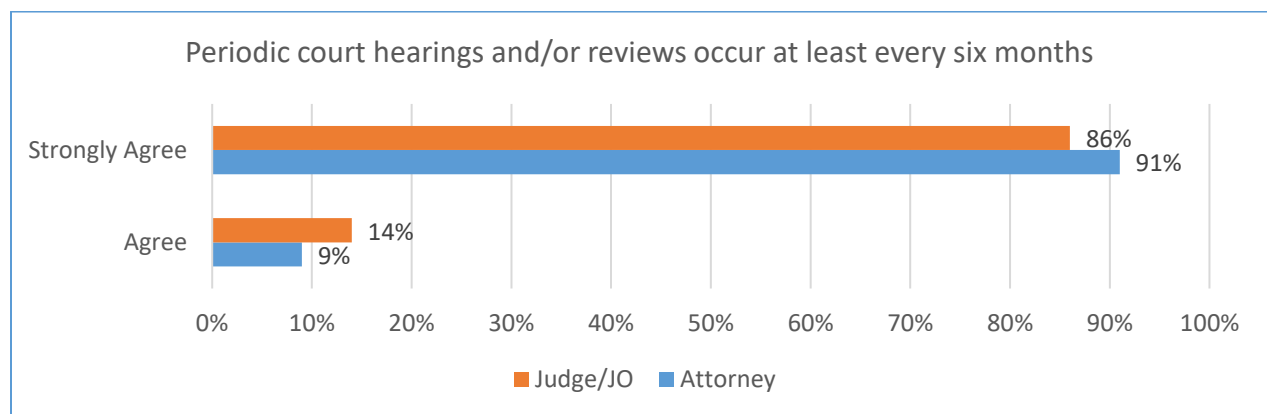
Item 21 was determined to be a strength in CFSR Round 3 and Missouri believes it remains a strength for the state child welfare system in CFSR Round 4.

Periodic reviews for children in foster care occur at least every six months within the court processes outlined in statute. Missouri Supreme Court Rule 124.01 requires Permanency Hearings to be held within 12 months of the juvenile coming into care and annually thereafter. It also requires a Permanency Review Hearing to be held at least every six months from the point

of foster care entry and throughout the child’s time in custody. Therefore, every six months, a child is required to have a permanency hearing or a permanency review hearing. Prior to the requirements for permanency hearings, the Dispositional Hearing may be held separate from or immediately following the adjudication hearing. During this hearing, a determination is made as to the legal and physical custody of the child, as well as the most appropriate means to address the concerns established in the adjudication hearing. Reasonable efforts required of the Children’s Division to reunify the family may be ordered during the Dispositional Hearing. Dispositional Review Hearings are held within 90 days of the Dispositional Hearing and may be held as often as needed to determine the appropriate permanency plan for the child. Dispositional hearings, dispositional review hearings, permanency hearings, and permanency review hearings are the court hearings utilized in AFCARS reporting to establish compliance with periodic review requirements.

Data provided by the Office of State Courts Administrator (OSCA) indicates that 95% of children who entered foster care between January 1, 2022 and June 30, 2022 had at least one court hearing or review within six months of their entry date (2,645/2,797). For children who were in foster care as of December 31, 2022, 98% had a periodic review within the previous six months (10,323/10,488). Court activities included in this data are dispositional hearings, dispositional review hearings, permanency hearings, and permanency review hearings.

Surveys were provided to legal and judiciary members to gain their perspectives on the frequency of court hearings and/or reviews for children in foster care. For information on the survey distribution process, please refer to the “Description of Stakeholder Involvement in the Statewide Assessment Process” at the beginning of this document. In total, 42 surveys were returned from judges and juvenile officers. Forty-nine (49) surveys were returned from attorneys who represent children and families involved with the child welfare system. All respondents either strongly agreed or agreed with the statement that, “Periodic court hearings and/or reviews occur at least every six months” (42/42 and 49/49). None of the respondents indicated concern about the frequency of court hearings and/or reviews.



Multiple data points provide strong evidence that the majority of children in foster care in Missouri have a periodic review no less frequently than once every six months and is an area of strength for the child welfare system.

### **Item 22: Permanency Hearings**

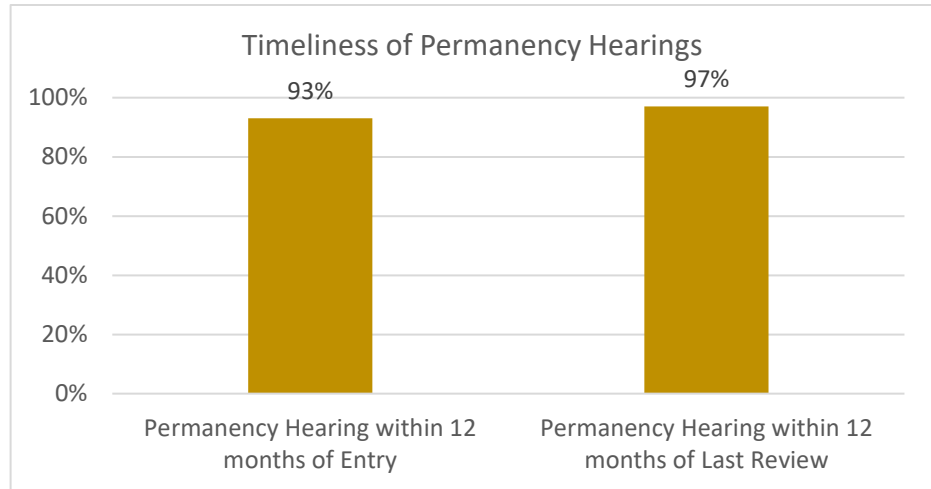
How well is the case review system functioning statewide to ensure that, for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter?

Item 22 was found to be a strength for Missouri's child welfare system in CFSR Round 3. Information in the statewide assessment and collected during interviews with stakeholders showed that permanency hearings were routinely occurring no later than 12 months from the date a child entered foster care and no less frequently than every 12 months thereafter. Missouri continues to assert that Item 22 is a strength for CFSR Round 4.

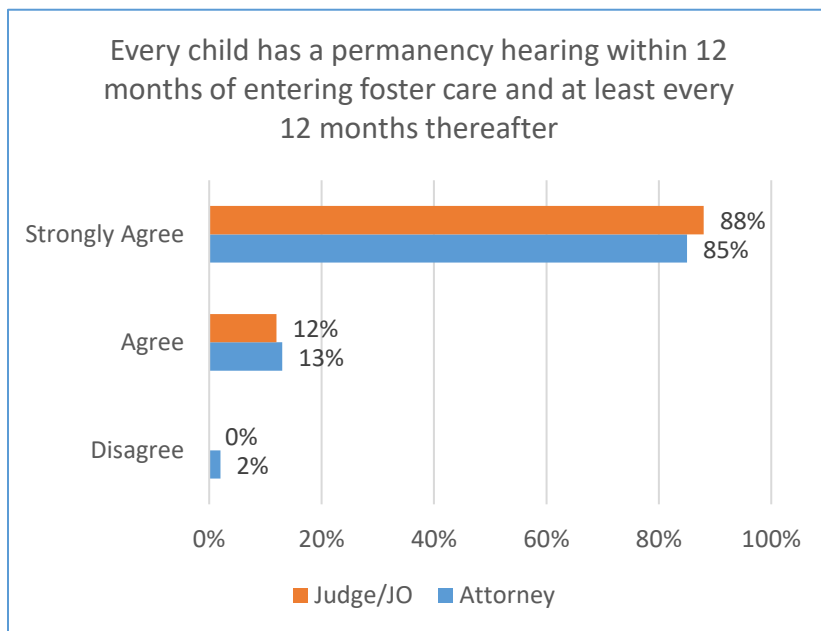
The Missouri Supreme Court recognizes the importance of timely permanency hearings in child abuse and neglect cases. The effort of the court to hold hearings on schedule enables teams to better ensure timely permanency. The Office of State Courts Administrator (OSCA) monitors the timeliness of hearings in all Missouri circuits. Court Operating Rule 23.01 requires the presiding judge in each circuit to submit a quarterly report to OSCA for each hearing not held within the specified time frame. The following information is to be reported: case number; style of the case; type of hearing; required hearing date; date of hearing (if held); date hearing scheduled (if not held); reason(s) for delay; compelling, extenuating circumstances found by the judicial officer to support each continuance outside the applicable time frame; and the plan of each judicial officer to comply with time frames during the next quarter. Exceptions for delays must be approved by the Family Court Committee.

The Child Abuse and Neglect Quarterly Reports are distributed statewide on a quarterly basis to indicate the number of hearings held timely, the reasons for delays, and plans for corrective action. Court Improvement Project (CIP) staff compiles the reports and transmits a copy of all the reports to the Supreme Court of Missouri and to the Commission on Retirement, Removal, and Discipline for review. Copies are sent to all presiding judges and juvenile officers. The quarterly reports are also routinely reviewed during the Juvenile Court Improvement Project (JCIP) steering committee meetings.

According to data provided from OSCA for the statewide assessment, for all children who entered care between July 1, 2021 and December 31, 2021, 93% had a permanency hearing held within the first 12 months of custody (2,338/2,521).



For all children whose most recent permanency hearing occurred between July 1, 2021 and December 31, 2021, 97% had a subsequent permanency hearing within 12 months of their last permanency review (3,337/3,341).



Surveys were provided to legal and judiciary members to gain their perspectives on the frequency of court hearings and/or reviews for children in foster care. For information on the survey distribution process, please refer to the “Description of Stakeholder Involvement in the Statewide Assessment Process” at the beginning of this document. In total, 42 surveys were returned from judges and juvenile officers.

Forty-nine (49) surveys were returned from attorneys who represent children and families involved with the child welfare system. Each respondent was asked to react to the statement “Every child has a permanency hearing within 12 months of entering foster care and at least every 12 months thereafter”. All judges and juvenile officers who responded strongly agreed or agreed with that statement (100%, 42/42). Of the attorney surveys that were returned, 98% were in agreement (48/49).

The data presented supports the notion that the vast majority of children in foster care have a permanency hearing in a qualified court within 12 months of entering foster care and no less

frequently than every 12 months thereafter, meeting the federal requirements for Item 22. Missouri asserts that Item 22, Permanency Hearings, is a strength for the child welfare system.

### **Item 23: Termination of Parental Rights**

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

Item 23 was found to be an area needing improvement during Round 3 of the CFSR. In the statewide assessment, Missouri provided data showing that termination of parental rights (TPR) petitions were not routinely filed across the state in a timely manner as required. Missouri continues to assert that Item 23 is an area needing improvement.

Following the Round 3 findings, several strategies within the Program Improvement Plan were identified to improve Item 23. Within the Permanency Attorney Initiative (PAI), attorneys were hired in select areas of the state to represent the Children's Division staff in court. Previous to these positions, all legal support was provided by the DSS Division of Legal Services (DLS) in limited scope due to staffing restrictions. With the additional positions, the PAI attorneys are able to file petitions on behalf of the Children's Division and represent workers in court. Separate from the Permanency Attorney Initiative, Court Technical Assistance Teams were also implemented in Missouri and provide opportunities for circuit court and Children's Division staff to meet regularly to discuss data and identify processes that will strengthen permanency. A statewide advisory group that supports the local teams also created a TPR referral packet to be used throughout the state. Previous to this, each circuit had a unique packet of information which could at times become burdensome for frontline staff, creating delays. Despite these initiatives, timely filing of termination of parental rights petitions remains a challenge in Missouri.

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

Termination of parental rights proceedings may be initiated upon the request of the child's parent(s) (voluntary relinquishment), or by any other party, including the Children's Division, by

making a referral to the appropriate juvenile office. All juvenile offices in Missouri have statutory authority to file a termination of parental rights petition. The Children's Division is also authorized to file a petition for termination of parental rights with the assistance of the Permanency Attorney Unit or the Division of Legal Services. The Family Support Team, in assessing a child's needs for permanency, should consider termination of parental rights if permanency through reunification with a parent, guardianship, or placement with an appropriate relative is not feasible and if adoption is a reasonable expectation and meets the child's needs. In cases where reunification, guardianship, or placement with a fit and willing relative is the primary plan, termination of parental rights and adoption may be an appropriate concurrent goal.

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

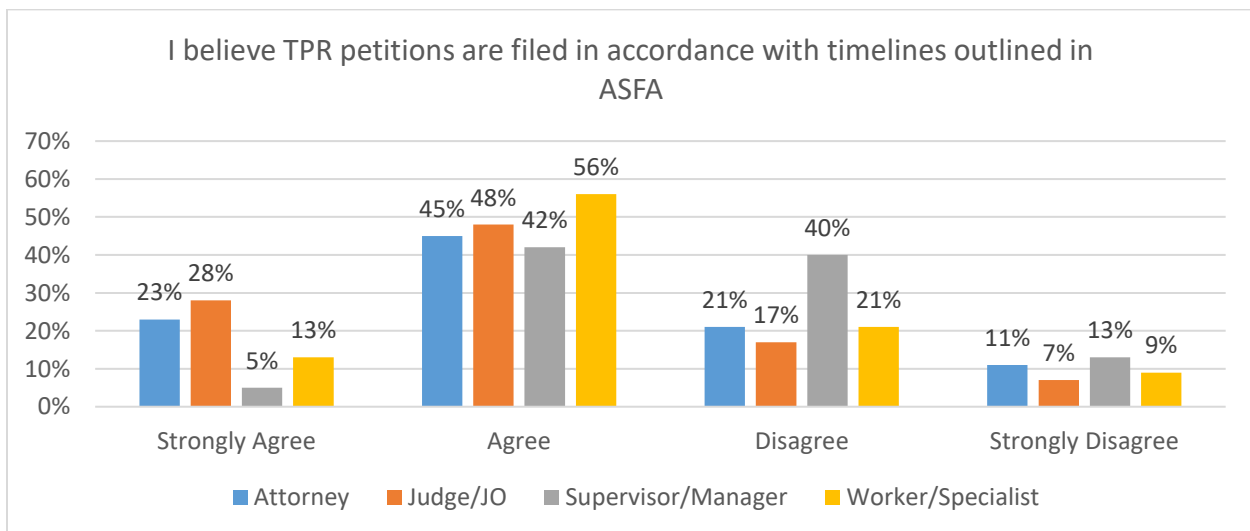
When considering a petition for termination of parental rights the court must apply a two-part analysis: first, the court must determine whether there are statutory grounds for termination in the case under consideration, as outlined in Chapter 211.447 of Missouri statute. And second, if the petitioner proves statutory grounds exist, whether termination of parental rights is in the best interests of the child. The court may deny a petition for termination of parental rights if the court finds that TPR is not in the best interest of the child even if there are statutory grounds for termination. However, the court cannot grant a petition to terminate parental rights if the petitioner failed to prove by clear, cogent, and convincing evidence that the statutory grounds for TPR exist.

Data surrounding the timely filing of TPR petitions was provided by the Office of State Courts Administrator (OSCA). For children entering Children's Division custody between April 1, 2021 and September 30, 2021, and who remained in state's custody at the 15 month mark, 5.5% (120/2,194) had a termination of parental rights petition filed on their behalf. There are limitations to the data presented. Unfortunately, the court information system does not capture whether there are any exceptions or compelling reasons to not pursue TPR.



According to Children’s Division administrative data, as of December 31, 2022, there were 13,338 children in foster care in Missouri. Of those, 424 entered custody during September, 2021, reaching the 15-month mark in foster care. Two hundred twenty-seven (227) of the 424 children were placed with relatives at the 15-month mark (53.5%), thus having an exception to the filing for TPR. Of the remaining 197 children, 12 had termination of parental rights completed and three children had TPR actions filed (7.6%, 15/197).

In preparation for the CFSR Statewide Assessment Event, surveys were sent to judges, juvenile officers, attorneys who represent children and families, case management staff, and supervisors. For information on the survey distribution process, please refer to the “Description of Stakeholder Involvement in the Statewide Assessment Process” at the beginning of this document. Survey participants were asked to respond to the statement “I believe TPR petitions are filed in accordance with timelines outlined in the Adoption and Safe Families Act (ASFA)”. Judges/juvenile officers strongly agreed or agreed with the statement most frequently at 76% (32/42). Sixty-eight percent (68%) of attorneys who responded to the survey strongly agreed or agreed with the statement (33/49) followed by 69% of case management staff (193/340). Less than a majority (47%) of supervisory and management staff strongly agreed or agreed with the statement (61/128).



Case reviews have been completed for 28 foster care children using the Onsite Review Instrument (OSRI) for Round 4 since September 2022. Sixteen (16) cases were applicable for the assessment of timely filing of termination of paternal rights petitions.

- 12 of the 16 children assessed were rated as strengths for this requirement (75%)
  - 6 children had TPR petitions filed timely prior to or during the period under review
  - An additional 6 children had an exception to not file a TPR petition

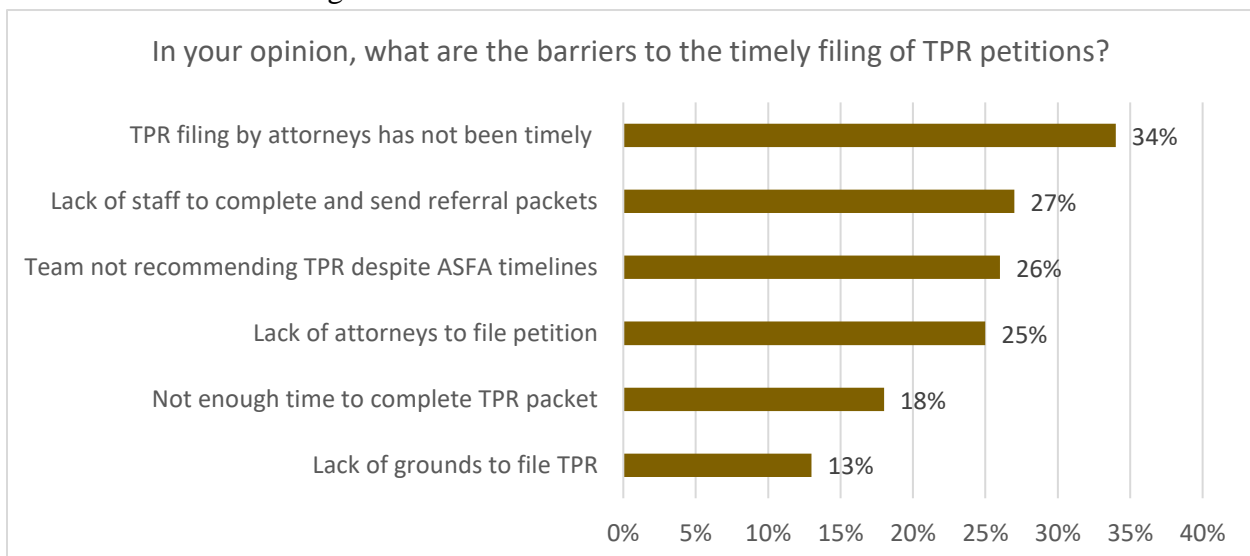
- Five children were being cared for by relatives at the 15/22-month timeframe
  - Documentation of a compelling reason that filing for TPR would not be in the child’s best interest was present in the case record for one child
- 4 of the 16 children assessed were rated as area needing improvement (25%)
  - Two children did not have a TPR petition filed and a compelling reason not to file was not documented
  - Two children had a TPR filed, but beyond the 15-month mark

As indicated in the case review data, one of the reasons that Missouri needs improvement on TPR filings is due to lack of timely filing. Participants in the CFSR Statewide Assessment Event were asked to describe the barriers to filing TPR petitions within the guidelines of the ASFA.

Responses were as follows:

- Lack of information in the child’s Children’s Division file.
- Lack of time for counsel to file the petition.
- TPR referrals are not received from the Children’s Division in a timely manner.
- There is a significant amount of information gathering that is required prior to filing the petition. The process to get to the point of filing a TPR is cumbersome and can be difficult to meet timeframes as required.
- The process to reach the point of filing the petition varies in some areas of the state. Some are more burdensome than others.

The chart below represents survey results from Children’s Division and FCCM supervisors and managers. A total of 129 surveys were returned. Respondents were asked to mark all barriers to the timely filing of TPR petitions that applied, in their opinion. These barriers were consistent with the discussion during the CFSR Statewide Assessment Event.



TPR filing by attorneys has not been timely (44/129)

Lack of staff to complete and send referral packets (35/129)

Team not recommending TPR despite ASFA timelines (34/129)

Lack of attorneys to file petition (32/129)  
Not enough time to complete TPR packet (23/129)  
Lack of grounds to file TPR (17/129)

The other reason indicated by case reviews that Missouri needs improvement on TPR filings is a lack of documentation of exceptions or compelling reasons not to file. The consensus of the CFSR Statewide Assessment Event participants was that the process for documentation differs depending on the area of the state. Participants indicated that some areas rely on narrative documentation in the Children's Division's file. Documentation in some areas is found in court reports and orders. Other circuits file a motion for a finding of compelling reasons, holding court hearings with testimony centered on compelling reasons. Variation across circuits for how to document compelling reasons results in a general lack of clarity for Children's Division and Foster Care Case Management staff since a single process cannot be trained and reinforced. This is particularly troublesome when staff turnover rates are high, and the child welfare workforce is relatively new.

As evidenced by the data provided, the timely filing of termination of parental rights petitions in Missouri remains a challenge, leading to the assertion that Item 23 is an area needing improvement for the child welfare system.

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

How well is the case review system functioning statewide to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care (1) are receiving notification of any review or hearing held with respect to the child and (2) have a right to be heard in any review or hearing held with respect to the child?

Missouri was not in substantial conformity with this item in CFSR Round 3, based on information gathered in stakeholder interviews. During those interviews, stakeholders reported that the process for providing notice varies across the state. Stakeholders said that in most circumstances, when caregivers do attend hearings, they are provided an opportunity to be heard. Missouri believes that Item 24 is in substantial conformity with federal requirements for CFSR Round 4.

Missouri ensures caregivers are aware of their right to be notified of and heard in court hearings through a variety of mechanisms. Caregivers are provided a copy of the Missouri Resource Parent Handbook at initial licensure. With each license renewal, the foster parents are reminded of the handbook and that it is also available on the internet at <https://dss.mo.gov/cd/foster-care/pdf/fcresource.pdf>. The handbook informs the caregiver they are part of a team, including when in court, and that their opinions matter. The handbook also provides information about the process and purpose of court (pages 29-30). The information included in this section informs the caregiver about the Caregiver Court Information Form and about their right to be heard.

Resource parents are provided a copy of the Foster Parent Bill of Rights at the time of placement of a child in their home. The Foster Parent Bill of Rights (RSMo 210.566) states, “Foster parents shall be informed by the court no later than two weeks prior to all court hearings pertaining to a child in their care, and informed of their right to attend and participate, consistent with section 211.464, RSMo”. <https://revisor.mo.gov/main/OneSection.aspx?section=210.566>

The legal right for resource parents to be heard in court is also taught in the foster parent pre-service training. During the training, participants are informed of the Foster Parent’s Bill of Rights. Resource parents are also required by policy to complete five hours of laws, policies, and procedures governing child welfare which includes information about their right to be notified of court hearings and to be heard in court. These activities occur in the same manner for licensed and unlicensed providers and there is no distinction in processes for foster parents, pre-adoptive parents, or relative parents.

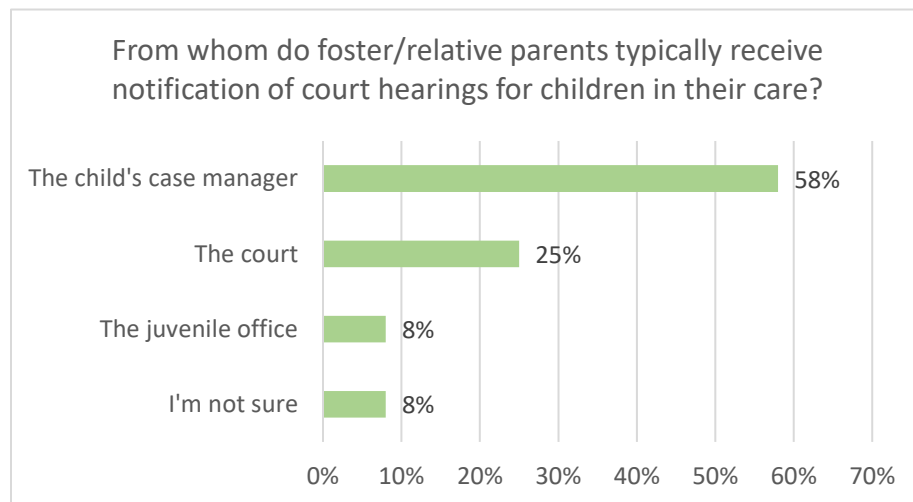
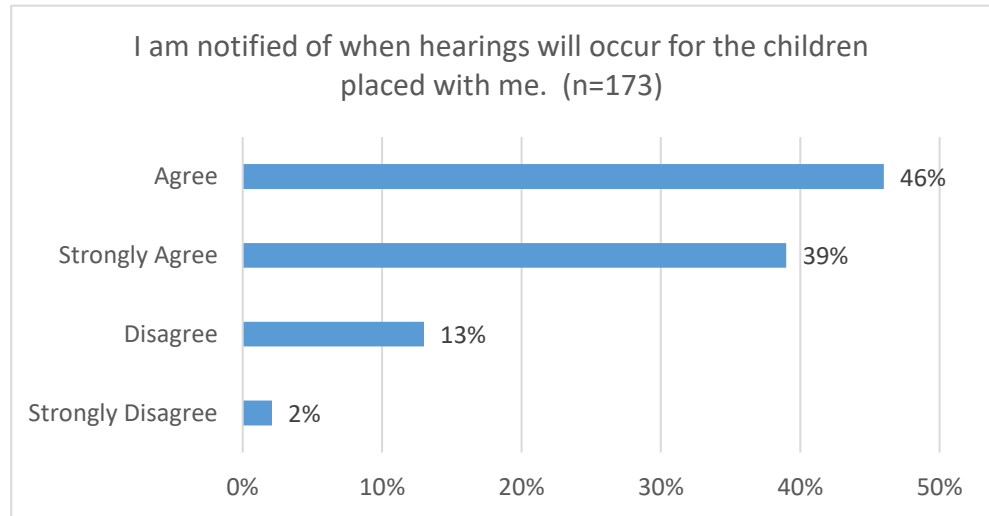
The current version of the Caregiver Court Information Form was created jointly by the Missouri Office of State Courts Administrator (OSCA) and the Children’s Division. It is posted on the Children’s Division internet page along with instructions for completing the form and where to send it once completed. Information about this form is contained within the Missouri Resource Parent Handbook. The children’s case managers also provide hard copies of the form to foster parents prior to court hearings. The form affords caregivers the opportunity to provide child-specific information concerning medical and educational status, extracurricular activities, observations of family interactions, and other pertinent topics the caregivers would like the court to know. Foster parents can provide this form to the child’s case manager or juvenile officer three weeks prior to the court hearing or as outlined in local protocol and it will be filed with the court.

The juvenile court is responsible for notifying caregivers about court hearings per Missouri Statutes 211.171, 211.464 and 210.566. Written notification of the upcoming hearing is mailed to the resource parent by the juvenile court prior to upcoming hearings. Information about their right to be heard in court is included in the document provided by the court. If caregivers are present in court, any subsequent hearing dates and times are verbally shared, as well. As placement changes occur, this can pose challenges if the court is not notified of the name and address of the new caregiver. As such, case managers also notify caregivers of upcoming court hearings and their right to be heard in court through their ongoing contact with foster/relative parents. While notification may come from different or multiple sources, the majority of caregivers receive notification of when court hearings are scheduled to occur as supported by the following information.

In preparation for the CFSR Statewide Assessment, all foster and relative caregivers were provided an opportunity to participate in a survey to gather information throughout the month of January, 2023. For a description of the survey distribution process, please refer to the

“Description of Stakeholder Involvement in the Statewide Assessment Process” section of this report. Survey responses were received from 191 foster/relative parents.

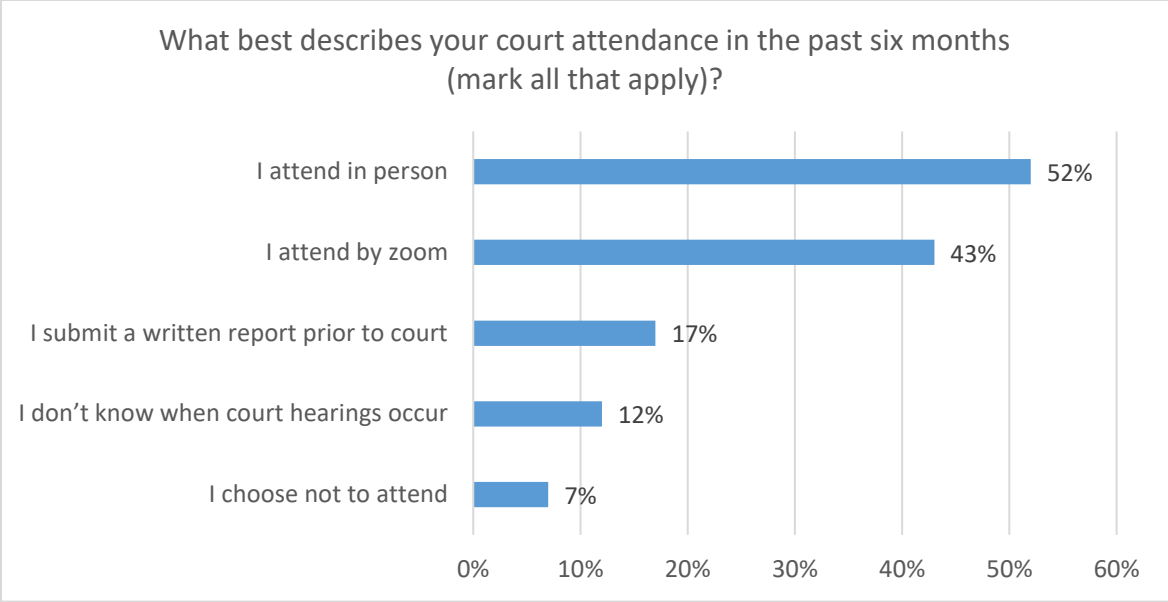
In the survey, caregivers were asked to respond to the statement “I am notified of when hearings will occur for the children placed with me”. Eighty-five percent (85%) of respondents strongly agreed or agreed with that statement (147/173). The remaining 18 survey responses were not applicable for this question, as they had no foster care placements in the previous six months.



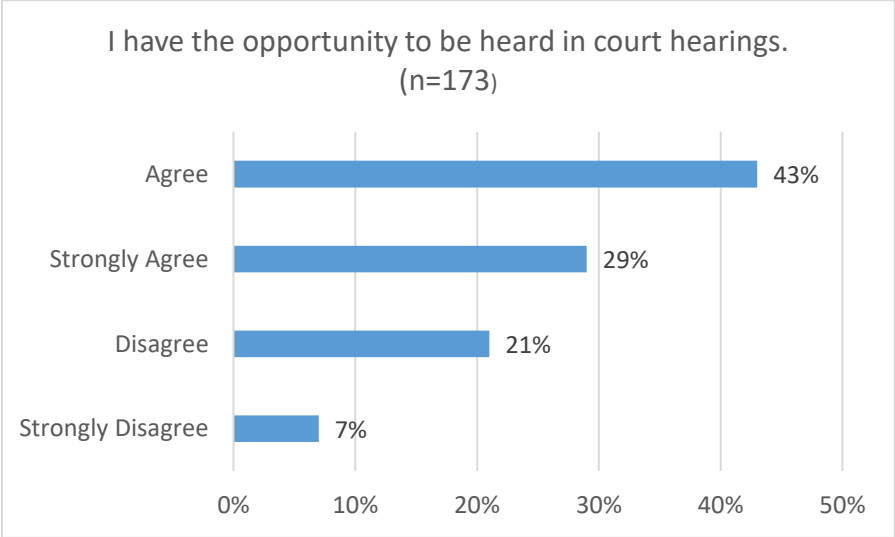
During the CFSR Statewide Assessment Event, participants were also asked to indicate from whom notification of court hearings typically come. There were 12 participants who responded to this poll. Participants included foster and relative parents, Children’s Division,

and contracted staff with licensing responsibilities, juvenile office representatives, and agency leadership. The majority of event participants felt that the case manager typically provides notification of court hearings.

Survey respondents were also asked to multi-select all responses that described their court attendance in the past six months. One hundred seventy (170) caregivers responded to the question. Only 12% (20/170) indicated that they did not know when court hearings occurred. Seven percent (7%) indicated that they chose not to attend (12/170).

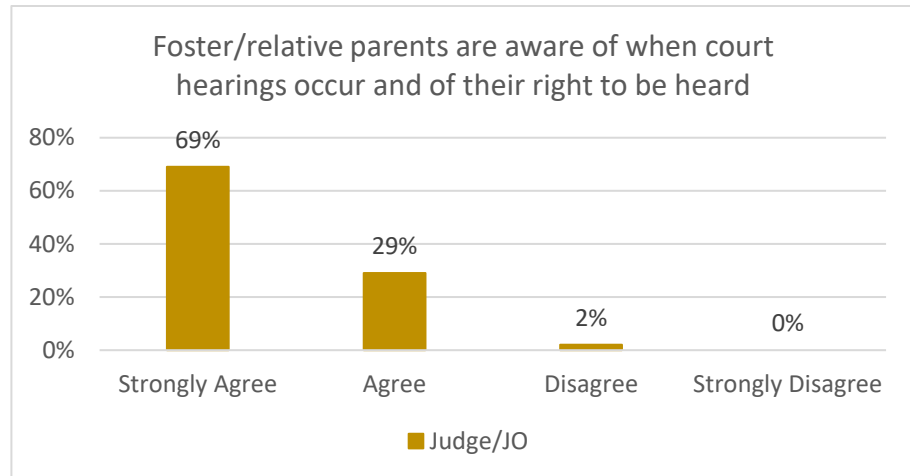


An additional survey question asked whether caregivers have the opportunity to be heard in court hearings. Seventy-two percent (72%) of caregiver respondents indicated that they agreed or strongly agreed with the statement that they have the opportunity to be heard in court hearings (125/173).



Surveys were also sent to members of the judiciary and Juvenile Officers in each of the 46 circuits in Missouri. Survey links were emailed by OSCA personnel to 147 people. Forty-two (42) respondents participated in the survey. Among these respondents, 98% (41/42) of Judges and Juvenile Officers believed that foster parents are aware of when court hearings occur and of their rights to be heard.

During the CFSR Statewide Assessment Event, stakeholders were asked to describe what is being done to help caregivers feel engaged in the court process. Participants included foster and relative caregivers, judges, juvenile officers,



Children’s Division attorneys, parent attorneys, Children’s Division and contracted case management staff, and agency leadership. Feedback indicated that in some areas, court personnel will specifically inform the judge when foster/relative parents are present in court so the judge knows to allow time should they wish to speak. The Caregiver Court Information Form referenced above was noted as an avenue for engagement, as well. Court reports provided by the child’s case manager may also include foster parent feedback and information.

Based on the discussion above, Missouri asserts that Item 24, Notice of Hearings and Reviews to Caregivers, is a strength for the child welfare system. While notification may come from a variety of sources, foster and relative parents indicate that they are aware of when court hearings occur for the foster children in their homes. The data also indicate that the majority of foster and relative parents are aware of opportunities afforded them to be heard in court.

**Item 25: Quality Assurance System**

How well is the quality assurance system functioning statewide to ensure that it is

1. Operating in the jurisdictions where the services included in the CFSP are provided,
2. Has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety),
3. Identifies strengths and needs of the service delivery system,
4. Provides relevant reports, and
5. Evaluates implemented program improvement measures?

Missouri's Quality Assurance System was determined to not be in substantial conformity with federal requirements in Round 3. Missouri was in the implementation stages of establishing a consistent statewide case review process and coordinating quality assurance activities to systematically assess services included in the Child and Family Services Plan. Because Missouri's case review process did not include dedicated case reviewers, consistently achieving accurate ratings was a challenge that needed to be addressed.

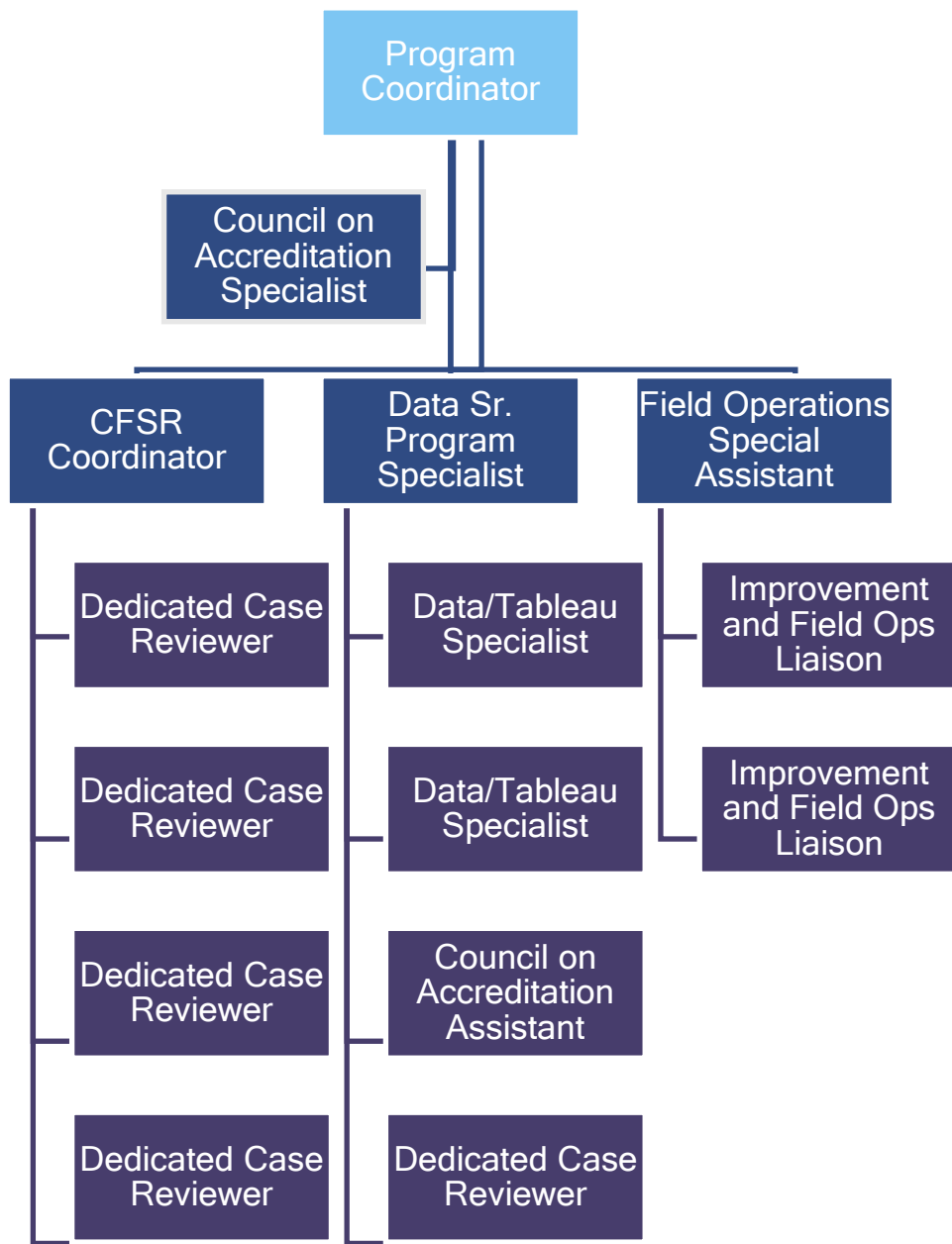
Missouri has addressed the challenges identified in Round 3 and asserts that the Quality Assurance System is in substantial conformity with federal expectations in CFSR Round 4.

Missouri is divided into 46 judicial circuits and the work of the Children's Division corresponds with the same circuit structure. Services included in the Child and Services Plan are provided in all 46 circuits of the state.

#### *Quality Assurance System Structure*

Oversight of the Children's Division Quality Assurance System (QAS) is provided by the QAS Program Coordinator who has responsibility for implementation of all QAS activities. Under the leadership of the Deputy Director for Operations and Administration, the QAS is comprised of 14 additional staff who perform QAS functions throughout the state. The following organizational chart provides a visual representation of the QAS structure.





The CFSR Coordinator is responsible for all activities related to the Child and Family Services Review (CFSR), and the reporting requirements associated with the Child and Family Services Plan (CFSP) and the Annual Progress and Services Report (APSR). CFSR case review administration is also a function of the CFSR Coordinator. There are five identified staff whose primary job function is the completion of CFSR case reviews utilizing the On-site Review Instrument (OSRI).

The Children’s Division is an accredited public child welfare agency under the standards of the Council on Accreditation (COA). As such, there are two staff members in the QAS whose

primary function is to focus on accreditation activities. Distribution of self-assessment materials to the various circuits, coordination of accreditation site visits, gathering evidence for Maintenance of Accreditation reporting, and giving guidance to Children's Division leadership on the standards of COA are among their ongoing responsibilities.

With support from the QAS Program Coordinator and a Senior Program Specialist, the data management functions of the Children's Division are administered by two QAS staff members. They are in frequent communication with the Department of Social Services' Research and Evaluation Unit (DSS Research). The DSS Research unit is responsible for data extraction from the FACES case management system. The data output is then provided to QAS staff members for analysis and visualization. The Department of Social Services issues guidance for data governance. According to this guidance, all new requests for Children's Division data are funneled through the QAS Program Coordinator to ensure consistency regarding the business needs for data and the methodology behind the reports developed and distributed to staff throughout the agency.

The Improvement and Field Operations branch of the QAS provides the communication link between the centralized operations of the Quality Assurance System and Children's Division staff across the state. The field operations QAS staff members extract data from CFPSR case reviews, review the visualizations created by the data management team and synthesize the information applicable to each region and circuit. This information is then given to Field Ops specialists within the six geographic regions who lead program improvement efforts among the circuits they serve. For areas needing technical assistance in program improvement planning, the Improvement and Field Operations liaisons within the QAS are available to provide support. The Improvement and Field Operations branch also provides data to quality assurance staff within the Foster Care Case Management contract agencies to support their improvement efforts.

### *Evaluation Standards*

Measuring, monitoring, and improving the quality of service provision are central to ensuring positive outcomes for children and families served by the Children's Division. QAS staff evaluate trends and outcomes on a regular basis for CFPSR programs in order to determine service delivery effectiveness.

The Children's Division's Quality Assurance System utilizes federal best practice standards as the measure for evaluation. In-home and foster care cases are reviewed using the federal On-Site Review Instrument (OSRI). Interviews with the case manager, parent(s), child (if school age), and foster parent, if applicable, are completed with every case review. The five dedicated case reviewers within the QAS touch the majority of case reviews that are completed, either as reviewers or as first-level approvers. The remaining staff within the Quality Assurance System also complete case reviews, but the number assigned to them is more limited. In addition, the regional Field Operations specialists also complete at least one CFPSR case review each quarter.

Second level approval is provided by the CFSR Coordinator, the QAS Program Coordinator, or a select group of QAS staff with the most case review experience. This structure was modeled after the Children’s Bureau-led on-site review process and has served Missouri in maintaining fidelity and reliability among reviewers.

Cases to be reviewed are selected every 2-3 months using a randomization feature built into the FACES case management system. The randomization feature is consistent with CFSR case elimination criteria. For example, in-home cases selected with this tool must be open for at least 45 days and the foster care sampling tool can be specified to exclude youth who have reached their 18<sup>th</sup> birthday. Cases are randomly selected from across all 46 circuits, and include cases managed by FCCM contractors. The number of cases reviewed can vary slightly, but usually include a sample of 18-22 cases. One-third of the cases reviewed are in-home families and two-thirds of the sample come from children in foster care. Forty of the 46 (87%) circuits in Missouri have been the subject of at least one case review since September 2022. All but one circuit has had a case selected and reviewed since October of 2019 (98%, 45/46).

Prior to being eligible to complete a CFSR case review, new reviewers attend training with the CFSR Coordinator and one of the dedicated case reviewers who assists in all training efforts. New reviewers co-review at least once with an experienced reviewer to gain a more complete understanding of the tool and the interview process before being allowed to complete a case review on their own. Upon the release of the Round 4 version of the OSRI, a virtual meeting was held with reviewers to provide an overview of the changes to the tool. All new information about the application of the tool provided by the Children’s Bureau or its contractors has been disseminated to the QAS staff.

Evaluation standards within the OSRI include elements of child safety, permanency, and child and family wellbeing, as well as an assessment of services and whether the services being provided to the family meet their identified needs.

In addition to using the OSRI to assess the safety and permanency of children in Missouri, the CFSR Statewide Data Indicators are used as methods of evaluation within the child welfare system upon their publication each six months.

### *Identification of Strengths and Needs*

Using the case review results and Statewide Data Indicators, the Children’s Division QAS is able to identify the strengths and areas of need on both a case-level and a system-level.

As each case review is completed, the assigned worker, the assigned supervisor, and the management staff of the circuit and region associated with the case are provided a PDF copy of the completed case review tool. The completed tool is also provided to the Field Operations specialist within the region. Reviewers are encouraged to highlight strengths of practice that were identified during the case review process, as well as any areas of practice challenge. This

provides opportunity for all levels of staff to review the case review outcomes, learn about the evaluation criteria, and apply lessons learned to their individual casework practice. Case managers are able to communicate with the reviewers, as well, to ask any questions they may have about the application of the OSRI.

From a systems-level perspective, case review data is compiled and shared with Children's Division executive leadership at the completion of each bi-monthly or quarterly case review to help them identify trends in casework practice and next steps toward system improvement. Reports from the Online Monitoring System (OMS) are utilized to provide overall statewide ratings for each item and outcome. The Improvement and Field Operations staff within the QAS also provide case review reports for each region, circuit, and FCCM agency for more targeted analyses of strengths and areas needing improvement, as those may vary according to location.

A Tableau dashboard has been created to assist in the identification of system-level practice strengths and challenges, as well. Several of the dashboard measures are linked to federal expectations and measurements are informed by the logic of the statewide data indicators. The dashboard is being built in three phases. Phase one of the dashboard was implemented in March 2023 and includes the following measures:

- Worker/Child Visit Completion
- Victimization in Foster Care
- Parent/child visit completion to the extent that the visits are not contrary to the orders of the court
- Healthy Child & Youth Exam (HCY/EPSDT) Completion
- Worker/Parent Visit Completion
- Re-Entry to Foster Care
- Average Number of Workers Per Child in Care Less Than 12 Months and 12+ Months

Phases two and three will include, but not be limited to, measures such as timely achievement of the court ordered permanency plan, completion of trauma training for case management and supervisory staff, stability of placements, timely development and implementation of the Social Service Plan and effective ratios of supervisors to case management staff.

Each measure of the dashboard is updated monthly and provides data at the county-level, for Children's Division performance and/or Foster Care Case Management agency performance.

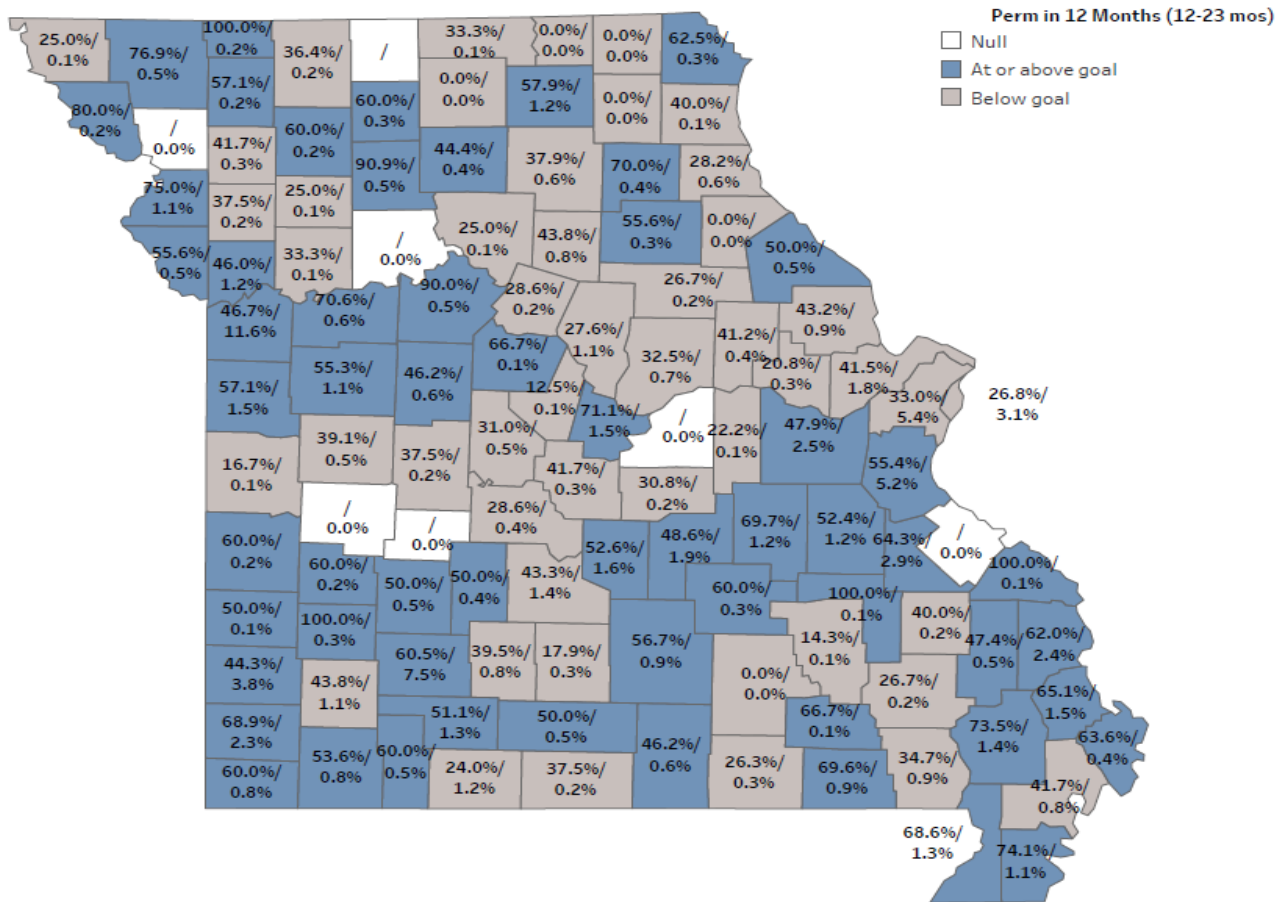
The supplemental context data for each CFSR Statewide Data Indicator is examined each six months for trends by age, race, and geographic location. Each indicator is mapped using Tableau for Children's Division management to easily evaluate the areas of the state performing better than the national performance and those areas performing worse than the national performance. Tableau maps have also been provided to community partners, including the courts, to give other

members of the child welfare system the opportunity to evaluate strengths and areas of needed improvement in a clear and easy-to-read format. An example of geographic context data presented in a Tableau map is presented at the conclusion of this section.

There are many avenues to involve community partners in the identification of strengths and needs within the child welfare system. Case review data is routinely shared with the CFSR Advisory Committee. This group also reviews the CFSR Statewide Data Indicators following their semi-annual release. Case review results and mapped context data have also been shared with the Children’s Justice Act Steering Committee, the Juvenile Court Improvement Project Steering Committee, as well as the State Youth Advisory Board, the Foster Parent Advisory Board, and some local Fostering Court Improvement groups. Discussions following data presentations are opened for the groups to identify the positive information that stood out and areas that pose challenges for the child welfare system as a whole.

The most recent opportunity for system-wide analysis of strengths and needs occurred during the CFSR Statewide Assessment Event held in preparation for the publication of this report. Members of the child welfare community from across the state came together to review case review results, the Statewide Data Indicators, recent survey data, and administrative data from the Children’s Division and the Office of State Courts Administrator (OSCA). Membership from the judiciary, the Juvenile Office, the legal community, public and private partner agencies, service providers, persons with lived experience, and the foster parent community were represented throughout a two-week event encompassing 15 individual sessions. System strengths and areas for improvement were identified as a result of the data presented and discussed among these stakeholders.

**Permanency in 12 months (12-23 mos):**  
**Percentage of Permanency in 12 months (12-23 mos) / Percentage of Total (exits)**  
 Goal = 43.8% or higher; Statewide Performance= 46.5%  
 Source: MO Data Profile Context Data as of August 2022



*Provision of Relevant Reports*

Missouri is fortunate to have a wealth of data available to use in evaluating the quality of the services provided to children and families involved in the child welfare system.

In addition to the reporting methods described above, a variety of management reports are provided to supervisory staff on a monthly basis. These can be used for ongoing monitoring of process measures that have been identified for performance improvement. Some examples include monthly reporting on worker with child visitation, worker with parent visitation, timely initial safety contact for child abuse and neglect hotline calls, and the timely conclusion of hotline investigations and assessments.

Monthly listings of all open in-home cases and foster care cases are provided to supervisory staff, as well. These can be used to verify the accuracy of information in the FACES case management system and to evaluate the caseloads and workloads of individual staff members.

Quarterly data reports designed to facilitate conversation between local Children's Division offices and their court partners are also provided for each circuit. Data elements include information on re-entry into foster care, child abuse and neglect in foster care, average number of placements, average time from foster care entry to termination of parental rights, and average time from termination of parental rights to final adoption.

Several Children's Division publications are available each year and posted on the Department of Social Services website, the Children's Division internal intranet page, or both. The publications include statistical information as well as outcome data. Publications include the Children's Division Annual Report, the Child Abuse and Neglect Annual Report, the Quarterly Outcome Measures Report, and Federal reports such as the ASPR. Monthly Management reports are also regularly posted for public access. Staff and managers are referred to the publications routinely by QAS staff in support of local collaboration and improvement planning efforts. Stakeholders have access to the publications which are posted on the internet.

#### *Evaluation of Implemented Program Improvement Measures*

The QAS staff participated in a 3-day data analysis training through Casey Family Programs in January 2023. The Children's Division executive leadership joined the training on the third day, participating in the last two sessions. The training topics included:

- Using Data for Continuous Quality Improvement
- Key Analytic Concepts in Child Welfare
- Managing Data Quality and Developing Actionable Analytic Products
- Measuring What Matters and Promoting a Positive Data Use Culture
- Strengthening Performance Measures
- Moving Forward – Action Planning

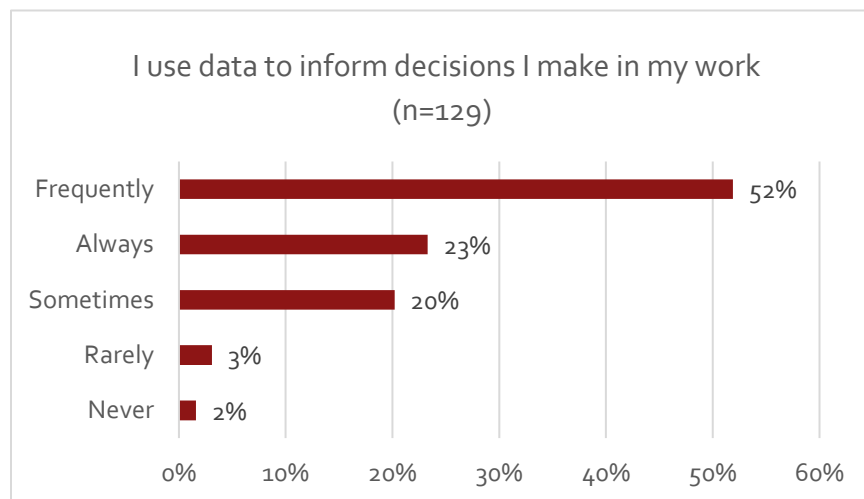
Using Children's Division data, the training encouraged participants to practice developing program improvement strategies while simultaneously considering evaluation components. The training challenged the Children's Division leaders to think about evaluation measures, both process and outcome, so there are methods to determine if the strategies put in place bring about the desired change. And, if the strategies are not working as intended, decisions to make shifts in practice can occur more quickly.

A recent example of program improvement evaluation occurred between November 2021 and May 2022. The Social Service Plan described in Item 20, Written Case Plan, was introduced in policy in August 2021. A targeted case review tool was developed by QAS staff and foster care program staff. The tool was based on policy instruction and was used to review randomly

chosen foster care cases to determine the level of policy implementation. Quarterly case reviews occurred for the first nine months of implementation. By the conclusion of the implementation review (May 2022), a total of 115 cases were reviewed across the state. Findings indicated that the initial Social Service Plan was completed in 37% (43/115) of the cases reviewed. The results of the case reviews led leadership to reconsider the volume of requirements outlined in policy and to streamline some of the practice expectations for the Social Service Plan.

The Central Consult Unit (CCU) was established in February 2022 with the expressed goal of more quickly completing hotline reports for children who were immediately assessed to be safe, with no concerns for abuse or neglect. CCU is staffed with a group of specialists whom investigators can call when steps have been taken to assure and document child safety. Investigators staff their cases with a specialist at the CCU who makes a determination if the case is ready for closure, or if additional steps are needed prior to closing the case. These additional steps may include contacting collaterals to gather additional information or requesting written reports from medical professionals or law enforcement. If the case is determined to be appropriate for closure, the CCU specialist documents the case consultation and completes the steps in the FACES case management system to close the report. Evaluation efforts for this new process included a quality assurance process in which identified QAS and other Children’s Division staff members listened to random calls each month and completed a survey to assess if policy was followed. In addition, a variety of reports were developed to assist local investigative supervisors in managing the workload of their employees, ensuring case consultations occurred, and providing a method to track hotline investigations and assessments that required additional steps to be taken prior to case closure.

In preparation for the CFSR Statewide Assessment Event, surveys were provided to supervisors and managers to determine the effectiveness of Missouri’s Quality Assurance System. The



survey asked participants to identify how frequently they use data to inform work decisions. Seventy-five percent (75%, 97/129) of respondents stated that they always or frequently use data to inform decisions they make in their work.

Participants during the Quality Assurance System session of the CFSR

Statewide Assessment Event included Children’s Division executive leadership, QAS staff members, Quality Assurance designees of the FCCM agencies, and supervisors and managers from both the Children’s Division and FCCM agencies. Using an online poll, participants were



asked to respond to the statement “The data that are available are relevant to my work”. Of the 12 participants who answered the polling question, 58% (7/12) strongly agreed and 42% (5/12) agreed with the statement. None of the respondents disagreed with the statement.

When session participants were asked to identify outcome or process data that is not available that would make system evaluation more effective, information about caseloads, workloads, and staff and foster parent retention were most frequently identified.

Missouri’s Quality Assurance System is functioning in all areas of the state to apply consistent standards for case practice evaluation. Strengths and areas of need within the child welfare system are identified as a result of the established case review process. Reports that assist supervisors and managers in their day-to-day decision making are provided on a regular basis. Recent initiatives have included components of program evaluation to determine their effectiveness. For these reasons, Missouri asserts that the Quality Assurance System is in substantial conformity with federal requirement.

#### **Item 26: Initial Staff Training**

How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the CFSP so that:

- Staff receive training in accordance with the established curriculum and timeframes for the provision of initial training; and
- The system demonstrates how well the initial training addresses basic skills and knowledge needed by staff to carry out their duties?

Initial staff training was determined to be an area needing improvement in CFSR Round 3. Previously, initial training for contracted case management was not consistent with Children’s Division training, and a considerable number of the state’s child welfare cases were managed by contracted agencies. A notable finding in Round 3 was that the state agency did not monitor or track initial training for contractors. As noted in the final report from Round 3, new child welfare agency staff met initial training requirements within established time frames. However, stakeholders’ opinions varied with regard to whether initial training routinely provided new caseworkers with the knowledge and skills needed to perform their duties. Missouri has implemented many changes in the staff and provider training format and requirements. Therefore, for CFSR Round 4, Missouri asserts that Item 26, Initial Staff Training, is a strength for the child welfare system.

The current structure for Child Welfare Practice Training (CWPT) consists of a five-week, 120-hour classroom training program. Due to extreme staffing shortages throughout the state, the on-the-job portions of the program were made voluntary by region in July, 2022 and the original ten-week program was shortened to five weeks. The initial staff training is being revised and will be implemented in August, 2023. Classroom instruction continues to provide the same

coursework, but in a more condensed period of time to allow new staff to assume case management responsibilities sooner and provide needed relief to over-burdened co-workers.

The following initial staff classroom instruction is a competency-based program that promotes learning in a manner that prepares new workers to assess child safety, move children towards permanency, and support child and family wellbeing. The curriculum was recently revised in August of 2022 to eliminate practice elements no longer found in Children's Division policy and procedures.

- CWPT Foundations - Includes an overview of the agency and the legal basis for Children's Division work. During all topics, participants practice and hone their critical thinking skills. The content includes evaluation of participants' values and beliefs and how they align with the agency. The agency's mandate around child safety is introduced to participants. Included in the curriculum is a discussion around the NASW Code of Ethics. Participants are introduced to the Framework for Safety concepts of threats/worries, child vulnerabilities, and caregiver protective capacities.
- CWPT Practice Model - Introduces the key concepts and elements of a wellbeing orientation including the Five Domains of Wellbeing (5DW) and the concept of tradeoffs as a foundational framework and approach for working with families and colleagues. The course provides an increased understanding of the primary drivers of behaviors and how and why people make decisions. This class also introduces trauma and its effects on the families served by the Children's Division.
- CWPT Child Abuse and Neglect (CAN) - Introduces participants to the statutory mandate to receive and respond to child abuse and neglect reports. Participants learn state law, agency policy, and rules and regulations that govern this program area. Participants practice interviewing skills as well as practice assessing and responding to threats of safety. Participants learn how to engage family court and other multi-disciplinary teams that assist in the response to allegations.
- CWPT Team Decision Making (TDM) - Includes discussions about the important roles of parents, caregivers, and youth, extended family, and community partners in case planning decisions. Participants learn to identify the key elements of the TDM process. Content also provides for an understanding of how the TDM process can meet the child/youth's need for safety, permanence, and wellbeing.
- CWPT CA/N Systems - Provides instruction and practice opportunities in the FACES screens that would most frequently need to be completed over the course of a Child Abuse or Neglect report. Workers have the opportunity to familiarize themselves with the purpose of the information that is required. Workers accept a practice hotline report and enter information into the system from beginning to closure.
- CWPT FCS (Family Centered Services)/Prevention - Introduces new team members to case management with an intact family. Participants study the Generalist Intervention Process and the activities needed to engage, assess, plan, intervene, evaluate, and terminate case planning services over the life of a case. Participants learn to create immediate safety interventions as well as plan for long-term safety.

- CWPT Case Management Systems I - Provides instruction and practice opportunities in FACES screens that would most often need to be completed over the course of a Family-Centered Service case. Staff members open a practice case and enter information into the system from opening to closing.
- CWPT Alternative Care - Provides participants with the knowledge of the impact of out-of-home placement on children and families. Participants explore the family-centered out-of-home care process which includes: Adoption and Safe Families Act (ASFA), reasonable efforts, permanency goals, developing and utilizing permanency planning, and an understanding of permanency time frames. Participants discuss placement planning and selecting a home for a child, including planning for older youth in placement. Specific attention is placed on facilitating family support team meetings, court testimony, and ongoing responsibilities of staff including the continuous work of ensuring the safety and well-being of children/youth in the care and custody of the agency.
- CWPT – Case Management Systems II - Provides instruction and practice opportunities in FACES screens that would most often need to be completed over the course of an Alternative Care case. Staff members open a practice case and enter information into the system from opening to closing.

Training specialists within the Children’s Division Professional Development and Leadership team provide all classroom training to newly hired Children’s Division staff. Missouri utilizes Foster Care Case Management (FCCM) contractors who also provide case management services to children in foster care. The classroom training curriculum for new staff within the FCCM agencies is the same as described above, minus the Child Abuse and Neglect session, as Children’s Division is statutorily required to complete that body of work. The training is consistent with instruction received by newly hired staff within the Children’s Division. The FCCM contractors may choose to join Children’s Division classes, train the material themselves, or hire a pre-approved training vendor to provide instruction to their new staff.

Initial staff training requirements for Children’s Division staff are tracked in the Employee Learning Center (ELC), a web-based database utilized throughout the Department of Social Services. The ELC provides the student notification of upcoming training classes that are required and scheduled, and access to their training record of completed classes.

For FCCM staff who join Children’s Division classes, initial training is also tracked through the ELC. If FCCM staff receive the instruction through their own agency, the Children’s Division Professional Development and Leadership team manager is provided quarterly reports to ensure those staff are receiving initial training, as required. The information includes the number of individuals who have attended training, the number who have completed the initial training, and if they completed the program on time.

The following table provides initial staff training data for calendar year 2022. The Child Welfare Practice Training program should be completed within four months of hire. Seventy-seven

percent (77%, 310/403) of Children’s Division staff members who completed initial staff training finished within the required timeframe. Eighty-six (86%, 177/205) of newly hired FCCM case managers who completed initial staff training finished within the required timeframe.

	Children’s Division	Foster Care Case Management
New staff enrolled	498	237
Percentage who terminated employment before training was complete	19% (95/498)	14% (32/237)
Number who should complete training	403	205
Number remaining in training	59	28
Percentage who completed training	85% (344/403)	86% (177/205)
Completed training on time	310	177
Percentage completed on time	77% (310/403)	86% (177/205)

Training participants are surveyed immediately following each of the CWPT sessions. The following questions are asked on the surveys and responses are rated on a zero – 10 scale, with zero being not at all and 10 being all the time.

- How well did this training meet the objectives outlined?
- How likely are you to apply the knowledge and skills gained in this course to your work?
- How relevant was this training to your position?
- How effective were the trainers in helping you gain an understanding of your role in working with families?

Below are the average ratings that were given for the CWPT classes held in 2022. The ratings are representative of the 344 Children’s Division staff who completed all sessions of CWPT.

	Objectives Met	Application	Relevancy	Trainer Effectiveness
<b>Foundations</b>	9	9	9	10
<b>Practice Model</b>	9	9	9	10
<b>Child Abuse/Neglect (CA/N)</b>	9	8	9	9
<b>Team Decision Meeting</b>	9	9	9	9
<b>CA/N Systems</b>	9	9	9	9
<b>Family-Centered Services</b>	9	8	8	9
<b>Case Management Systems I</b>	9	9	9	9

<b>Alternative Care</b>	9	9	9	9
<b>Case Management Systems II</b>	9	9	9	9

Employees are also given onboarding surveys that allow for input on the training received. These surveys are given at 30, 90, 180 and 365 days following employment. Surveys are reviewed by the Professional Development unit. This feedback has been used recently in the new development of the Child Welfare Practice Training. Additionally, information is solicited from Regional Leadership during monthly meetings in regards to how the training is being implemented in the field. Lastly, staff are given a yearly training survey which they can give their input on classes that they would like to receive. These suggestions for training are then reviewed and considered for development during the creation of the training plan for the upcoming year.

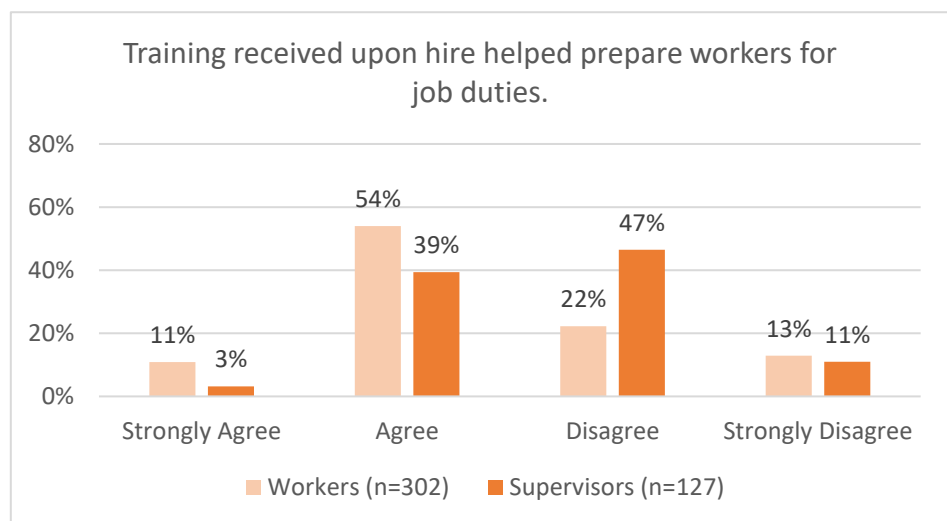
In July, 2023, the training department will implement Kirkpatrick’s Four Levels of Training Evaluation. All future classes will be written with behavioral outcomes that can be measured for performance. While employee surveys will still be utilized, the training department will also evaluate training through tests of knowledge, evaluation of behavior in the field, and performance results. This will allow the Professional Development unit to not only evaluate employee feedback but also to evaluate for outcomes.

In preparation for the CFSR Statewide Assessment event, Children’s Division and FCCM case managers and supervisors were asked to complete surveys which contained questions concerning initial staff training. For information on the survey distribution process, please refer to the “Description of Stakeholder Involvement in the CFSR Statewide Assessment” section of this document.

Case managers were asked to respond to the following question if they had been employed for less than two years: “The training I received upon hire helped prepare me for the job duties I was asked to perform”. There were 302 responses to this question.

Respondents strongly agreed or agreed with the statement 65% of the time (196/302).

Likewise, supervisors and managers were asked to respond to the statement: “The



training workers receive upon hire helped prepare them for the job duties they are asked to perform”. Of the 127 supervisors and managers who responded, 42% strongly agreed or agreed with the statement (53/127).

During the CFSR Statewide Assessment event session on Staff Training, there were several thoughts about why the discrepancy on preparation for job duties between workers and supervisors is present. Participants in the session represented both the Children’s Division and Foster Care Case Management agencies. Roles included front-line workers and supervisors, trainers, training managers, and Children’s Division Permanency Attorneys. Some of the thoughts mentioned were:

- Supervisors think the training should be how they were trained. Practice has changed in the past few years.
- Supervisors can’t expect new staff to know everything. Supervisor expectations should be tempered.
- Workers don’t know what they don’t know until they don’t know it.
- CWPT trains what policy states. Supervisors want to do things differently than training.
- Supervisors want CWPT to be skills based. Right now, it is knowledge based.
- Timing of the survey could be part of the difference. Some supervisors have had to carry a caseload. There is not much time to supervise.
- New workers are being pushed through training too quickly due to the staffing crisis.
- There is too much packed into the first few weeks and then they don’t remember it when they are out of training.

It is a requirement in Missouri for case assignments not to occur until after a new worker has finished the initial staff training coursework. In an informal survey of the six Children’s Division Regional Directors, they were asked to respond to the case assignment process in their geographic areas of responsibility. For new workers who will be assigned to investigation/assessment field work, no individual assignments are given before staff are finished with CWPT. New staff may join a more experienced staff member on home visits or to court hearings to observe the processes, but reports are not put in their names. For new workers who will be assigned to case management roles (either in-home or foster care), there is an increased likelihood that in areas with extreme staff shortages, new staff may be assigned cases prior to finishing training. However, if that happens, the cases are families that they will continue to serve post-training and the cases are selected very intentionally to be straightforward with limited known complicating factors. There is close supervision and mentoring in instances where new workers are assigned cases before training is complete. In situations where new workers are not assigned cases prior to training completion, their upcoming assignments are typically identified in advance and new staff shadow experienced staff on those cases to begin building relationships with the children and families.

While there has been a need for the training program to make adjustments over the past year due to the staffing situation in Missouri, the information provided has remained consistent. The Children’s Division and FCCM agencies now train the same curriculum and there is a process for monitoring the initial training that FCCM agencies provide to their newly hired staff. Survey responses from staff hired within the past two years are more positive than negative. For these reasons, Missouri asserts that Item 26, Initial Staff Training, is a strength for the child welfare system.

### **Item 27: Ongoing Staff Training**

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

- Staff receive ongoing training pursuant to the established curriculum and timeframes for the provision of ongoing training; and
- The system demonstrates how well the ongoing training addresses the skills and knowledge needed by staff to carry out their duties?

Ongoing staff training was determined to be an area needing improvement in CFSR Round 3. At that time, the training program did not provide the state with a mechanism to ensure that the ongoing training curriculum was consistent and delivered with fidelity in each region, due to regionalization of training unit staff. Stakeholders reported a need for specific ongoing training on topics such as domestic violence, mental health, and substance-affected infants. The Children’s Division did not have a mechanism to monitor the completion or quality of ongoing training for contracted case management staff.

While some of the concerns noted in CFSR Round 3 have been resolved, other challenges for the successful functioning of an ongoing staff training program have arisen. For CFSR Round 4, Missouri asserts that Item 27 is an area needing improvement for the child welfare system.

In August of 2020, the Children’s Division’s Professional Development and Training Unit was centralized under one manager to ensure consistent information is provided to training participants and to strengthen fidelity in delivery. A course on domestic violence is available as a web-based e-learning in the training catalog. Mental health courses have been offered in-person since CFSR Round 3, but are not currently available for staff to attend.

The Manager Center for the Employee Learning Center (ELC) allows supervisors to manage and track their staff’s training. Supervisors can review and schedule classes as they appear on the employee’s Training Plan and Training Record. Gap analyses are run for a number of required classes on the training plan. These are run quarterly to identify staff who need to complete certain classes. Staff and their supervisors receive email notifications when required trainings are coming due or are overdue. Supervisors then follow-up with individual staff who need to

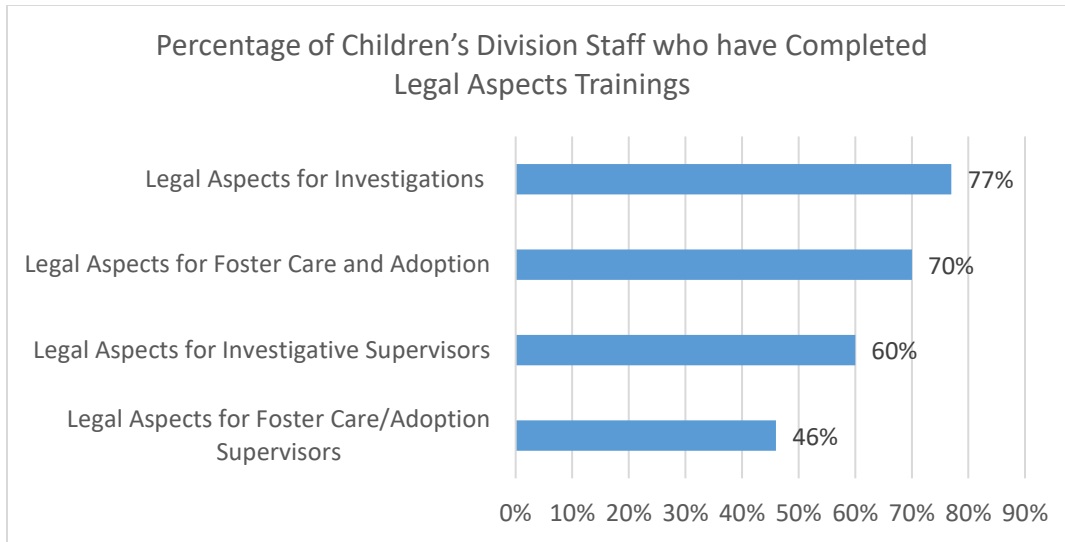
attend specific classes. Supervisors also have the ability to enroll their staff in any of the missing classes.

Chapter 210.180 of Missouri statute states that Children’s Division employees who are responsible for the investigation or family assessment of reports of suspected child abuse or neglect shall receive no less than forty hours of pre-service training on the identification and treatment of child abuse and neglect. In addition to such pre-service training, such employees shall also receive no less than twenty hours of ongoing training each year on the subject of the identification and treatment of child abuse and neglect. Ongoing training for other program lines is not specified in policy or state statute.

The annual 20 hours of required ongoing training for investigative/assessment staff can be obtained through identified course offerings through the agency training program, such as Trauma Toolkit, Legal Aspects trainings, and Human Trafficking, as well as external conferences, workshops, seminars and certain local community trainings. In fiscal year 2022, 74% (329/442) of staff received the required 20 hours of 210 trainings. Foster Care Case Management staff are not required to participate in 210 trainings since they have no responsibility for the completion of investigations or assessments.

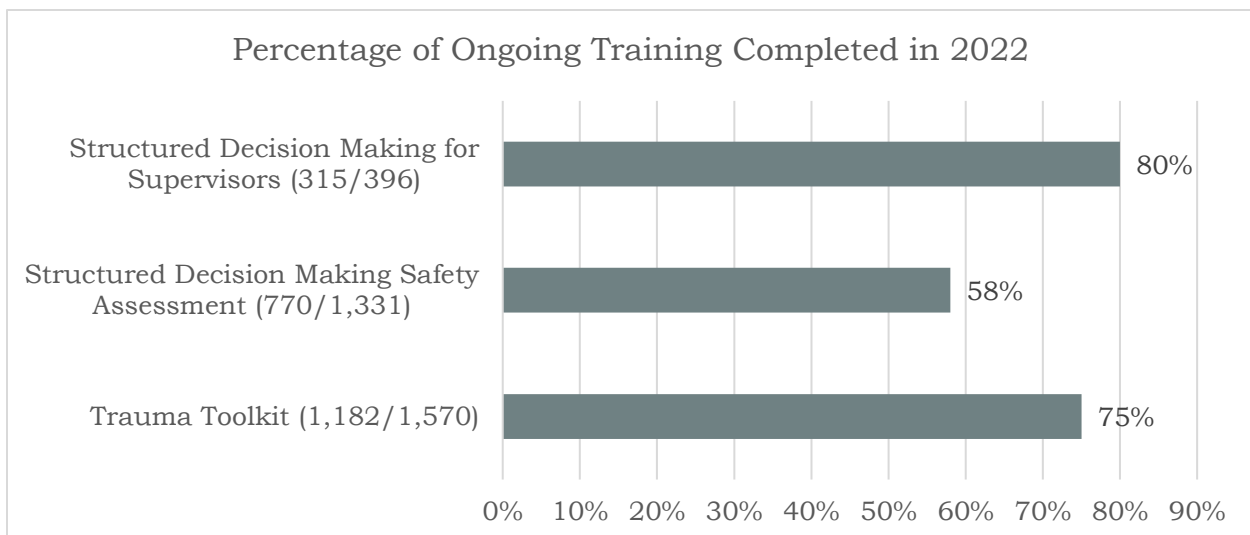
The ongoing staff training package includes a variety of Legal Aspects trainings that educate staff on requirements found in federal and state legislation. These sessions are taught by attorneys specializing in child welfare law. The chart below outlines the percentage of staff who have completed the classes as required in calendar year 2022. Legal Aspects for Investigators was completed with the most frequency (77% - 298/386). Legal Aspects for Foster Care and Adoption Supervisors was completed with the least frequency (46% - 86/187). The other Legal Aspects classes had completion rates of 70% (383/545) and 60% (83/139) as noted in the chart. Foster Care Case Management contractors assumed responsibility for training the Legal Aspects for Foster Care and Adoption classes for their workers and supervisors in the fall of 2022, however turnover in the training unit of one of the FCCM agencies caused a delay in FCCM staff receiving the Legal Aspects sessions. In addition to the virtual classroom education, the Legal Aspects trainers host Lunch and Learn sessions each month. Registration for those events is open to any Children’s Division or FCCM staff who wish to attend.





Other required ongoing trainings include Structured Decision Making (SDM) for Supervisors, SDM Safety Assessment for Frontline Staff, and Trauma Toolkit for New Staff. Capacity of the training unit staff has been impacted by the staffing shortage and frequent turnover in new worker positions. The trainers have been asked to prioritize initial staff training and to offer shorter CWPT sessions more frequently to ensure newly hired staff are able to assume case management duties, providing relief to more tenured staff. Due to this, the ability to offer the SDM and Trauma Toolkit sessions has decreased. The Professional Development and Training Unit is working on an E-learning package for the SDM classes. Trauma Toolkit classes continue to be offered, but not at the frequency needed to ensure all required staff are able to attend at their convenience.

The following chart provides the completion rates for these ongoing staff trainings. Despite the challenges, over half of the staff who needed to attend the sessions in 2022 have done so.



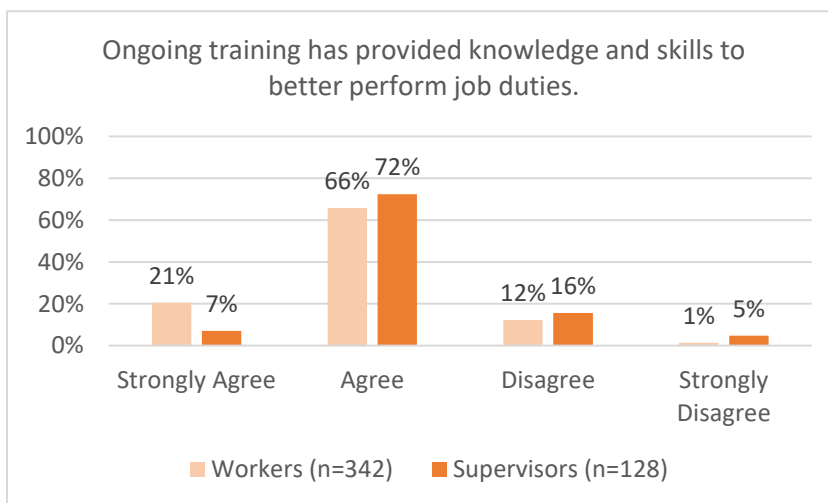
Education about Human Trafficking is also an ongoing training package that is required for all staff. The Children’s Division decided to bring this training in-house in 2021 instead of it being contractor-led prior to 2021. The Introduction to Human Trafficking classes and completion rates are outlined below.

	<b>Children’s Division</b>	<b>FCCM</b>
Introduction to Human Trafficking for Frontline Staff	46% (1,068/1,678)	14% (43/301)
Introduction to Human Trafficking for Supervisors	40% (161/403)	10% (7/71)

The introduction classes are e-learnings housed on the Employee Learning Center. There have been problems with the training stopping mid-way through, not allowing the participant to advance and complete the session. The Professional Development and Training Unit staff are working to resolve the issue and increase the completion rates.

A follow-up Advanced Human Trafficking training was introduced in August of 2022. This is an instructor-led virtual learning class. Sessions have been held twice monthly since its introduction. However, the capacity of the training unit is such that they are unable to offer more sessions to provide staff access to the training in a timely manner. The FCCM trainers were recently trained to teach this class to offer more availability.

In preparation for the CFSR Statewide Assessment event, Children’s Division and FCCM case managers and supervisors were asked to complete surveys which contained questions concerning ongoing staff training. For information on the survey distribution process, please refer to the “Description of Stakeholder Involvement in the CFSR Statewide Assessment” section of this document.



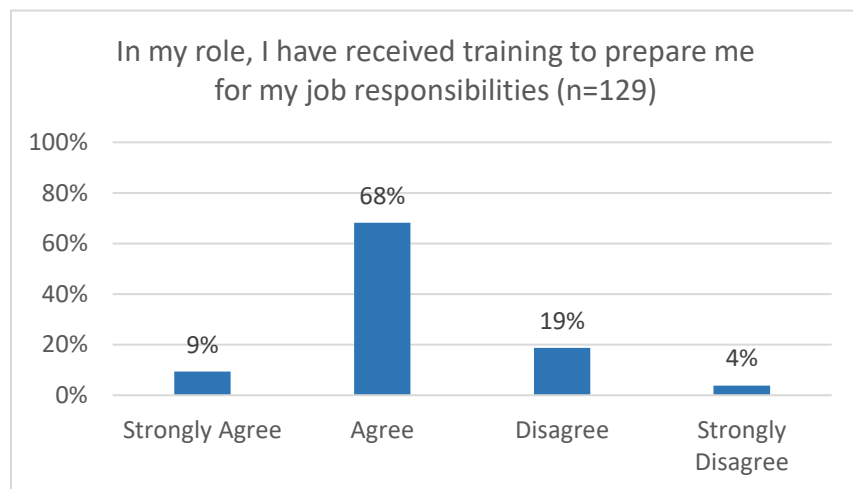
Case managers and supervisors were asked to respond to the statement “Ongoing training has provided knowledge and skills to better perform job duties”. Eighty-seven percent (87%) of workers strongly agreed or agreed with this statement (298/342) while 79% of supervisors strongly agreed or agreed (101/128).

The topics for needed ongoing training is informed through a variety of mechanisms. Changes to state or federal law often dictate when new training sessions are developed. In the past year, the

Professional Development and Training Unit has conducted focus groups with supervisors and workers to ask them to describe their training needs. In addition, a survey was sent to all Children’s Division staff in the summer of 2022 to further assess whether the trainings being offered were meeting their learning needs. Some feedback from those activities pointed to a desire for more trauma awareness training and court testimony training.

During the CFSR Statewide Assessment event session on Staff Training, participants were asked via an online poll to identify training topics that need to be provided on an ongoing basis that are not routinely available. Participants in the session represented both the Children’s Division and Foster Care Case Management agencies. Roles included front line workers and supervisors, trainers, training managers, and Children’s Division Permanency Attorneys. Some of the topics that were consistently mentioned include documentation training, conflict management/resolution skill building, and strengthening relationships with parents and foster parents.

Supervisors across the Department of Social Services were required to receive 52 hours of leadership training in fiscal year 2022. This number has reduced to 40 hours of training for FY2023 and will continue to be an annual expectation. The MO Learning website through LinkedIn Learning



offers a variety of online educational opportunities on a large variety of topics. In FY2022, 95% of required staff completed at least 52 hours of leadership training.

Supervisors surveyed in preparation for the CFSR Statewide Assessment Event were also asked to respond to the statement “In my role, I have received training to prepare me for my job responsibilities”. Strongly agree or agree were selected by 77% of the respondents (99/129).

A Children’s Division training focused solely on those in supervisory roles was in development, but has been placed on hold due to the current attention being placed on Child Welfare Practice Training (pre-service training).

Information is solicited from Regional Leadership during monthly meetings in regards to how the training is being implemented in the field. Lastly, staff are given a yearly training survey which they can give their input on classes that they would like to participate in. These suggestions for training are then reviewed and considered for development. This is completed during the creation of the training plan for the year so to include staff input in future training.

While ongoing staff training has continued to be offered to frontline staff and those in supervisory and management roles, there have been roadblocks to fully implementing the program as designed. Due to the staffing shortage, tenured staff are assigned caseloads that exceed normal standards, limiting the amount of time they are able to attend ongoing training opportunities. The Professional Development and Training Unit has been asked to focus their efforts on initial staff training so newly hired workers can receive training more quickly and provide relief to current staff. For these reasons, Missouri believes that Item 27, Ongoing Staff Training, is currently an area needing improvement.

### **Item 28: Foster and Adoptive Parent Training**

How well is the staff and provider training system functioning to ensure that training is occurring statewide for current and prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (who receive title IV-E funds to care for children) so that:

- Current or prospective foster parents, adoptive parents, and staff receive training pursuant to the established annual/biannual hourly/continuing education requirement and timeframes for the provision of initial and ongoing training; and
- The system demonstrates how well the initial and ongoing training addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children?

Item 28 was rated as an area needing improvement during the Round 3 CFSR. Missouri asserts that Foster and Adoptive Parent Training is a strength for CFSR Round 4.

For foster home license approval, 27 hours of pre-service training is required. Missouri has been in an assessment period to determine the pre-service curriculum that will best meet the needs of prospective foster and adoptive parents moving forward. The Children's Division's current foster parent pre-service curriculum is called STARS. The STARS curriculum is competency-based, teaching foster parents the importance of:

- Protecting and Nurturing
- Meeting Developmental Needs and Addressing Developmental Delays
- Supporting Relationships between Children and their Birth Families
- Connecting Children to Safe, Nurturing Relationships Intended to Last a Lifetime
- Working as a Member of a Professional Team

The Northeast and St. Louis regions of the state have continued to utilize this training.

The Children's Division was selected from a finalist list of 16 tribes and states for a national training curriculum pilot, National Training and Development Curriculum for Foster and

Adoptive Parents (NTDC). The NTDC was funded through a five year cooperative agreement with the Department of Health and Human Services, Administration for Children and Families, Children's Bureau and the following: Spaulding for Children, School of Social Work, University of Washington, National Council for Adoption, North American Council on Adoptable Children, Center for Adoption Support and Education, and Child Trauma Academy. The pilot was completed in 2022 with the Kansas City and Northwest regions participating. Those regions continue to utilize the NTDC curriculum.

In response to concerns reported to Department of Social Services regarding the length of time it takes to complete the licensure process of a new resource home applicant, a taskforce was developed in late spring of 2019 to explore the barriers and how to expedite the process. The result was a project to develop a pre-service training that takes less in-class training time. The Southern regional training units worked together during the summer of 2019 to create STRONG (Supportive Team Relations for Ongoing Nurturing and Growth of Children and Families). The STRONG pre-service training incorporates the required competencies listed above. The Southwest and Southeast regions have been training this model since September of 2019.

In the fall of 2022, the Children's Division began synthesizing the information from all three pre-service curriculums to determine which would best serve Missouri foster and adoptive families. The new curriculum is expected to be introduced in July of 2023, incorporating elements of all three programs. The new curriculum will be called Missouri Caregiver and Adoption Resource Education (MO C.A.R.E.).

In 2022, there were 1,194 household members who required pre-service training. Ninety-six percent (96%) completed the required number of pre-service training hours prior to their home being licensed (1,143/1,194).

In addition to the 27 hours of pre-service training, parents who wish to be considered for adoption are required to have 12 hours of Making the Commitment to Adoption (Spaulding) Pre-service training prior to receiving approval as an adoptive home. Ongoing training for adoption approval is not required. The majority of homes which are approved for adoption are also licensed as a foster or relative provider and must meet in-service training hours to maintain their license.

Also in 2022, 1,665 household members were in the initial adoption approval period. Of those prospective adoptive parents, 96% (1,665/1,731) received the required training prior to approval.

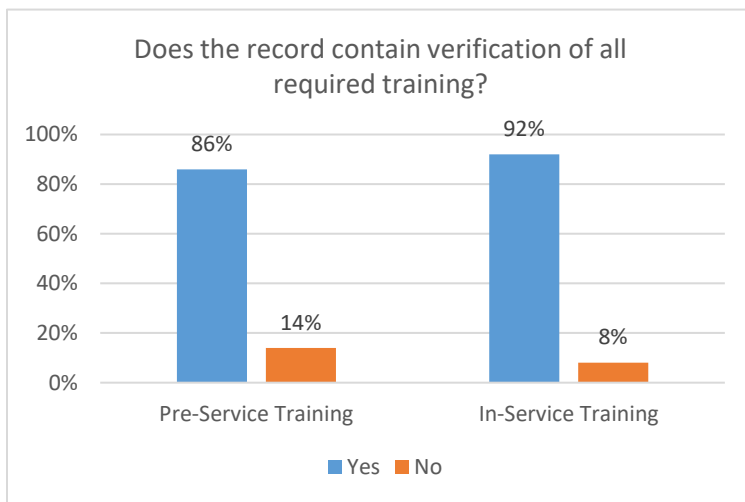
Foster home licenses are renewed every two years. Prior to renewal, 30 hours of in-service training are required. All training hours are entered into the FACES system. Each resource vendor has a screen where the completed training classes and hours may be viewed.

Policy requires that if the home does not meet the training hour requirement, the home is closed. Reminders to complete the required hours of training are given at each quarterly home visit. At 90, 60, and 30 days prior to license expiration, a letter is sent informing the resource home of any delinquencies to have their license renewed prior to expiration. This letter includes training hours that may still need to be completed in order for renewal to occur.

As identified in Children’s Division policy, some examples of required in-service trainings are listed below.

- CPR and First Aid
- Trauma Care
- Psychotropic Medication Management
- Informed Consent
- Laws, Policies, and Procedures Governing Child Welfare
- Importance of Sibling Placement
- Reasonable and Prudent Parenting Standard
- Foster Care Bill of Rights

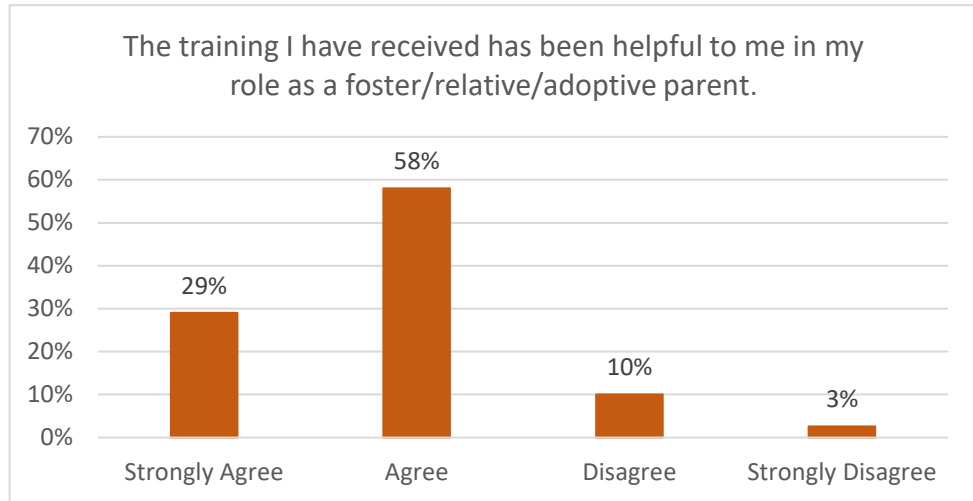
In 2022, 83% percent of homes were re-licensed with all household members receiving at least 30 hours of in-service training (1,110/1,342).



A case review of vendor records was completed in the fall of 2021 by the Quality Assurance System and Foster Parent Licensing, Recruitment, and Retention staff. The review tool asked if the foster parent licensing record contained verification of all required pre-service and in-service trainings. Pre-service trainings were documented in 86% of the records (12/14) and in-service trainings were documented in 92% (22/24) of the records reviewed.

In preparation for the CFSR Statewide Assessment event, foster, relative, and adoptive parents were asked to complete surveys which contained questions concerning pre-service and ongoing training for parents who care for foster children. For information on the survey distribution process, please refer to the “Description of Stakeholder Involvement in the CFSR Statewide Assessment” section of this document.

Foster, relative and adoptive parents were asked to respond to the statement “The training I have received has been helpful to me in my role as a foster/relative/adoptive parent”. Survey participants



strongly agreed or agreed with the statement 87% of the time (166/191), noting that the training they have received has been helpful in caring for the children in their homes.

The survey also queried what trainings topics would be helpful in their roles as foster parents. The questions was a short-answer, so parents responding were able to type in their responses The top five most frequently listed topics are below:

- Dealing with children’s behaviors
- Understanding trauma
- The “system” and how it works
- Working cooperatively with biological parents
- Understanding court proceedings

During the CFSR Statewide Assessment event session dedicated to foster parent issues, participants were asked via an online poll to identify if the topics above are offered to foster parents. Participants included foster and relative parents, Children’s Division executive leadership, Children’s Division and contracted workers and supervisors who license foster parents, and juvenile office representatives. The results of the online polling indicate that for most of the topics identified, training is available.

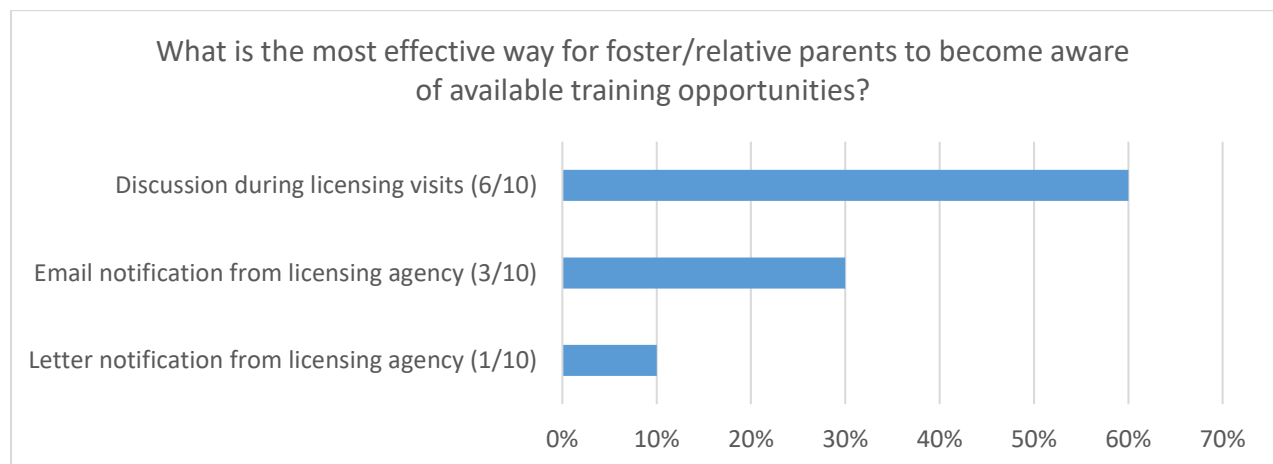
	Yes	No	I’m Not Sure
Dealing with children’s behaviors	91% (10/11)	9% (1/11)	--
Understanding trauma	73% (8/11)	--	27% (3/11)
The “system” and how it works	70% (7/10)	20% (2/10)	10% (1/10)
Working cooperatively with biological parents	60% (6/10)	20% (2/10)	20% (2/10)
Understanding court proceedings	55% (6/11)	27% (3/11)	18% (2/11)

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

- What are the family’s strengths? How does the family plan to build on these strengths? What are the concerns and stressors the family has regarding providing services as a foster/relative provider? What are the family’s goals within this program (continue as they are, change the ages of children they accept for placement, take teens or infants, become approved to provide level A foster care services, etc.) How is the family meeting each competency?
- What training needs can be identified to address the concerns and issues identified? (Targeted areas for skill development and enhancement – are they concerned about discipline techniques, need skills in working with teens, would like information on working with children who have been sexually abused, etc.)
- What specific areas will be improved when change has occurred? What will it look like when change has fully occurred? (goals)

The worker and the foster parents then develop a plan to address any training needs. The worker provides information to the foster parents, letting them know where and how to access training opportunities to meet their individual needs. These visits are also an opportunity for the foster parents to provide feedback about the effectiveness of any trainings they have received in the weeks preceding the visit and discuss how they are putting the learning into practice.

Participants in the CFSR Statewide Assessment event were asked to identify the most effective ways for foster and relative parents to receive notification of available training opportunities. Consistent with the process described above, the majority of event participants indicated that discussions between the licensing worker and the foster parents is the most effective method.





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

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

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

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

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

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

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

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

RPU Licensing staff conduct supervisory visits during the two (2) year licensing period for all licensed residential agencies. Supervisory visits may include but are not limited to; review of a random sample of personnel records, review of a random sample of resident records, inspection of the building and grounds, review of program and/or policy changes, review of non-compliances found on a previous supervisory visit. Training is reviewed in the personnel records. Licensing staff will review a random sample of personnel records for compliance with licensing regulations. At least three personnel records from each licensed agency are reviewed in-depth each year. In addition, 10 or 10%, whichever is greater, of the agency's personnel records are reviewed for compliance with background checks each year. Licensing staff verify that the personnel have received their 40 hours of training annually and that they have received all of the required trainings per licensing regulations. Licensing staff will verify that direct care staff and supervisors are current with CPR/First Aid, Medication Management, and Restraint/De-escalation, if applicable.

Between July 1 and December 31, 2022, there were 102 agency visits conducted by members of the RPU Licensing Unit. As a result of those visits, there were 21 non-compliance citations for issues related to staff training (21%). Non-compliances for training could include missing and/or lack of training documentation, missing and/or lack of training due to non-completion, failure to complete the required number of annual training hours, or expired required training certifications such as First Aid, CPR, medication management, and de-escalation/restraint (for agencies that use restraint).

Foster, relative, and adoptive parents are regularly receiving the trainings as required by Missouri statute and state policy. The trainings are seen as effective and meet the needs of foster parents. There are avenues in place to identify training needs of individual foster parents through ongoing conversations with their assigned licensing workers. For these reasons, Missouri asserts that Item 28 is a strength for the child welfare system.

### **Item 29: Array of Services**

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

- Services that assess the strengths and needs of children and families and determine other service needs;
- Services that address the needs of families in addition to individual children in order to create a safe home environment;

- Services that enable children to remain safely with their parents when reasonable; and
- Services that help children in foster and adoptive placements achieve permanency.

Item 29 was rated as an area needing improvement during the Round 3 CFSR. During interviews, stakeholders described gaps in services and waiting lists for services such as Intensive Family Reunification Services, Intensive In-Home Services, substance abuse treatment, mental health services, domestic violence services, and housing assistance. Missouri asserts that Array of Services is a strength for CFSR Round 4.

#### Services Assessing the Strengths and Needs of Children and Families and Determine Other Service Needs

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

Families with open Family-Centered Services (FCS) cases or whose children enter foster care, are continually assessed for service needs throughout their work with the Children's Division. Assessment can occur informally, through ongoing conversation between the assigned case manager and parents and/or children. Case managers meet with families on a regular basis and portions of those conversations focus on determining what services best meet the needs that brought the families to the attention of the Children's Division as well as how active services are addressing the needs. Assessments also occur through formal avenues, including psychological evaluations and substance use assessments, for example. Ongoing contact between the case managers and service providers who work with families provide information to accurately assess families' needs. Team Decision Making meetings for FCS families and Family Support Team meetings for families with children in foster care, also provide opportunities for assessment of needs and involved all parties involved with the children and families.

The Show Me Healthy Kids Health Plan (SMHK) provides health care to Missouri's foster care children. The plan works with many doctors, clinics and hospitals to provide regular checkups, exams, primary care, and specialist care when needed. Each child in foster care is assigned a case manager who completes health risk screenings to assess for medical, dental, and behavioral health needs. This service is available throughout the state of Missouri.

With few exceptions, youth in foster care are enrolled in the Older Youth Program and assigned a Chafee worker who works with youth ages 14 and older to assess their needs around preparation for adulthood, regardless of permanency goal. Chafee staff meet with the youth at least once a quarter to identify the areas of need the youth is most concerned about or interested in and to develop steps to address those needs.

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

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

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

In January 2021, the Governor of Missouri signed an Executive order to increase collaboration between most state agency programs serving pregnant women and families with children up until kindergarten entry. This has led to the establishment of the Office of Childhood (OOC) within the Department of Elementary and Secondary Education (DESE) beginning in August 2021, providing the opportunity for home visitation programs from DESE, DHSS, and DSS to become the Home Visiting Section within the OOC. In this newly formed office, the DSS Home Visiting Program (now titled Child Abuse and Neglect (CA/N) Prevention Home Visiting), has the opportunity for direct collaboration with the DESE Home Visiting Program, which currently implements the Parents as Teachers model in all Missouri school districts. The program provides various opportunities for parents to gain skills in the areas of early childhood development and education, improving parenting skills, school readiness, and child abuse and neglect prevention. The Home Visiting program also provides the parents with training and support groups, developmentally appropriate books and toys for the children, as well as various incentives for the parents to keep them engaged in the program. After the child ages out of Home Visiting, they are referred to a Head Start or another early learning program to maintain educational services with the family.

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

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

Intensive In-Home Services (IIS) is a short-term, intensive, home-based program which offers families in crisis an alternative to out-of-home placement through the enhancement of family capabilities. Intensive In-Home Services are typically provided to families with a significant risk of maltreatment, which would likely lead to child removal from the home if intervention to address child safety is not immediate. An initial referral and intake meeting with the family occurs to assess the family's need and commitment to participating in the program. Cases typically remain open for four to six weeks. During this intensive service provision, a Family-Centered Services case is also opened to provide an additional layer of support to the family and to continue case management services beyond the four to six weeks of the program, should they be needed.

Intensive Family Reunification Services (IFRS) is a short-term, intensive, family-based program for children who are in out-of-home care and who, with intensive intervention, can reunify with their family. The Intensive Family Reunification Services program is based on the belief families can, through intensive intervention, improve their functioning, learn to meet the needs of their children, and gain support from within their community. The goals of IFRS are to assist the family in removing barriers to the return of their child(ren), assist in the transition of returning the child(ren) home, and develop a plan with the family who will maintain the child(ren) safely in the home following the intervention.

For both Intensive In-Home and Intensive Family Reunion Services, contracted service providers are in the home between 10-20 hours each week and provide direct services to meet families' needs. Direct services may include assistance with household management, child development or parenting education, job readiness assistance, or nutritional training. Intensive In-Home and Intensive Family Reunification Services are available to all 46 circuits within the State of Missouri. The IIS and IFRS program is provided through purchased services by vendors contracted with the state.

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

Case management services for children in foster care are provided statewide by the Children's Division staff or Foster Care Case Management contracted partners. Foster care is intended to be short term until permanency may be achieved. The goal for most children in foster care is to

return to their caregiver(s) when circumstances which led to out-of-home placement have been resolved. However, sometimes children are not able to return home and another avenue to permanency is pursued.

When reunification is no longer a viable option for permanency, adoption or guardianship may be pursued to provide permanency for children. Family Resource Centers are available throughout each region of Missouri and work with Children's Division to provide support, services, and resources to meet the unique needs of foster, adoptive, relative, and guardianship children and their families. Specific examples of services include training opportunities, peer support groups, financial and material supports, and advocacy services.

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

There are 20 Missouri Community Partnership initiatives which strive to bring together public/private partnerships to support the wellbeing of Missouri families. The prevention of maltreatment of children and the safety of families are paramount within the Missouri Community Partnership initiatives. These partnerships are all non-profit organizations governed by local, broad-based and diverse boards that seek to address local needs. Their outreach extends to the majority of the state and includes a wide array of services primarily focusing on six core result areas: Parents Working, Children Safe, Children Ready to Enter School, Children & Families Healthy, Children & Youth Succeeding in School and Youth Ready to Enter the Work Force.

Their ability to address each community's unique needs is greatly enhanced by the large source of local volunteerism. During the current fiscal year, the partnerships have generated over 140,000 hours of volunteer service to their respective communities. In addition to the many service hours generated by the partnerships, they leveraged over \$13.00 for every \$1.00 of state funding provided them in FY22 and served over 550,000 clients across the state.

Children's Division also funds a variety of therapeutic and adjunct treatment services for the prevention and treatment of victims of abuse or neglect through the Children's Treatment Services (CTS) contract. The goals of these services are to:

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

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

In preparation for the CFSR Statewide Assessment Event held in late February and early March of 2023, surveys were sent to a variety of stakeholder groups. For a completed description of the survey distribution process, please refer to the “Description of Stakeholder Involvement in the CFSR Statewide Assessment” section of this report.

A total of 809 surveys were returned from the following stakeholder groups regarding service array and availability in Missouri:

- Parents with lived experience – 56 surveys returned
- Foster, relative, and adoptive parents – 190 surveys returned
- Judges and Juvenile Officers – 42 surveys returned
- Attorneys who serve children and families involved with the Children’s Division – 47 surveys returned
- Children’s Division and Foster Care Case Management workers and specialists – 345 surveys returned
- Children’s Division and Foster Care Case Management supervisory and management staff – 129 surveys returned

Survey respondents were asked to select the services, by category, that they felt were readily available in their area of the state to meet the needs of children and families. They could mark all categories that they felt applied to best answer the question. The following table identifies the percentage of respondents who felt the service was available in the area of the state they live and/or work. Bolded information represents the highest (blue) and lowest (red) percentages in each region.

	KC	Northeast	Northwest	St. Louis	Southeast	Southwest
	n=75	n=122	n=121	n=52	n=187	n=218
Child Care	68%	48%	51%	44%	58%	46%
Clothing Closet	68%	68%	63%	60%	70%	65%
Dental Services	60%	59%	57%	48%	63%	59%
Employment Services	<b>37%</b>	34%	40%	<b>27%</b>	58%	47%
Homemaking Services	15%	13%	14%	20%	17%	8%
Housing Assistance	54%	54%	66%	45%	66%	50%
Legal Representation	52%	49%	48%	<b>65%</b>	52%	57%
Medical Services	<b>80%</b>	<b>71%</b>	<b>79%</b>	63%	<b>83%</b>	<b>76%</b>
Mental Health Services	64%	54%	56%	37%	71%	66%
Parenting Education	70%	56%	65%	<b>65%</b>	70%	64%
Substance Abuse Treat.	49%	52%	52%	29%	73%	62%
Transportation Services/ Public Transportation	40%	<b>17%</b>	<b>25%</b>	40%	<b>40%</b>	<b>31%</b>
Visitation Supervision	51%	42%	40%	42%	49%	47%

Notable observations from the table above include:

- Medical services were believed to be most readily available throughout the majority of the state.
- Homemaking services were believed to be the least readily available. This may be a survey flaw, with a lack of definition as to what homemaking services include. Intensive In-Home Services and Intensive Family Reunification Services described above include many options to help with the improvement of living situations for families.
- With the exception of Kansas City and St. Louis, transportation services were believed to be the least available in the more rural areas of the state.
- It was felt that substance abuse treatment is more readily available in the southern part of Missouri and least available in St. Louis.
- Mental health services were believed to be least readily available in St. Louis.
- Legal representation was believed to be most readily available in St. Louis and child care was believed to be most readily available in Kansas City.

Survey participants were also asked to identify what services are needed but not readily available in their areas. The most common responses were:

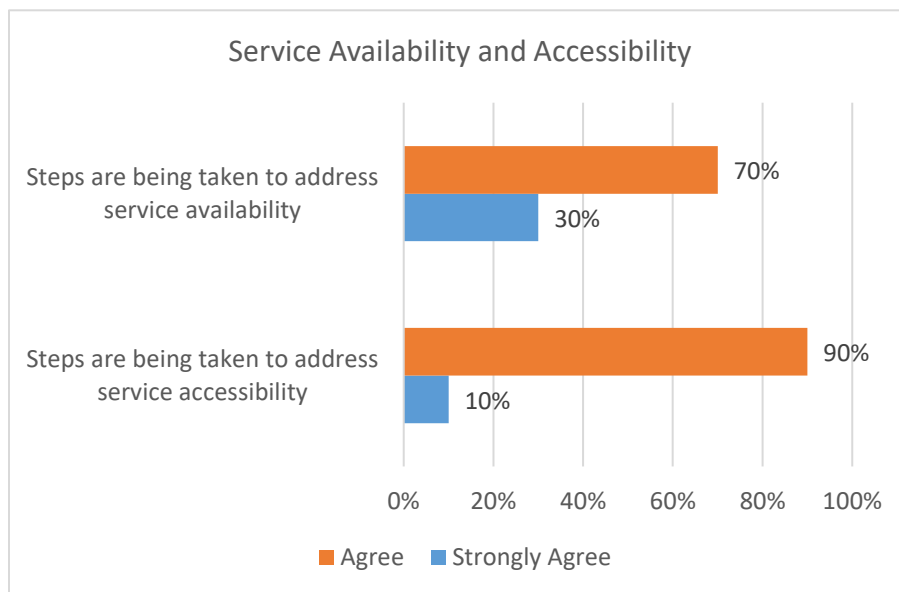
- Child care, especially for children under 2
- Transportation
- Mental health services have long wait lists



- Professionals to complete psychiatric and psychological evaluations
- Substance abuse treatment
- Housing assistance

Throughout the various sessions of the CFSR Statewide Assessment Event, common themes regarding service array were evident. Participants in many sessions identified mental health services for children as a service gap in Missouri, with particular impact to Permanency Outcome 1, Stability of Placement and Timely Permanency. Mental health services for parents and substance abuse treatment were also frequently mentioned as service needs for many communities in Missouri.

The CFSR Statewide Assessment Event that focused specifically on Array of Services was attended by a variety of stakeholders. Participants in this group included Children’s Division front line staff and central office leadership, foster parents, service providers, partner agencies to include the Department of Mental Health and the Missouri Health Department, attorneys who represent children and families, juvenile office representatives, and youth with lived experience. During the course of the discussion, it was noted that rural areas of the state may not have the variety and accessibility of services that are present in more urban areas of the state. Rural citizens may have to travel some distance to locate services. Service challenges in the urban areas include the volume of people who need access to the available services, creating wait lists in some instances. Discussion among these participants noted that many services are available throughout the state, but in some instances there may be a lack of knowledge or understanding by parents, foster/relative parents, or adoptive parents about how to access the services that do exist.



Through the use of online polling, session participants were asked whether they agreed or disagreed that there were steps being taken to address service availability and service accessibility. Ten participants chose to respond to the online poll. All respondents either strongly agreed or agreed with both statements (100%,

10/10).

Session participants were also asked to identify if there are services available in Missouri that are underutilized. Transportation contracted services, legal representation for parents, visitation supervision services, and health services available through Show-Me Healthy Kids were identified as underutilized services throughout the state.

While there are notable challenges to service array in Missouri, there are continual steps being taken to increase the availability and accessibility of needed services throughout Missouri. Community-based services, Family Resource Centers, and Show-Me Health Kids are among the strong partners with the Children's Division to continually increase the availability and knowledge of families in Missouri about the accessibility of services across the state. For these reasons, Missouri asserts that Item 29, Array of Services, is a strength for the child welfare system.

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

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

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

Item 30 was rated as an area needing improvement in CFSR Round 3. Transportation, accessibility to services, and lack of culturally sensitive services/interpreters were identified as barriers to providing individualized services, as determined by the statewide assessment and stakeholder interviews.

Missouri asserts that Item 30 is a strength for the child welfare system in CFSR Round 4.

Meaningful access to relevant resources, one of the aspects of the Five Domains of Wellbeing philosophy, is defined as the ability to meet basic needs without shame, danger or hardship. The Children's Division strives to ensure that services provided to children and families engaged in the child welfare system meet those criteria.

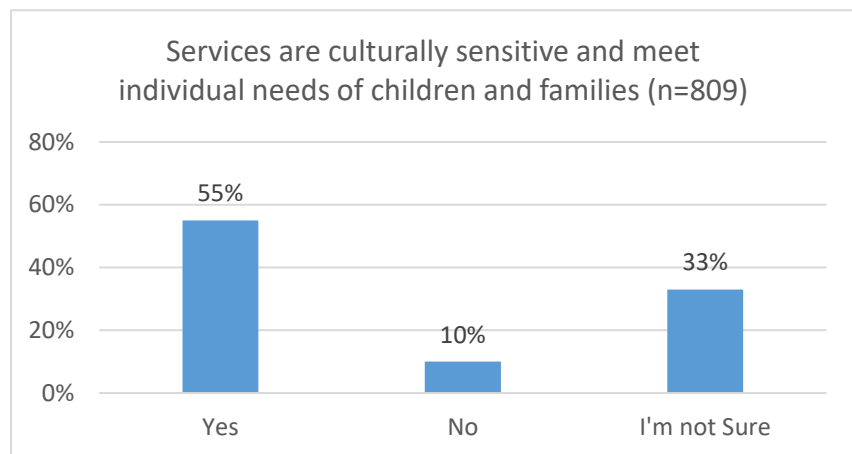
The introduction of the Social Service Plan provides the opportunity for families to have a voice in their service plan, including the chance to express preferences in service providers. As families move through services to resolve the concerns brought them to be involved in the child welfare system, there are ongoing opportunities for them to speak into their case plans through Family Support Team meetings and court hearings, if applicable. Individual meetings with the case manager assigned to their case also provide opportunities for families to provide input about the services in which they are participating.

In preparation for the CFSR Statewide Assessment Event held in late February and early March of 2023, surveys were sent to a variety of stakeholder groups. For a completed description of the survey distribution process, please refer to the “Description of Stakeholder Involvement in the CFSR Statewide Assessment” section of this report.

A total of 809 surveys were returned from the following stakeholder groups regarding service array and availability in Missouri:

- Parents with lived experience – 56 surveys returned
- Foster, relative, and adoptive parents – 190 surveys returned
- Judges and Juvenile Officers – 42 surveys returned
- Attorneys who serve children and families involved with the Children’s Division – 47 surveys returned
- Children’s Division and Foster Care Case Management workers and specialists – 345 surveys returned
- Children’s Division and Foster Care Case Management supervisory and management staff – 129 surveys returned

Survey respondents were asked to answer the question “Are the services children and families receive culturally sensitive and meet their individual needs?” The majority of respondents answered affirmatively that services are culturally sensitive and meet individual needs of children and families (55%, 445/809).



Survey participants were then asked to identify ways that services could better meet the individual needs of parents and children served by the child welfare system. The five most common answers are below:

- Language/interpretation services, specifically Spanish and Russian
- More minority service providers
- Services that are culturally sensitive if the recipient is not from a white, Christian background
- Services that are sensitive to the LGBTQ+ and transgender populations
- Services specifically for black hair care

Participants in the Service Array session of the CFSR Statewide Assessment event were asked to respond to the following online polling statement: “Services are individualized to meet the disability and special needs of the children and families in Missouri”. Participants represented the following stakeholder groups: Children’s Division front line staff and central office leadership, foster parents, service providers, partner agencies to include the Department of Mental Health and the Missouri Health Department, attorneys who represent children and families, juvenile office representatives, and youth with lived experience. Fifty-five percent (58%, 7/12) of the participants agreed that services are individualized to meet the disability and special needs of the children and families in Missouri. Forty-two percent (42%, 5/12) disagreed with the statement.

The ability to provide individualized services is impacted by the richness of service array in the area and the specialized needs of the children and families. This may pose the most challenges in the rural areas of Missouri, as service options are more limited than in urban areas.

Transportation and accessibility to services are often identified as barriers to providing individualized services, however, transportation contracts are available throughout the state through Children’s Treatment Services (CTS) contracts and were identified as an underutilized service by participants in the CFSR Statewide Assessment Event that focused on service array. Translation and interpretation services are also available through CTS contracts and available throughout the state to help address language barriers that arise during service provision.

Missouri asserts that Item 30, Individualizing Services, is a strength for the child welfare system. While challenges are present, the majority of persons surveyed and the majority of the participants in the CFSR Statewide Assessment Event who discussed this topic, felt that services available to children and families in Missouri are culturally sensitive and meet their individual needs.

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

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

This item was determined to be a strength for the child welfare system in Missouri during CFSR Round 3. Missouri asserts that Statewide Engagement and Consultation with Stakeholders continues to be a strength in CFSR Round 4.

During the second round of the Child and Family Service Reviews, Missouri developed the CFSR Advisory Committee. As defined in the current charter, the purpose of this collaborative

advisory committee is twofold; primarily, to serve as a vehicle for cross system collaboration to promote the achievement of better outcomes for the children, youth and families; and secondary, to fulfill an ACF requirement for a collaborative process.

The CFSR Advisory Committee's centralized focus is to build an advisory resource infrastructure to result in positive outcomes for children, youth and families. A broad collaboration of this kind benefits families in improved access and service availability, and a reduction of service and funding fragmentation. The responsibilities of the CFSR Advisory Committee as described in the current charter are as follows:

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

With the consultation support of the Capacity Building Center for States (CBCS), the Children's Division began the work of assessing the purpose and functioning of this group in October 2022. The group had become large in number and their role had become unclear. Meetings continued to occur on a quarterly basis, but served as an opportunity for the Children's Division to provide updates with limited advisory conversations occurring.

At the November 2022 meeting, the CBCS led the group in activities to inform the assessment of the committee's purpose and functioning from their own perspectives. Many felt the group was too large and the focus had become information-sharing instead of action-oriented. The group expressed a desire to concentrate on continuous quality improvement discussions and activities for the betterment of the child welfare system as a whole.

In response to the assessment, the Children's Division and CBCS contractor reviewed the membership list and identified the most pertinent roles. Current membership includes the Children's Division Deputy Director with responsibility for foster care, one Children's Division Regional Director, and a front-line supervisor. Foster Care Case Management (FCCM) agencies are represented with members from two separate agencies. Court is represented by membership from the Office of State Courts Administrator. The membership includes two foster care youth from the State Youth Advisory Board, a parent with lived experience, and a current licensed foster/relative provider who also provides counseling services to children in foster care. The legal community is represented by the Executive Director of Missouri CASA and a practicing Guardian ad Litem. Partner agencies also include the Department of Mental Health and the Department of Elementary and Secondary Education's Office of Childhood. Service providers

are represented through the Missouri Family and Community Trust (FACT). The CFSR Coordinator facilitates the meetings with a non-Children's Division co-lead. The Quality Assurance System Program Coordinator and the Deputy Director for Operations and Administration also receive invitations to the meetings. Vacancies remain for a representative from the judiciary and a front-line worker. Recruitment for these positions continues to occur so these important voices are seated at the virtual table.

The March 2023 meeting of the CFSR Advisory Committee included an overview of the most recent CFSR case review data completed and compiled by the Children's Division's Quality Assurance System. The discussion that followed identified strengths within the data. Areas needing improvement were also highlighted, this being low performance ratings for assessment of parents' needs, parental involvement in case planning, and the frequency of visits between caseworkers and parents. The meeting attendees agreed on next steps to include having discussions within their working relationships and communities about parent engagement. The membership was asked to bring their observations to the next meeting for a continued conversation about successful strategies and opportunities for growth surrounding parent engagement.

Another piece of work with the support of CBCS has been to review and revise the charter for the CFSR Advisory Committee. The charter was developed in 2011 and has not been revised since the group's inception. The revisions are in process and will be presented to the group for their feedback at an upcoming meeting.

The CFSR Advisory Committee has continued to routinely review the Statewide Data Indicators, Children's Division case review data, and administrative data as it relates to agenda topics. In addition, the group members have reviewed draft sections of the APSR, and provided comment and feedback on the 2020-2024 CFSP prior to its submission.

The Division continues to collaborate with the courts through a variety of mechanisms. The Children's Division Director, the Deputy Director with responsibility for foster care, the Foster Care Program Coordinator, and the CFSR Coordinator attend the Juvenile Court Improvement Project Steering Committee meetings and regularly share data related to the Child and Family Services Review. There are 19 Fostering Court Improvement (FCI) sites in the state. The FCI groups are a collaborative effort, initiated by the circuit judge, to use agency and court data systems to improve case handling and outcomes through intensive data-focused interaction and training for personnel in participating judicial circuits.

Another avenue for court collaboration is the Partnership for Child Safety and Wellbeing (PCSW). In 2022, the PCSW continued their efforts to bring together the judiciary, juvenile office, child welfare agencies, advocates, and stakeholders to build effective and respectful working relationships that ensure children are safe, healthy, and thriving. The group met five (5) times in 2022: March, July, September, October and December. The priorities of the group, established jointly between OSCA and Children's Division include: meeting the residential

requirements related to Independent Assessments and the development of Qualified Residential Treatment Programs (QRTP); improving initial case assessment activities; updating judicial education materials; and creating better practices with law enforcement who are conducting investigations of juveniles. Current projects of the PCSW in 2023 include cross-agency data sharing to assess needs and inform priorities, planning for upcoming regional convenings, and the development of risk and needs assessments for both the Children's Division and the Juvenile Office.

Many other stakeholder groups are also involved in providing consultation to the Children's Division. A description of some of these groups is below.

*State Youth Advisory Board (SYAB)* - Members of the SYAB represent all children and youth who have been or are currently in out-of-home placements from their area of the state. Each member of the board is an outstanding youth in foster care or youth who obtained adoption or guardianship after the age of sixteen. SYAB members are responsible for providing the Children's Division administrative staff with input on policy and procedures. The SYAB determines the goals and activities to pursue at meetings and carries those out accordingly. The SYAB also works as a network by bringing back important information to their local youth advisory boards, which are active in each region of the state.

Two of the major activities of the SYAB are the state youth conference and Child Advocacy Day at the State Capital. The conference is held bi-annually and Child Advocacy Day occurs annually. Members of the SYAB identify and plan the sessions of the conference that they feel will be timely and applicable to youth in foster care. The SYAB members also decide what they would like the members of the legislation to know in regards to foster care and work to prepare talking points for use during Advocacy Day. Then, they have the opportunity to talk with senators and representatives about issues that are important to them.

Members of the State Youth Advisory Board provided valuable feedback regarding the survey that was distributed to youth in preparation for the CFSR Statewide Assessment Event. They provided feedback on the questions that were asked, as well as the process for survey distribution.

*Missouri State Foster Care and Adoption Board* – Established by statute in the 2011 legislative session, the purpose of the board is to provide consultation and assistance to the department. The board's authority exists to provide an independent review of the Children's Division's policies and procedures related to the provision of foster care and adoption in Missouri. Recent activities of the Foster Care and Adoption Board included two surveys designed to gain foster parents' perspectives on the recruitment and retention of foster parents and their thoughts on efforts to increase the number of homes that will accept placement of children with challenging behaviors.

The Foster Parent board members also provided feedback on the survey that was distributed to foster parents in preparations for the CFSR Statewide Assessment Event that was held in March 2023.

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

There are groups within the Children's Division that also provide consultation to leadership regarding child welfare system issues. The Supervision Advisory Committee (SAC) provides formal recommendations to the Division Director following quarterly meetings in an effort to influence Children's Division leadership in moving forward the agenda of continually improving supervision in the state of Missouri. During each quarterly meeting, the Supervision Advisory Committee reviews the strategic plan and determines which goals and objectives to focus on over the upcoming months. Current strategic plan goals include:

- Supervisory skill building
- Recruitment and retention of staff
- Practice enhancement

Another internal advisory group is the Social Work Advisory Group (SWAG). SWAG envisions an agency culture that values the skills and knowledge of social workers who strive for positive outcomes for children and families while promoting ethical standards of quality practice. The purpose the SWAG is to provide advice, influence, and promote ethical and culturally informed recommendations to leadership of the Children's Division about child welfare practice. Additionally, SWAG reviews the implementation and outcomes of strategies adopted by the agency to improve the quality of such practice. Current projects of this group include internship programming and supporting staff wellness.

The child welfare system in Missouri is a collaboration of many organizations and agencies striving to provide the most beneficial and effective services to Missouri's children and families. Ongoing collaborative work with many groups both at the state and local levels allow the Children's Division to identify and include the voices of youth, parents, public and private service providers as well as other state agencies in the improvement planning processes. For these reasons, Missouri asserts that Item 31 is a strength for the child welfare system.



### **Item 32: Coordination of Child and Family Service Plan (CFSP) Services with other Federal Programs**

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

This item was determined to be a strength for the child welfare system in Missouri during CFSR Round 3. Missouri continues to assert that Coordination of CFSP services with other federal programs is a strength in CFSR Round 4.

The Children's Division works with many other state agencies and federal programs with regard to accessing and coordinating services to positively impact the children and families that are served in common.

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

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

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

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

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

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

- **MO HealthNet Division (MHD)** – The Children’s Division has a specified liaison who works daily with MHD to ensure children in the Children’s Division’s custody are appropriately enrolled in Missouri’s Medicaid program. Coordination is necessary when children enter care from a Medicaid eligible household or return from foster care back to that household to ensure there is no disruption in services. Also, the Children’s Division coordinates with MHD about rates paid for services in common. One example is psychology/counseling services offered to a parent who is not Medicaid eligible. MHD has been a partner with the Health Care Coordination Committee and has provided valuable information on specific initiatives such as the use of psychotropic medications. There is also a collaboration with MHD to establish a health home model for children in foster care.
- **Division of Youth Services (DYS)** – It is not uncommon for youth who are involved with the Children’s Division also to have involvement with the juvenile justice system. To that end, the Children’s Division and DHS are working with several jurisdictions on identifying and assisting these crossover youth to ensure that all needs are met by the appropriate entity.

The Division of Youth Services offers Day Treatment Services and has expanded their population to include youth in the custody of Children’s Division and youth at risk for coming into custody. Each Circuit coordinates between Children’s Division, DHS, and the

Juvenile Office to make referrals, case plans, and transition plans once the youth completes treatment. The DYS website describes the program as “...an alternative for at-risk youths so they do not have to be removed from their families and placed in residential programs. Instead, they spend six hours each day in school, even in the summer, and return home in the evenings.” Each student works with day treatment teachers to design an individual education plan outlining the goals and expectations of both staff members and the youths. They then work toward those goals at their own pace. Since the majority of these students struggled in the public school system, training toward high school equivalency (HiSET) is offered. Career planning and job-seeking skills also are emphasized. The educational program is reinforced with individual, group, and family therapy services, along with community services. Community services may include outpatient substance abuse treatment, involvement in prosocial activities, and are tailored to the youth needs.

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

In addition to the Early Childhood funding, the Children’s Division coordinates with DESE on projects such as ESSA in which local school districts must identify and ensure that children who enter foster care can stay within their home school whenever possible. The Children’s Division staff throughout the state work to develop relationships with local school districts within the circuits to coordinate efforts to keep children in their home districts when they enter foster care.

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

In response to an executive order signed on January 28, 2021 by Governor Mike Parson, nearly all early childhood programs across state government were consolidated into a single Office of Childhood within the Department of Elementary and Secondary Education (DESE). This re-alignment of programs within one state agency would allow for greater opportunity for improved coordination of services, resulting in early childhood work across state government to become more streamlined and effective. As of August 28, 2021, the CA/N Prevention Home Visiting program officially became part of this new office.

- **Department of Health and Senior Services (DHSS)** – The Children’s Division provides funding related to supporting child care initiative to DHSS. These funds offer health consultation services to child care providers and health and sanitation inspections of licensed child care facilities as well as funding for child care regulation. The Children’s Division is currently facilitating collaboration among members of the Safe Sleep Coalition to bring

consistent awareness and education around the topic of Safe Sleep practices to Missouri citizens. This is a joint effort among the Department of Social Services, Children's Division, Department of Health and Senior Services, STAT (State Technical Assistance Team) members, Infant Loss Resources, SIDS Resources, SSM Health, Children's Trust Fund, The Office of Child Advocate, and Children's Mercy with a focus on combatting the growing rates of infant mortality in the State of Missouri. The Safe Sleep Coalition will be meeting regularly to discuss and develop training materials, social media publications, initiatives, and available resources to cultivate community awareness that will aid in the reduction of unsafe sleep-related deaths among infants in Missouri.

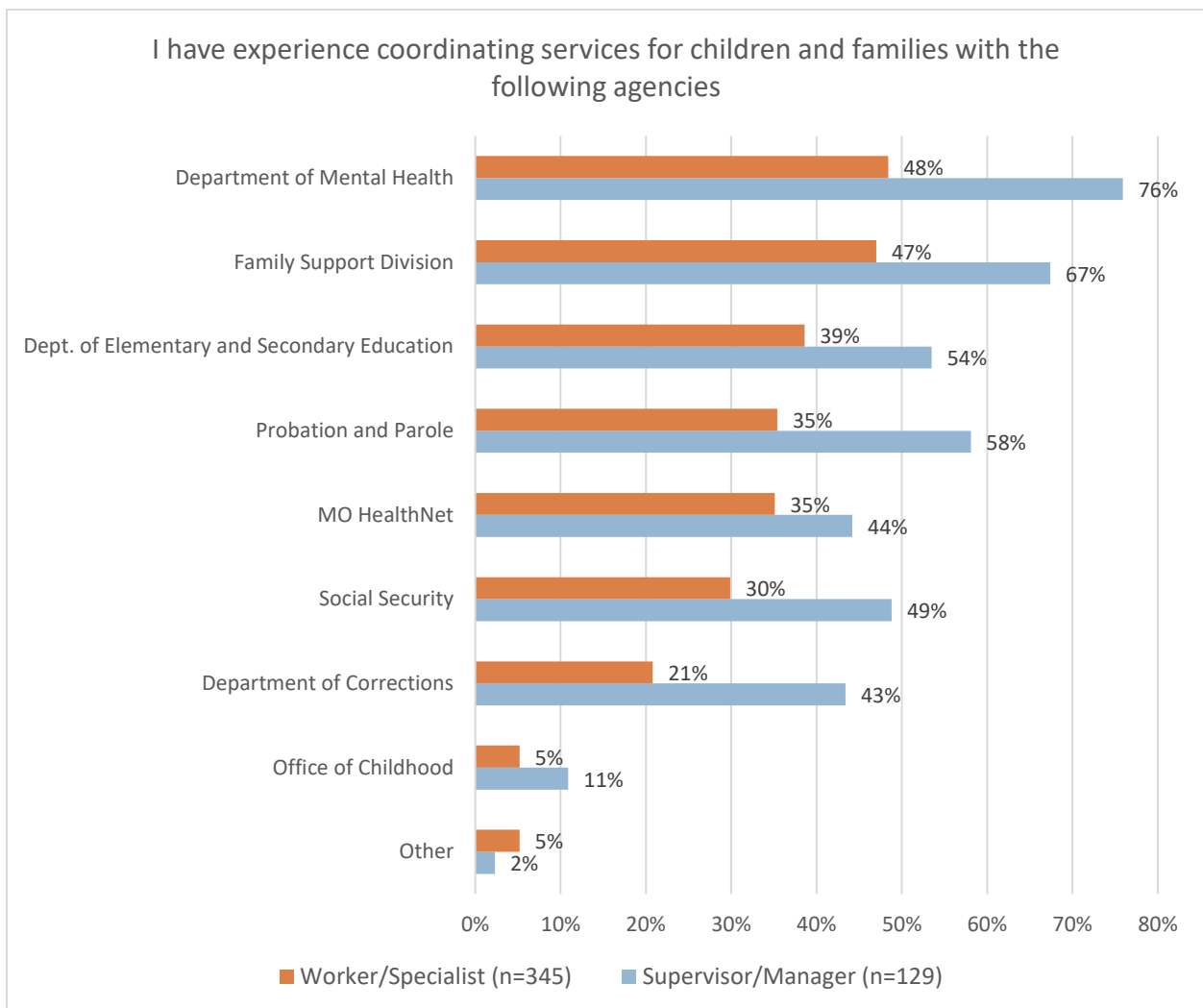
- **Child Support Coordination** - As required by Title IV-E regulations, the Children's Division makes a referral to the Title IV-D agency as appropriate. Title IV-E agencies are required to refer children receiving Title IV-E foster care to Title IV-D for child support enforcement, but are afforded some degree of flexibility by Title IV-E in determining which cases are appropriate for referral. The Children's Division evaluates these on an individual basis, considering the best interests of the child and the circumstances of the family. For example, is the parent working towards reunification with the child, consistent with the case plan? Would the referral impede the parent's ability to reunify with the child? Has the parent agreed to pay for the costs of out-of-home care or to accept a reduction in the adoption assistance payment temporarily? The Children's Division FACES system interfaces with the Child Support (CS) system so whenever a child enters or exits custody or circumstances impacting IV-E eligibility change, Child Support is notified so appropriate action can be taken.
- **Child Care Subsidy Program** – This program provides a necessary service to families within the child welfare system by providing concrete support during their time of need. The Child Care Subsidy Program assists in supporting the safety and well-being of children in low-income families by providing parents with choices for safe environments for their children. Maximizing funding for Child Care Subsidy ensures the Department of Social Services (DSS) can serve the greatest number of families in need. Timely and accurate payment ensures higher quality providers are willing to accept DSS subsidized children.
- **Head Start** - Local collaboration plans are designed to improve the coordination of services for the children and families served by both the Children's Division and Head Start. The Children's Division may use the Head Start/Early Head Start Referral form to refer children/families to the Head Start agencies in the area that may be eligible. Head Start/Early Head Start services, when accessed, can have a direct bearing on the actions the Children's Division workers use in their day-to-day interactions with families. By accessing Head Start/Early Head Start services, families can ensure their children are receiving quality child care services to help with school readiness.
- **Housing and Urban Development** - Children's Division is currently a collaborative partner with local Public Housing Authorities, Continuum of Care and Balance of States in applying for federal housing vouchers in five jurisdictions. The Continuum of Care and Balance of

States are developed through collaboration with a broad cross-section of the community who plan, organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximum self-sufficiency. It includes action steps to end homelessness and prevent a return to homelessness.

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

In addition to the state-level coordination that occurs between agencies to improve system delivery for families in common, case-level coordination occurs at the local level to directly impact individual families.

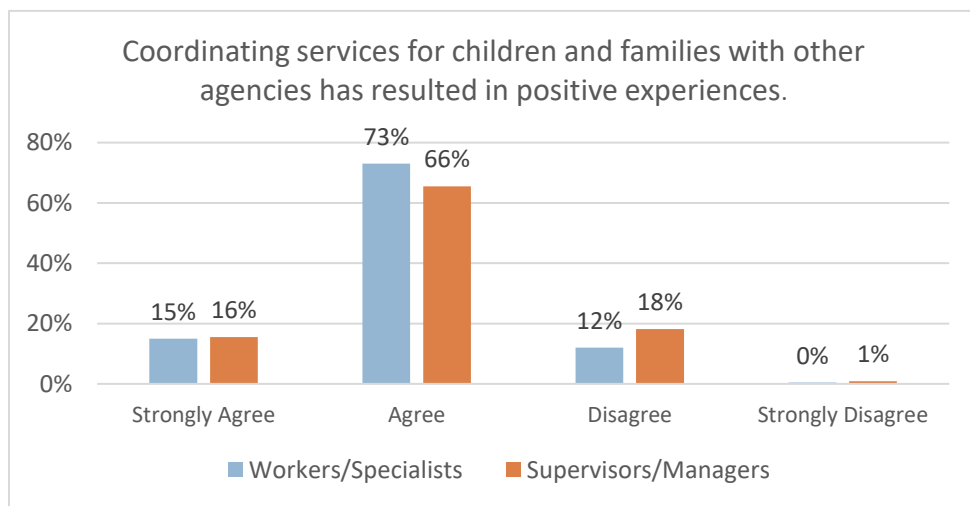
In preparation for the CFSR Statewide Assessment Event, surveys were distributed to all workers and specialists within the Children’s Division and Foster Care Case Management agencies and to all supervisory and management staff within the same organizations. Survey respondents were



asked to identify all agencies with which they have had experience coordinating services for children and families. The Department of Mental Health and the Family Support Division were most frequently identified for both workers and supervisory staff.

- Department of Mental Health
  - Workers (48%, 165/345)
  - Supervisors (76%, 98/129)
- Family Support Division
  - Workers (47%, 162/345)
  - Supervisors (67%, 86/129)

The same survey gave respondents the opportunity to react to the outcome of coordination services for children and families. Eighty-eight percent (88%, 304/345) of workers and specialists and 82% (106/129) of supervisors and managers either strongly agreed or agreed that “coordinating services for children and families with other agencies has resulted in positive experiences”.



Due to the many examples demonstrating how the state coordinates services and/or benefits with other federal or federally assisted programs serving the same population, Missouri asserts that Item 32 is a strength for the child welfare system.

**Item 33: Standards Applied Equally**

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

This item was rated as an area needing improvement during CFSR Round 3. Missouri asserts that this item is a strength for the child welfare system in CFSR Round 4.

State regulation 13 CSR 35-60.030 requires the following minimum qualifications for all licensed foster parents and all elements are addressed in the foster home written assessment:

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

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

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

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

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

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

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

(4) Health of Foster Family.

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

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

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

(5) Foster Parent Training.

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

(B) In-Service Training. To maintain a foster home license each foster parent shall meet performance based criteria as part of a professional family development plan and complete a prescribed number of foster parent training hours as approved by the licensing

authority during each two- (2-) year licensure period. The subject of training shall be directly tied to the foster parent professional development plan and related to the needs and ages of children in their care.

- (6) Personal information elicited in the home assessment shall include, but not be limited to:
  - (A) Family size and household composition of the foster family;
  - (B) Ethnic and racial background of the foster family;
  - (C) Religious preferences and practices of the foster family;
  - (D) Lifestyles and practices of the foster parents;
  - (E) Educational practices of the foster family; and
  - (F) Employment of the foster parents.
- (7) Parenting Skills Information Elicited in the Home Assessment.
  - (A) Foster parent structures environment so that it is safe and healthy for the child.
  - (B) Foster parent expresses positive feelings toward the child verbally and physically.
  - (C) Foster parent recognizes and responds appropriately to the child's verbal and physical expressions of needs and wants.
  - (D) Foster parent consistently uses basic behavior management techniques in dealing with the child.
  - (E) Foster parent consistently uses appropriate techniques to discipline the child and does not use or will not use corporal punishment on any child in the custody of the division.
  - (F) Foster parent guides the child toward increasing independence.
  - (G) Foster parent behaves in a way that recognizes the immaturity of the child.
- (8) All information which is collected by the division in the licensing study will be condensed to comprise a foster home profile which will be available to team members when children are placed into the care of the division, in order for placement decisions to be made in the best interests of the child. The profile will not contain any protected health information, financial information, or information on biological or adopted children of the foster family.

There are 13 non-safety standards that may be waived for a relative to be licensed if it is determined that the safety and well-being of foster youth in the home can be assured. A workgroup met after the 2008 Fostering Connections to Success and Increasing Adoptions Act was signed into law by the President (P.L. 110-351). The workgroup reviewed and selected from the Licensing of Foster Family Homes regulations, 13-CSR 35-60, requirements that would not put children at a safety risk. The Non-Safety Licensing Standard Waivers for Licensing of Relative Resource Provider Homes Tracking Form (CD152), is completed by the licensing worker and approved by the supervisor and regional office. The non-safety standard waivers are listed in policy and state regulation. They include the following:

- Maximum number of children in the home
- Limits on number of children under the age of five
- Limits on number of elevated needs foster youth
- Minimum age of 21



- Physician statement and all immunizations up-to-date at initial licensure and renewal for all household members
- Physician determination that all household members are in good physical and mental health
- Required 30 hours of in-service training hours for license renewal which does not include required in-service trainings including but not limited to; CPR, First Aid, RPC Trauma, Reasonable and Prudent Parenting Standard, or any Children’s Division specified in-service training
- Location of home
- Size and floor plan of home
- Opposite sex in same room
- No foster youth sleep in same room with adult age 21 and older
- No foster youth age 2 and over sleep in same room with relative provider
- Drawer and Closet space specifications

There were 277 relative homes approved for a foster home license in CY22 using one of the non-safety licensing standards. The standards that were waived to license the 277 homes were:

- Over the maximum number, 31
- Age of resource parent, 1
- Over maximum number of ages under five, 5
- Over the maximum number of children with elevated needs, 5
- Physician statement of immunizations up-to-date for all household members, 113
- Physician statement that all household members are in good physical and mental health, 44
- Required 30 hours of in-service training for license renewal, 21
- Location of the home, 5
- Size and floor plan of the home, 19
- Children of the opposite sex in the same room, 10
- No foster youth sleeping in the same room with an adult age 21 and older, 8
- No foster youth age two sleeping in the same room with the relative provider, 13
- Drawer and closet space, 2

The 277 relative homes licensed using a non-safety standard represents 8.3% of the 3,331 relative homes licensed during CY22.

The state of Missouri assures that state standards for licensure and approval are applied to all licensed or approved foster family homes or child care institutions receiving Title IV-B or IV-E funds by utilizing a review process. Adoptive home approvals are included, as well. This review process involves managers and oversight staff. For each assessment completed, the licensing staff’s work product is reviewed by the immediate supervisor, and approval for licensure is given

by the manager. For families who are assessed by a Foster Care/Adoption Recruitment and Training Contractor, the assessment is reviewed by the contract supervisor and then again by the Children's Division contract supervisor before the license/approval is granted. In areas where all functions of recruitment, licensure, and retention are contracted, the home assessment is reviewed by the supervisor within the contract agency, and then the licensure/approval is sent to Children's Division oversight specialist for final review and approval. The review by the oversight specialist includes assuring training has occurred, and criminal background checks have been completed and returned with no precluding record for licensure.

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

Foster home licenses are renewed every two years in Missouri. A renewal assessment is completed which includes a re-evaluation of the foster parent competencies and physical home environment.

Visits to the foster or relative home are completed by the licensing worker every quarter. Visits should include, but are not limited to, a walk-through of the home to assure the home continues to meet licensing standards. Quarterly visits are conversational, allowing for the sharing of concerns as well as accomplishments and development of a mutual relationship of trust. The visits are to be used as a prompt to have meaningful conversations about pertinent issues and assure compliance with licensing requirements. In addition, the visits are an opportunity to identify resources for the resource provider such as support groups, to have discussions about respite care, and the resource parent meeting their own needs. Discussions about training needs and any behaviors of the child(ren) that may need addressing occur as well.

The Children's Division reviewed a total of 34 foster and relative provider case records in the fall of 2021 to assess compliance with licensing standards using a newly developed Vendor Case Review tool. Of the records reviewed, 91% (31/34) had either the Resource Provider Initial Family Assessment or the Renewal Assessment in the case record. The foster parent competencies mentioned above were addressed in 94% (32/34) of the assessments. Documentation of all required quarterly home visits by the licensing worker were present in 70% (23/33) of the case records. One home had been licensed for less than 90 days, not requiring a quarterly home visit.

The Vendor Case Review tool is currently being revised to better capture compliance with licensing standards.

Licensing standards for residential care facilities that receive Title IV-B and Title IV-E funds are outlined in Missouri Regulation 13 CSR 35-71.020.

(1) Licensing Authority.

(A) Any person who desires to develop, establish, maintain or operate, or both, a residential treatment agency for children and youth, except for those persons exempt from licensing pursuant to section 210.516, RSMo, must file an application for licensure form with the division and must receive a license prior to accepting any child for care.

(B) Before a license may be granted, an agency must be in compliance with sections 210.481-210.536, RSMo, sections 210.1250 through 210.1286 RSMo, and these rules.

(2) Application Procedures.

(A) To apply for a license to operate a Licensed Residential Care Facility (LRCF) in Missouri, the person, or the person's legally authorized designee, shall file an application with the division on forms provided by the division.

(B) The Application shall contain the following information:

1. The name, street address, mailing address, fax number and phone number of the residential care facility.
2. The name, street address, mailing address, e-mail address and phone number of the Director, Owner and Operator of the LRCF.
3. The name, street address, mailing address, e-mail address, phone number and job title of the individual or individuals who are designated to submit the application on behalf of the residential care facility. This individual shall be an individual who is legally authorized to act on behalf of the residential care facility and to legally bind the residential care facility to the statements made and information provided in support of the application;
4. The name and description of the person operating the residential care facility, including a statement as to whether the person operating the residential care facility is a firm, corporation, benevolent association, partnership, association, agency, or an incorporated or unincorporated organization, regardless of the name used. If the owner or operator of the residential care facility is incorporated a corporation state the type of corporation, the state in which the corporation was incorporated in and the date of incorporation.
5. The name and address of the sponsoring organization of the residential care facility, if applicable;
6. The name and address of every school attended by, or to be attended by, the children served by the residential care facility;
7. A certification that officers, managers, contractors, volunteers with access to children, employees and other support staff of the residential care facility, and owners who will have access to the facilities have, or will have, completed Background Checks and have been found eligible as required in section 210.493, RSMo and 13 CSR [35-71.015](#).

(C) The residential care facility shall submit the additional documentation and information in support of the application as provided in this subsection. This information

may be submitted on a form or forms provided by the division, or it may be submitted separately as attachment(s) to the application.

1. Local health department inspection certificates.

A. The residential care facility shall successfully complete and obtain any and all local health department inspection certificates required in the jurisdiction in which the facility operates. If the residential care facility operates in more than one county or local jurisdiction, then the residential care facility shall obtain the required certificates for each facility in each location.

B. The residential care facility shall submit a copy of all local health department inspection certificates with the application, and shall indicate the date of the inspection and the date that each certificate expires, if any.

C. If there is no local or county government health department in which the residential care facility is located, or if the local or county health department will not perform a health inspection, the residential care facility shall request that decision in writing and submit that information with the application.

D. If the residential care facility is unable, after exercising diligent efforts, and due to no fault of its own, to obtain a local inspection certificate, then the residential care facility shall submit a statement describing the efforts made to obtain the certificate(s) and the reason why the residential care facility was unable to obtain the certificate. The residential care facility shall attach copies of any correspondence from any state, county or local jurisdictions declining to conduct the inspection.

2. Proof that medical records are maintained for each child. The division will accept copies of the LRCF's administrative policy regarding the maintenance of medical records as prima facie proof that the LRCF is maintaining medical records for purposes of submitting an application. However, proof that the LRCF is maintaining medical records on each child will be subject of verification and monitoring. The LRCF shall provide the division access to the facility upon request to inspect the medical records maintained by the LRCF on the children served by the LRCF in order to verify that the medical records are being kept.

3. Evidence of compliance with local building and zoning requirements;

4. A floor plan of the proposed site in which the specific use of each room is identified;

5. A signed and dated copy of the civil rights agreement;

6. A chart depicting the agency's organizational structure and lines of supervision;

7. Written policies and procedures established by the board of directors which clearly set forth the authority and the responsibilities delegated to the executive director;

8. A copy of the articles of incorporation, bylaws, and board roster, including the mailing address and place of employment of each member, and a list of board officers;
9. A proposed budget for a period of not less than one (1) year, including sources of income and/or fund raising methods;
10. Verification of availability of not less than three (3) months' operating capital;
11. A copy of the residential care facility's written intake policy;
12. Written identification of specific program models or designs which shall include the methods of care and treatment to be provided;
13. The job title, job description, and minimum qualifications for all staff;
14. A projected staffing plan for the anticipated capacity;
15. Written child abuse and neglect reporting policy;
16. Written personnel practices, including staff training and orientation;
17. Written discipline policy;
18. Written visitation policy;
19. Written health care policy;
20. Written restraint policy utilizing a recognized and approved physical restraint program;
21. A needs assessment conducted and submitted as evidence of need for the type and scope of program proposed. This written assessment shall include, but is not limited to:
  - A. An identification and survey of potential referral sources, existing resources, and unmet community needs;
  - B. A business plan that details the agency's proposed venture explaining the vision, mission, current status, expected needs, defined markets, and projected results;
  - C. A description of how treatment will be provided and documented and how the proposed operating site meets therapeutic needs;
  - D. A description of how the agency will be financed and how fiscal viability will be maintained; and
  - E. A description of the results of a meeting planned and hosted by the agency with key community participants with the intent of enhancing communication, gathering information for the needs assessment, addressing interaction with community resources, and addressing community questions and comments regarding the proposed residential treatment agency for children and youth;
22. Evidence of compliance with fire safety requirements of the State Fire Marshal;
23. Verification of a medical examination that includes tests for communicable diseases including, but not limited to, tuberculosis and hepatitis when

recommended by a licensed physician for all staff, completed by a licensed physician, certified nurse practitioner, advanced practice nurse in a collaborative practice agreement with a licensed physician, or a registered nurse who is under the supervision of a licensed physician, shall be submitted within thirty (30) days of initial licensure using the form prescribed by the division;

24. A certification that all individuals who are required to complete a background check and be found eligible for employment or presence at the LRCF as provided in section 210.493 RSMo and 13 CSR [35-71.015](#);

25. Verification of the education, licensing credentials, and experience for all professional staff;

26. A copy of the resume for all professional and administrative staff;

27. Written description of the recreational program, and the manner in which staff are qualified and prepared to create, organize, and supervise them;

28. A copy of the annual written staff training plan;

29. A copy of the personnel manual for the agency;

30. A copy of the program manual for the agency;

31. For any agency operating a swimming pool on grounds, documentation that the pool is operated and maintained in accordance with all applicable ordinances and/or state guidelines;

32. Documentation that each operating site's food service is in compliance with the requirements of the Department of Health and Senior Services and/or any local applicable ordinances;

33. Written volunteer policies;

34. Written policy for the use of visiting resources;

35. Written confidentiality policy;

36. Written policy for the use of locked isolation;

37. Written instructions for fire, severe weather, and other emergency evacuations;

38. Written description of the agency's religious requirements and practices;

39. Written policy governing the use of medications, including psychotropic medications;

40. A copy of any newsletter, brochure, or flyer used by the agency for fundraising or marketing purposes; and

41. Documentation of insurance for the agency for professional and commercial liability, worker's compensation insurance, fire and disaster insurance, and agency vehicle insurance.

(D) Upon receipt of the application form and supporting documentation, the division will send a request to the State Fire Marshal to conduct a fire and safety inspection and provide the LRCF and the division with a copy of the approved fire and safety certificate.

(E) The application will be complete when the residential care facility submits a completed application with all of the required supporting documents and information to include all required inspection certificates.

(3) Licensing Assessment.

(A) When the application is complete the division will conduct a thorough assessment of the residential care facility to determine whether the residential care facility meets all of the requirements for licensure in compliance with the licensing law and applicable rules.

(B) If an applicant for licensure is determined not to be in compliance with the licensing law and applicable rules, or if the division issues a provisional license and the residential care facility does not achieve full compliance within six (6) months of the date of the issuance of the provisional license, the application will be denied. A new application for licensure must be filed if the agency desires to pursue licensure.

(4) The License.

(A) Upon determination of compliance with the licensing law and applicable rules, the director shall issue a license for an initial six- (6-) month probationary term.

(B) Following the probationary period, upon determination of continued compliance with Missouri statutes and applicable licensing rules, the director shall extend the term of the license for a period not to exceed two (2) years.

According to the Department of Social Services website, Missouri currently has 57 licensed residential care facilities serving children and youth.

Residential Program Unit staff conduct supervisory visits during the two (2) year licensing period for all licensed residential agencies. Supervisory visits may include but are not limited to: review of a random sample of personnel records, review of a random sample of resident records, inspection of the building and grounds, review of program and/or policy changes, review of non-compliances found on a previous supervisory visit. Training is reviewed in the personnel records and training plans are submitted for license renewal. Licensing staff will review a random sample of personnel records for compliance with licensing regulations. Typically, three personnel records from each licensed agency are reviewed in-depth during a record review. In addition, 10 or 10%, whichever is greater, of the agency's personnel records are reviewed for compliance with background checks during a record review. Licensing staff verify that the personnel have received their 40 hours of training annually and that they have received all of the required trainings per licensing regulations. Licensing staff will verify that direct care staff and supervisors are current with CPR/First Aid, Medication Management, and Restraint/De-escalation, if applicable.

Missouri's licensing standards for all foster and relative homes, as well as residential care facilities, are clearly outlined in regulations. Licenses are granted when all standards are met, with the only exceptions being made for non-safety standards in situations involving licensure of

relative homes. For these reasons, Missouri asserts that Item 33, Standards Applied Equally, is a strength for the child welfare system.

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

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

This item was determined to be a strength for Missouri during CFSR Round 3. Missouri continues to assert that Item 34 is a strength for the child welfare system in CFSR Round 4.

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

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

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

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

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

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

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



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

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

The Children's Division utilizes the electronic scan service for the collection of fingerprints. The service is called the Missouri Automated Criminal History Site, MACHS, which is maintained by the Missouri State Highway Patrol (MSHP) Criminal Justice Information System (CJIS) Unit. After the FBI completes its search, results are forwarded to the MSHP. During 2022 there were a total of 10,246 fingerprints captured for statutory reasons 210.482, 210.487 and 43.540. Two individuals from each circuit complete CJIS security training and have access to MACHS to obtain the fingerprinting reports. This has reduced the time for obtaining criminal history results down to as little as 11 minutes from the time the applicant's fingers are scanned. The legislative proposal that was necessary to allow Children's Division access to the state and federal Rap Back system was passed during the 2018 legislative session. Beginning September 1, 2018, the Children's Division is enrolled in the state and federal Rap Back program. The Rap Back program alerts the circuit manager of any arrest of any applicant who has been fingerprinted beginning September 1, 2018. Applicant households, including any household member over the age of 17, are fingerprinted, and new FCSR checks are completed every two years as part of the re-licensure or re-approval of the home.

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

- (A) Fails consistently to comply with the applicable provisions of sections 208.400 to 208.535, RSMo, and the rules of the Children's Division promulgated thereunder;
- (B) Violates any of the provisions of its license;
- (C) Violates state laws and/or rules relating to the protection of children;
- (D) Furnishes or makes any misleading or false statements or reports to the division;
- (E) Refuses to submit to the division any reports or refuses to make available to the division any records required by the division in conducting an investigation;
- (F) Fails or refuses to admit authorized representatives of the division into his/her home at any reasonable time for the purpose of investigation;
- (G) Fails or refuses to submit to an investigation by the division;

(H) Fails to provide, maintain, equip, and keep in safe and sanitary condition the premises established or used for the care of children being served, as required by law, rule, or ordinance applicable to the location of the foster home;

(I) Fails to provide financial resources adequate for the satisfactory care of and service to children being served and the upkeep of the premises; or

(J) Abuses or neglects children, or is the subject of reports of child abuse or neglect which upon investigation result in a court adjudicated, probable cause and/or preponderance of evidence finding, or is found guilty, pleads guilty to, or pleads *nolo contendere* to felony crimes against a person to include, but not limited to, felony possession, distribution, or manufacturing of controlled substance crimes as specified in Chapters 195, 565, 566, 567, 568, and 573, RSMo, or a substantially similar offense if committed in another state or country. The division may also deny or revoke a license to any person(s) who are on the respective Department of Health and Senior Services and/or the Department of Mental Health lists that exclude child or adult care employment and/or licensure.

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

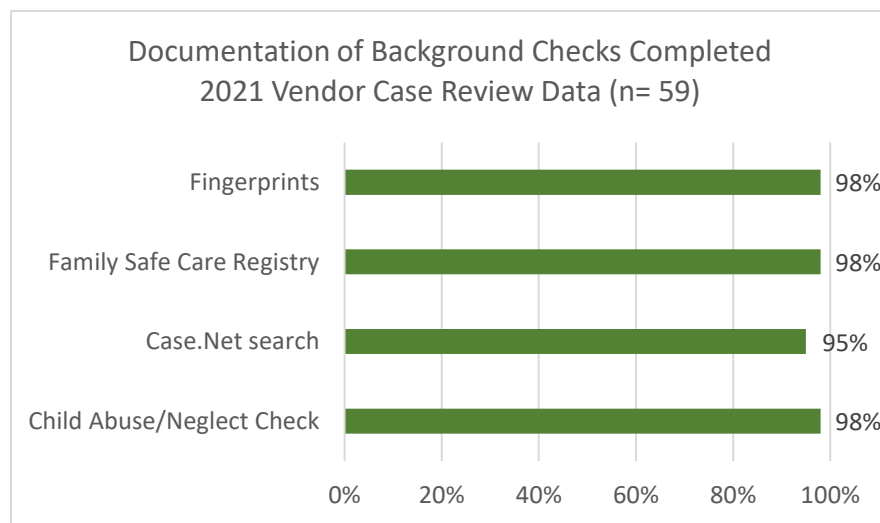
Except for the specific felony history listed in the regulation, a criminal history, child abuse/neglect history, or other review information does not automatically preclude licensure for any resource home. Staff determine the relevance of all such findings to child caring responsibilities and seek guidance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

The court of jurisdiction may also order a child to be placed or left in a home which does not meet licensing standards. The home remains an unlicensed relative or kinship home. In the event it is determined the best interest of a child would be served by placement in an unlicensed home, and a court of law has ordered the child placed in the unlicensed home, written approval must be obtained through supervisory lines to the Regional Director. The Regional Director must review the request and, if in agreement, forward with their recommendation to the Deputy Director for Children's Division for final consideration. Written requests include a thorough description of the applicant's situation and why it would be in the child's best interest to be placed in an unlicensed home. If approved by the Deputy Director, IV-E funding may not be used, and the

worker is responsible for notifying the Eligibility Specialist who will ensure that state only funds are used. Missouri does track Non-Safety Licensure requirement exceptions using a request to central office for approval of these exceptions. Requests and indication of approval or denial are tracked.

Missouri’s computer system, FACES, requires a criminal background check be completed for each foster or adoptive parent to be licensed or approved. An edit feature is in place which prohibits the licensing, approval, and renewal of foster and relative homes which do not have current background screenings entered.

A case review of foster home records was completed by members of the Quality Assurance System and foster home licensing policy experts from Children’s Division’s Central Office in the fall of 2021. A total of 34 case records were reviewed, involving 53 foster/relative parents and



six additional household members who were 17 years of age or older. Fingerprint checks were completed as required for 98% (54/55) of those reviewed. Four did not require fingerprint checks, as they were enrolled in the Rap Back program described above. Family Safe Care Registry and Child Abuse and Neglect

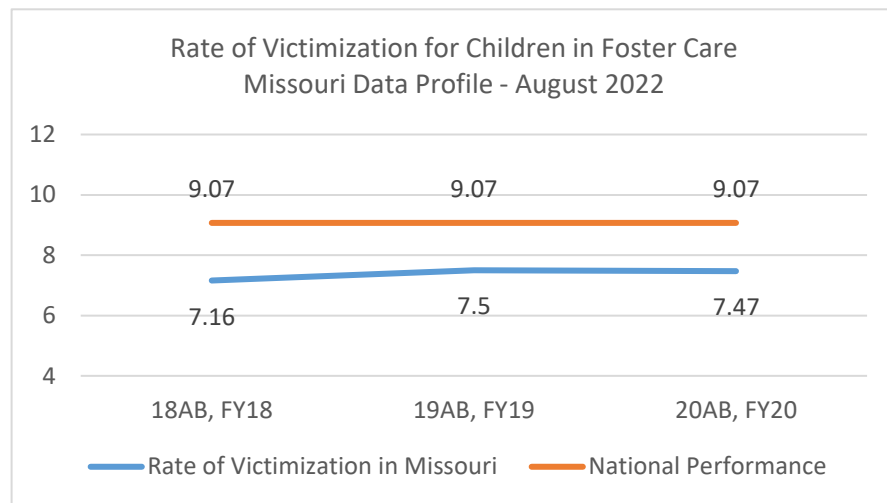
checks were completed as required for 98% (58/59) of persons reviewed. Case.Net searches were completed for 95% (56/59) of those reviewed.

Missouri strives to address and assure the safety of foster and adoptive placements for children through the quarterly home visit process. Licensing workers visit the foster homes on their caseloads every quarter. During these visits there are ongoing opportunities to discuss any concerns expressed by children who are placed in the home. Any safety concerns that are observed by the licensing worker are addressed as well as any concerns that have been reported to them by other professionals who frequent the home. For children in foster care, their case managers also visit with them at least monthly to assess safety in all of their environments. In federal fiscal year 2022, 96% of children in foster care were visited at least monthly (145,935 visits/152,396 full months in foster care) and 96% of those visits occurred in the child’s placement setting (140,374/145,935).

The Children’s Division has a dedicated team of staff specifically trained to investigate concerns of child abuse and neglect that are reported to have occurred outside of the children’s family

home. Examples include school or day care settings and foster/relative homes are also included. The Out-of-Home Investigation Unit (OHI) serves the entire state. Missouri has strengthened the working relationship and alliance between OHI staff and foster home licensing staff. At the time of re-licensure/re-approval, policy requires that the Out-of-Home Investigator be contacted and consulted regarding any resource homes who were subject of an Out-of-Home Investigation during the prior licensure/approval period. The intent of this policy is to ensure any and all concerns about safety are being addressed and resolved adequately to assure safety. According to the Children’s Division Child Abuse and Neglect Annual Report, in state fiscal year 2021, there were 832 foster parents identified as alleged perpetrators of abuse or neglect (as indicated by the relationship to the victim child). Of those, 28 were substantiated as perpetrators of abuse or neglect (3.4%).

The federal data profile measure of Maltreatment in Foster Care also points to the safety of Missouri’s foster children. The national rate of victimization is 9.07. Missouri was below the national performance, with a victimization rate of 7.47, according to the



data provided in August of 2022. Missouri has performed below the national rate for this measure for the past three reporting periods, as indicated in the chart.

The requirements for criminal background checks for foster and relative homes are clearly outlined in Missouri statute. Data presented indicates that the required checks are occurring as required and that the safety of foster children in Missouri is of utmost importance in the work of the child welfare system. Missouri asserts that Item 34 is a strength for CFSR Round 4.

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

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

This item was rated as a strength during Round 3 of the CFSR and Missouri believes it continues to be a strength for the child welfare system.

Section 422(b)(7) of the Social Security Act requires that the state provide for the diligent recruitment of foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are sought. There are no prohibitive policies or laws in Missouri that limit the state’s ability to recruit foster and adoptive parents who reflect the diversity of children in Children’s Division’s custody. In Missouri, targeted recruitment strategies occur statewide, initiated by the local office based on the needs of each child, as well as general recruitment efforts throughout the state.

**Statewide Resource Family Home Data:**

The following data were compiled to enhance recruitment efforts for the upcoming year. In addition to these data points, Quality Assurance staff provide local reports to regions upon request such as zip code information or school district codes and specific point in time demographic information to tailor recruitment activities by regional considerations.

**Statewide Resource Family Data as of 4/30/23**

<b>Foster and Adoptive Homes</b>				
	<b>Total Homes</b>		<b>Homes with Availability</b>	
<b>Region</b>	<b>Foster Homes</b>	<b>Adoptive Homes</b>	<b>Foster Homes</b>	<b>Adoptive Homes</b>
Kansas City	252	1021	128	346
Northeast	584	966	373	265
Northwest	287	687	237	235
Southeast	518	1516	237	226
Southwest	798	1628	502	559
St. Louis	476	1114	268	253
<b>Total</b>	<b>2915</b>	<b>6932</b>	<b>1745</b>	<b>1884</b>

The following tables provide information about the racial makeup of all parents represented in the homes described above. (Some are two-parent homes, so the totals will not match.)

Foster Parent Race by Region – Total homes							
Region	White	Black/ African American	American Indian	Asian	Native Hawaiian	Multi- Racial	Unknown
Kansas City	247	95	1	3	0	2	46
Northeast	886	62	1	0	1	2	59
Northwest	436	14	2	1	0	5	40
Southeast	767	36	1	1	2	0	57
Southwest	1216	25	8	5	1	7	106
St. Louis	355	289	1	6	1	6	25
<b>Total</b>	<b>3907</b>	<b>521</b>	<b>14</b>	<b>16</b>	<b>5</b>	<b>22</b>	<b>333</b>

Foster Parent Race by Region - of homes with availability							
Region	White	Black/ African American	American Indian	Asian	Native Hawaiian	Multi- Racial	Unknown
Kansas City	135	42	0	2	0	1	23
Northeast	544	46	0	0	1	2	31
Northwest	226	5	1	0	0	3	15
Southeast	583	36	1	0	2	0	40
Southwest	765	16	5	4	1	3	60
St. Louis	188	169	1	6	1	2	9
<b>Total</b>	<b>2441</b>	<b>314</b>	<b>8</b>	<b>12</b>	<b>5</b>	<b>11</b>	<b>178</b>

Among all foster parents in Missouri (N = 4,818), 81% are White, 11% are Black/African American, and 7% have Unknown Race. Among the foster parents in homes with availability on April 30, 2023 (N = 2,969), 82% were White, 11% were Black/African American, and 6% have Unknown Race.

Adoptive Parent Race by Region – Total homes							
Region	White	Black/ African American	American Indian	Asian	Native Hawaiian	Multi- Racial	Unknown
Kansas City	958	386	4	5	3	10	186
Northeast	1353	89	11	1	0	4	152
Northwest	1021	15	1	0	0	4	45
Southeast	2305	76	3	0	0	0	165
Southwest	2476	27	4	3	4	14	256
St. Louis	851	648	3	2	2	6	106
<b>Total</b>	<b>8964</b>	<b>1241</b>	<b>26</b>	<b>11</b>	<b>9</b>	<b>38</b>	<b>910</b>

Adoptive Parent Race by Region - of homes with availability							
Region	White	Black/ African American	American Indian	Asian	Native Hawaiian	Multi- Racial	Unknown
Kansas City	342	129	3	2	1	1	58
Northeast	364	22	1	0	0	2	41
Northwest	332	20	1	0	0	6	33
Southeast	344	21	1	0	0	0	26
Southwest	906	8	1	2	0	5	98
St. Louis	205	130	2	1	6	0	19
<b>Total</b>	<b>2493</b>	<b>330</b>	<b>9</b>	<b>5</b>	<b>7</b>	<b>14</b>	<b>275</b>

Note: When homes are dually licensed, counts provided for each type of resource home are unduplicated.

Among all adoptive parents licensed in Missouri (N = 11,199), 80% are White, 11% are Black/African American, and 8% have Unknown Race. Among the adoptive parents in homes with availability on April 30, 2023 (N = 3,133), 80% were White, 11% were Black/African American, and 9% have Unknown Race.

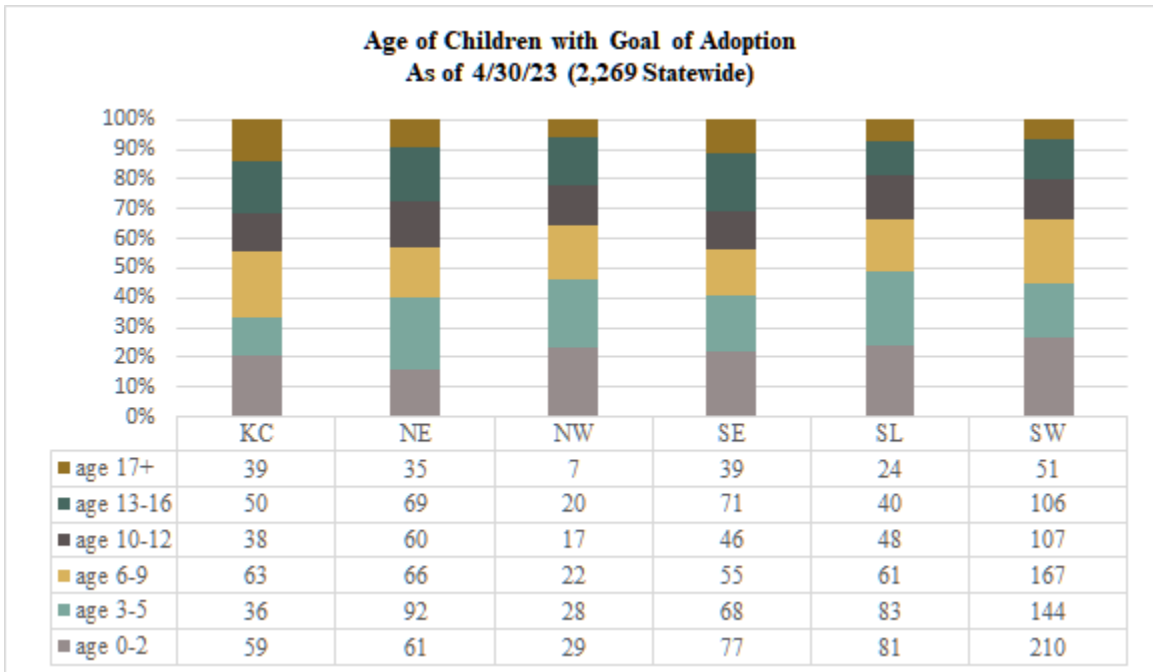
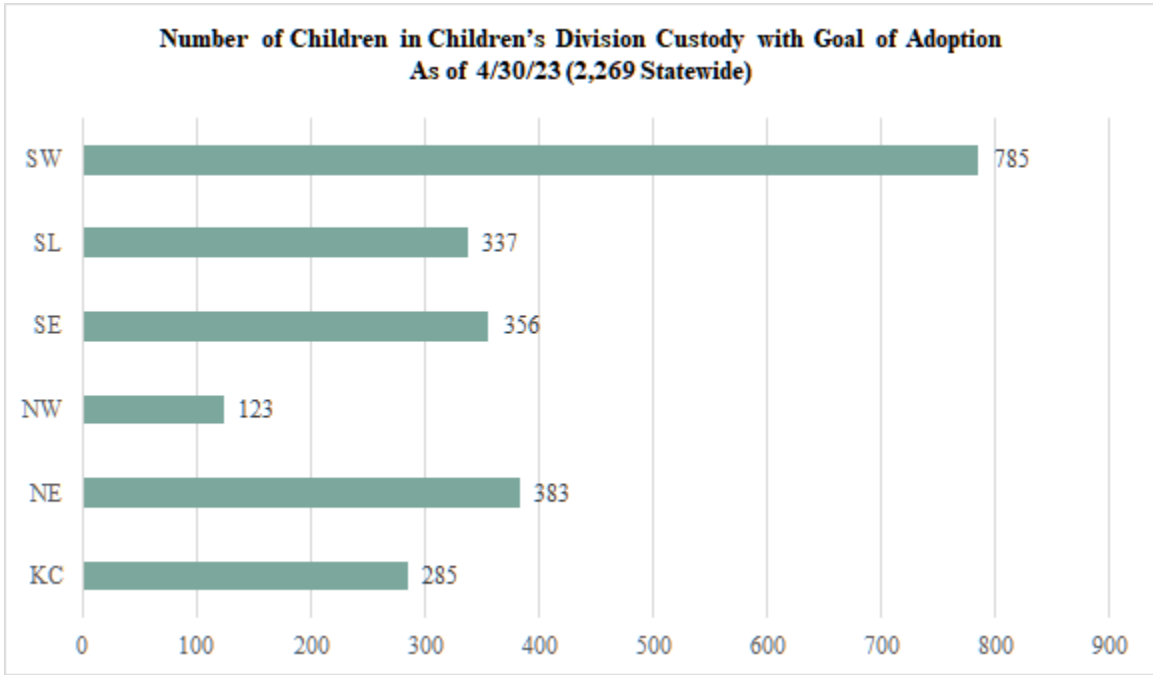
**Statewide Foster Care Population Data:**

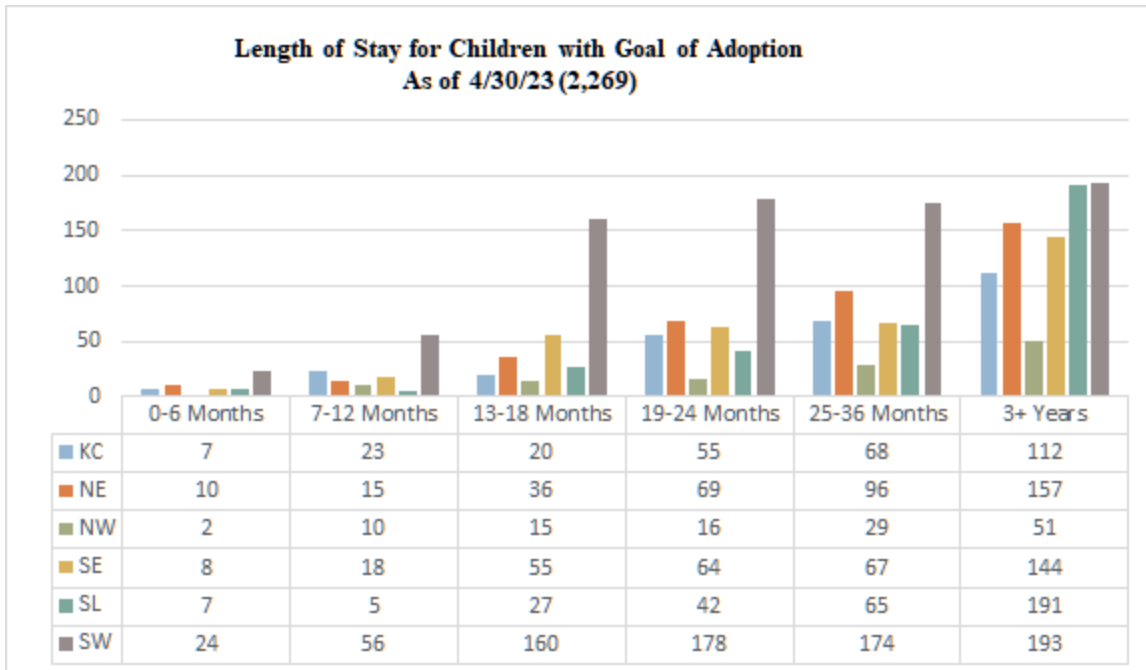
<b>Total Alternative Care Population as of 4/30/23 (13,149)</b>	
<b>Gender</b>	
Male	6703
Female	6446
<b>Race</b>	
White	8948
Black/ African American	2669
American Indian	56
Asian	28
Native Hawaiian	12
Multi-Racial	287
Unknown	1149
<b>Age</b>	
0-2	2837
3-5	2130
6-9	2174
10-12	1493
13-16	2894
17+	1621

The children in foster care in Missouri are evenly split between boys and girls. While White children make up the majority (68%) of the foster care population, a substantial portion of children are Black/African American (20%). While still less than 1% of the foster care population, 56 children in alternative care in Missouri are American Indian. A comparison of demographic data for caregivers and children in care reveals that White caregivers are over-represented among foster and adoptive caregivers in comparison to the racial and ethnic diversity of the children in care, while Black caregivers are under-represented.



**Statewide Adoption Data:**





**Placement Types of Children with Goal of Adoption by Region  
As of 4/30/23 (2,269)**

Region	Adoptive Home	Foster Home	Relative Home	Residential Facility	Other	Total
KC	8	142	102	11	22	285
NE	1	189	160	24	9	383
NW	5	53	50	5	10	123
SE	2	134	150	41	29	356
SL	6	159	129	29	14	337
SW	10	347	348	55	25	785
<b>Total</b>	<b>32</b>	<b>1024</b>	<b>939</b>	<b>165</b>	<b>109</b>	<b>2269</b>

Of the children in Missouri available for adoption, 35.2% (798/2,269) are considered to be placed in a pre-adoptive home with their foster parent or relative provider.

As presented in the data above, there are a significant number of foster and adoptive homes that have available bed space according to their licensing parameters. According to Children’s Division policy, if a foster home does not accept placement of a child for one year, the licensing staff may discuss with the family their desire to continue as a licensed resource home and, if there is agreement, the license can be closed. Anecdotal feedback points to some foster homes being very limited in the type of child(ren) they will accept into their homes. Case management staff also report that they may stop calling foster parents if the parents continually decline to take the children for whom they are requesting placement. Likewise, many of the homes approved for adoption are very specific in relation to the children they are willing to adopt.

Foster parent recruitment is spearheaded by the Resource Licensing Workgroup which meets monthly and is comprised of Children's Division staff with foster home recruitment and licensing responsibilities and Foster Parent Ambassadors representing each region of the state. The group members have committed to conduct at least one foster home recruitment or retention event in their area each month. Some examples of events may include presenting at a local church or community meeting, hosting a booth at a local fair, or supporting a foster parent appreciation event.

The Resource Licensing Workgroup has recently established the Foster Parent Ambassador program. This program partners an experienced foster parent with a newly licensed foster parent to serve as a mentor and resource for the new foster parent. The Ambassadors are also working to start foster parent support groups in their areas. There are approximately 50 experienced foster parents who have committed to serve as Foster Parent Ambassadors.

There is recognition that the number of Black and African American foster parents is under represented in relation to the number of Black and African American children in the foster care population. Efforts to increase the number of African American homes have included reaching out to minority alumni groups on college campuses within the state to determine if there are opportunities for recruitment. The Department of Social Services Communications staff is in the process of making foster parent recruitment videos specific to minority groups. Recruitment specifically targeted in primarily African American churches is also occurring throughout the state.

Two sub-groups have formed out of the Resource Licensing Workgroup. The first is a sub-group focused on the need for additional homes to accept children with elevated behavioral needs. While the sub-group has not been meeting long and there have been no specific strategies developed yet, they distributed a survey at the end of 2022 to current elevated needs foster parents to better inform their next steps. In addition, Missouri continues to engage agencies who express interest in providing Treatment Foster Care.

The second sub-group of the Resource Licensing Workgroup is focused on foster parent retention. This group also began with a survey of current foster parents to determine their priorities. The survey indicated that communication was a concern for foster parents, so a Foster Parent Newsletter was developed. It is published monthly and contains training opportunities, resources available through the Kinship Navigator program, a description of the Foster Parent Ambassador Program, and other information that foster parents may find helpful. This sub-group is also working on a customer service protocol for licensing and a flowchart from initial inquiry through licensure.

In addition to the statewide foster parent recruitment efforts, each circuit develops an annual foster and adoptive parent recruitment plan specific to their area. Demographic data on the foster

care population in the circuit is provided to the circuit to inform the placement needs within the circuit. As plans are developed, they are provided to staff in central office.

Missouri continues to take a collaborative approach of engaging private and public partners in the recruitment of foster and adoptive parents. The following Missouri partners work together to establish effective collaboration strategies for adoption recruitment planning:

- Family Resource Centers in Kansas City, St. Louis, Jefferson City, Columbia, Springfield, Rolla, Macon, and Hannibal
- Resource Team of Southwest Missouri
- Cornerstones of Care Recruitment and Retention Privatization Contractor in Kansas City and the Northwest Region
- Global Orphan Project
- Raise the Future
- AdoptUSKids
- Recruitment and Retention Workgroup
- CFSR Advisory Committee
- Missouri State Foster Care and Adoption Board
- Wendy's Wonderful Kids
- Native American partners workgroup
- Faith Based partners throughout Missouri

In addition to the representatives identified above, the ARTS (Adoption Recruitment Training and Supports) committee is comprised of the following standing members:

- Staff from the Raise the Future of Missouri
- Communications Director from the Department of Social Services
- Foster Care/Adoption staff of all levels
- Privatization contract representative
- Private case management contract representative

Adoption recruitment planning is spearheaded by the ARTS (Adoption Recruitment Training and Supports) Team. This team meets quarterly and is attended by both private and public partners as well as contractors such as Raise the Future and representatives from the Adoption Resource Centers and the Recruitment and Retention Contractor for the Kansas City and Northwest regions. Meetings focus on adoption recruitment planning and strategy development which is then carried throughout the state for on-going implementation. Members are provided with information and tools to utilize in their own areas for foster and adoption recruitment.

Adoption recruitment for sibling groups, teenagers, and children with special needs that make them more difficult to place are a focus for ongoing recruitment strategies. Heart Gallery Highlights is a bi-monthly virtual meeting that features children currently available for adoption.

Although the activity has occurred for the past several years, attendance by potential adoptive families was minimal. In 2023, the process for notification and invitation was changed. Instead of relying on individual workers to invite specific families to the Highlights meeting, invitations are now being sent centrally to all approved adoptive families with availability and a current email address in the FACES electronic case management system. This change has resulted in an increased attendance rate. Prior to 2023, attendance was typically less than 10 families. During the March 2023 Highlights virtual meeting, 44 families were in attendance. In May 2023, 34 families attended. The ARTS Team set a goal of 30 families to attend each session.

The Diligent Recruitment Plan, as required by the Child and Family Services Plan, is updated annually and includes, but is not limited to, the following efforts.

### **Ongoing Recruitment Efforts:**

The Children's Division has refined and expanded its social media presence utilizing the Department of Social Services (DSS) homepage, and the DSS Facebook and Twitter accounts. Children's profiles are being posted on the DSS Facebook account once a week throughout the year as well as a few times each month on the DSS Twitter account. Many community partners share or re-tweet these posts on their agency and personal Facebook pages or twitter feeds. The MO Heart Gallery website is also being used more consistently to promote foster care, adoption, and events specific to the recruitment and support of resource parents. Video segments or digital stories continue to be added to a number of profiles featured on the Gallery. In addition, Raise the Future and AdoptUSKids websites feature the same children, thus increasing their viewing audience. Additional multifaceted approaches to foster and adoptive caregiver recruitment include:

- Person to person contacts by current foster/adoptive parents with potential foster/adoptive parents which has proven to be the single best method for recruitment. Social media features make information-sharing seamless for resource parents to share with their social groups/contacts
- Recruitment of distinct individuals based on profession or prior involvement with a child as required by a child's special need. Examples may include special education teachers, or therapists who have expertise with a certain population of special needs children
- Monthly Adoption Heart Gallery Highlight presentations through WebEx for staff to present their children to other staff and potential families
- Informational meetings and events at community locations such as shopping malls, fairs, libraries, and bookstores, to educate about foster care and adoption and featuring the Missouri Heart Gallery recruitment materials
- Adoption Information On-Line Webinars to educate the public about Missouri foster care and adoption, providing a basic overview of adoption in the state of Missouri

- Utilization of the news media (e.g., newspapers, radio station, television station, cable network station, special interest bulletins), including expanding Wednesday's child features into the Springfield television market
- Displaying flyers, pamphlets, posters, handouts and electronic web notices and social media posts
- Coordination with faith-based partners in communities throughout the state to feature photos and profiles of children currently waiting for adoption and informing churches of the need within their community for foster and adoptive families by providing zip code specific information to faith-based partners for recruitment
- Coordination with faith-based partners to increase support of relative and non-relative resource families, which has also increased interest in providing care as a foster parent
- Distribution of informational packets and foster parent information in Heart Gallery promotional materials at recruitment and community events
- Utilizing AdoptUSKids and Raise the Future websites where Missouri's waiting children are featured in addition to the MO Heart Gallery site
- Celebrating National Foster Care month (May) and National Adoption month (November) to include media campaigns and print materials for recruitment
- Linking Hearts Event in Rolla MO which is a collaborative effort between the Phelps County Community Partnership and the Panhellenic Society at Missouri S & T University. Families are able to interact with available children and receive information about foster care and adoption
- National Recruitment Saturday Celebration in St. Louis and Jackson Counties

The Children's Division has partnered with Raise the Future to create and offer a digital Heart Gallery display to be used in the community as a new recruitment opportunity. This digital Heart Gallery display can be used in the same venues and community events as the Traveling Heart Gallery display. The digital Heart Gallery display has been updated throughout the year and offers a user-friendly format.

Changes to the Heart Gallery website have resulted in a new web design with some additional features. The website now includes the ability for the public to request information on how they can get involved by becoming a volunteer photographer, hair stylist, or to host an event. This has opened the door for more communication which has in turn created more inquiry from the public on how to become a foster or adoptive family.

Photographs are printed twice a year for the Traveling Heart Gallery. Each region in Missouri receives an 8 x10 image of the children who are featured in the Gallery for display at their events. For children to be listed on the Raise the Future website, staff must complete an on-line registration. This registers the child with Raise the Future, AdoptUSKids, and the Missouri Heart Gallery websites at the same time, as well as the DSS Facebook page and DSS Twitter account.

Video segments and digital stories continue to be added to a number of child profiles featured on the Heart Gallery.

Continued coordination occurs with Raise the Future to:

- Further expand their role in recruitment of foster and adoptive parents for youth
- Increase connections to potential parent matches for youth in foster care and awaiting adoption through targeted recruitment meet and greet opportunities
- Increase the use of video/digital profiles on Raise the Future and Heart Gallery websites to bring the waiting children's personalities and interests to life
- Provide Adoption Information webinars a few times a year to educate about Missouri foster care and adoption providing a basic overview of adoption in the state of Missouri

Additional electronic or media profiles were developed and presented in local television markets and subsequently posted on the Heart Gallery website and social media platforms for featured children. In addition, more Faith Based partners are coming forward wanting to offer their time and equipment to produce video segments/digital stories for the children seeking an adoptive home.

Continued partnership with Faith and Community Partners help to:

- Ensure outreach to all communities representative of the youth population in care
- Accomplish outreach to neighborhoods for development of resource homes where children are removed to ensure children can remain in close proximity to family, school and social connections
- Recruit families committed to preserving Native American/Alaskan Native culture for children/youth with such cultural background which is being accomplished through partnership of the child welfare system ICWA workgroup
- Producing video segments/digital stories for the children seeking an adoptive home

Children's Division has created two new videos, one specifically geared to foster parent recruitment and the other specifically geared to foster and adoptive parent recruitment. Links to the video are below:

Foster Parent Video [https://www.youtube.com/watch?v=F\\_P5m-PUc-Q](https://www.youtube.com/watch?v=F_P5m-PUc-Q)

Adoption Video [https://youtu.be/F\\_P5m-PUc-Q](https://youtu.be/F_P5m-PUc-Q)

The Children's Division strives to increase the number of children in foster care who are placed with relatives. To this end, the Children's Division is focusing significant energy on relative assessment, training, and supports. In early 2019, a designated Relative First Program Development Specialist was added to the team in the Children's Division Central Office to spearhead this work. In 2018, Missouri was fortunate to have the National Family Focused Treatment Association (FFTA), through the Missouri chapter, facilitate a summit with Children's

Division personnel and current Therapeutic Program Care providers to explore expansion of therapeutic care to relative providers. By late 2018, the local FFTA Chapter and Missouri Children's Division had developed a process to pilot provision of these services under the existing contract structure. In 2019, there were three active cases of youth residing in Relative Treatment Foster Care (TFC) homes. The goal of the pilot was to reach up to 10 cases and determine the most effective strategies and processes to develop a Relative TFC Program as an available service option for all relative children requiring a higher level of care at entry or as a stepdown option from residential care. As of February 2023, this goal has been met and Missouri now supports a total of 34 active relative TFC placements.

Efforts to heighten awareness of the need for foster and adoptive providers in National Adoption Month occurred in November 2022. Social media was maximized for this effort with children or sibling groups featured every day in November, along with interviews of adoptive parents and staff in an effort to recruit additional families. Adoption month bracelets were shared with community partners as conversation starters at each of the events held in local jurisdictions.

As a result of the Family First Prevention Services Act (FFPSA) legislation passage, Missouri Children's Division is contracting with ParentLink to provide Kinship Navigator Services to relative providers. The navigator services are available to both formal and informal kinship providers. The contract with ParentLink requires a steering committee to include management of Missouri's Adoption or Family Resource Centers to assure combined efforts for relative care providers and cross pollination of support or retention services provided to relative and non-relative resource families where appropriate.

Also as a result of the FFPSA, the Division is focusing heavily on recruitment of resource homes to assure resources are available for elevated needs children when they enter care in place of the need for residential care and also as a strategy to discharge youth from residential treatment and assure timely permanency. Jackson County began a right-sizing residential group consisting of Children's Division representatives, Foster Care Case Management partners, as well as the privatized Recruitment and Retention Contractor to develop solutions and strategies for recruiting family settings for children with more complex needs. The group has worked to assure Department of Mental Health (DMH) services are available and connected to relatives and foster families. The Tools of Choice training offered through DMH is also used to prepare and equip caregivers for elevated needs youth.

The strategies for recruiting foster and adoptive families outlined in this section highlights the myriad of ways that Missouri partners with multiple stakeholders to accomplish the work of recruiting and supporting caregivers for children in alternative care. Missouri asserts that Diligent Recruitment for Foster and Adoptive Homes is a strength for the child welfare system.



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

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

This item was determined to be an area needing improvement during CFSR Round 3. Missouri continues to determine that this item is an area needing improvement for the child welfare system in CFSR Round 4.

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

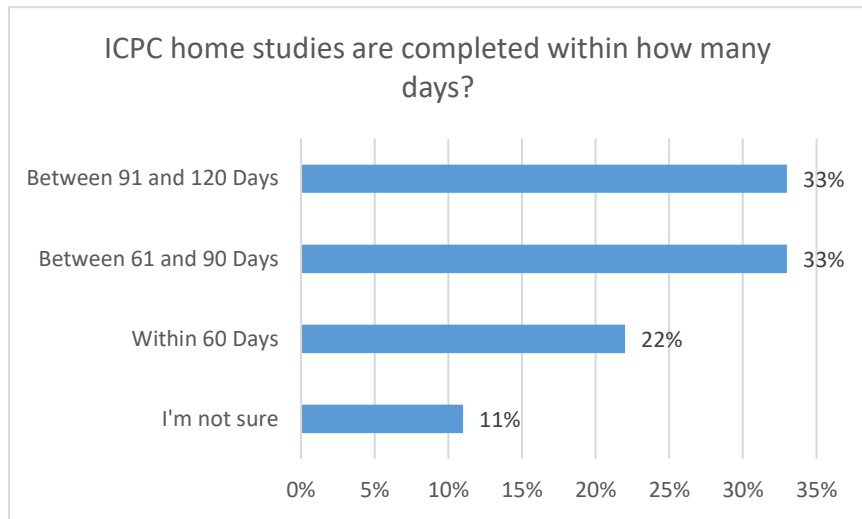
Missouri has a strong Interstate Compact Unit to assure cross-jurisdictional placements for children are made to support timely permanency and the most appropriate settings for children and youth in foster care. The ICPC Unit of one supervisor, two child placement coordinators, one hourly staff person, one clerical, and one manager, process referrals within five days of receipt through the National Electronic Interstate Compact Enterprise (NEICE). Missouri joined NEICE in November of 2019 and uses this tool for the exchange of required data and documents to other states in order to secure placements for Missouri children in other jurisdictions.

Missouri currently has a border agreement with the state of Kansas. The agreement allows expedited emergency placement with a relative caregiver or licensed facility (i.e. emergency shelter, residential facility including, but not limited to, a psychiatric residential treatment facility) located within 60 miles of the state's border. Prior to making an emergency placement in a relative home, Missouri is responsible for completing an in-person safety walk-through of the home and appropriate Kansas background screenings. If the relative has lived in Missouri in the past, background screenings for Missouri are also required. Within 30 days of placement, an ICPC referral must be submitted to the Missouri ICPC unit. Kansas staff will complete the ICPC home study.

Border agreements are being pursued with the other seven states contiguous to Missouri.

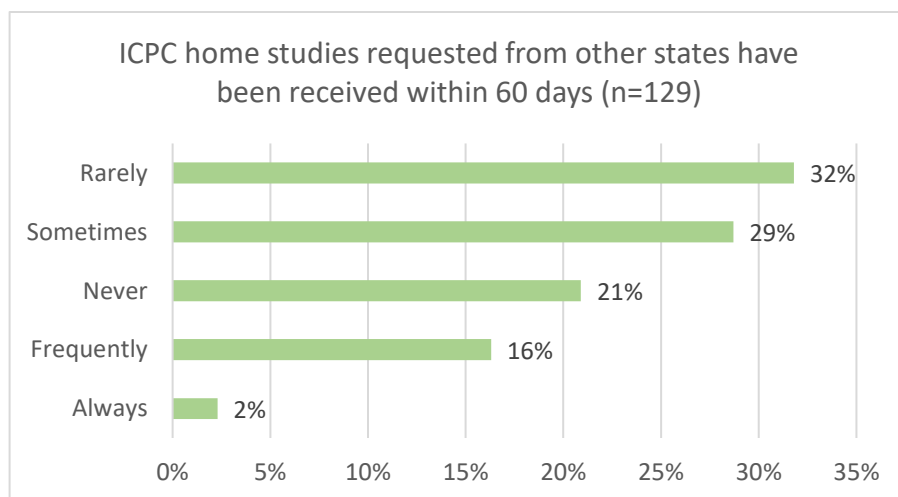
When home assessments are requested from other states, staff in Missouri complete them as quickly as possible so as not to delay potential placements into the state. During the CFSR Statewide Assessment event, session members discussing ICPC were asked "When ICPC home studies are requested for Missouri homes by other states, they are most often completed within

how many days?” The most frequent answers were between 61 and 90 days and between 91 and 120 days, both receiving 33% (3/9) of the responses. Two of the nine (22%) participants who completed the online poll believed that home studies were completed within 60 days. Participants involved in the ICPC session included staff members within the ICPC unit, case managers who have requested studies from other states, Children’s Division staff who routinely completed ICPC home studies on Missouri homes, and Children’s Division leadership.



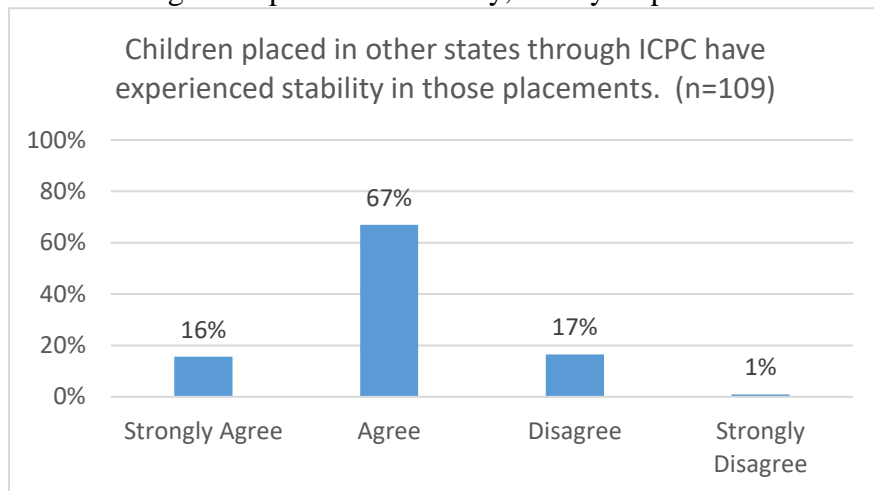
Challenges to completing ICPC studies requested by other states in a timely manner were discussed with the group. Gathering background information from other states in which the parents may have lived can slow down the home study completion. Each state, and sometimes county (if the state is county-administered), has a unique process for completing background checks and it takes time for the staff completing the study to figure out those unique steps. Often the parents do not understand all of the requirements involved in completing the home study and can hinder the timely completion.

The Missouri ICPC unit works collaboratively with other state ICPC offices to assure cases are processed in those states to allow Missouri children to be placed into receiving states when appropriate and safe. Prior to the CFSR Statewide Assessment Event, surveys were distributed to supervisors and managers from the Children’s Division and Foster Care Case Management



(FCCM) agencies. For a description of the survey distribution process, please refer to the “Description of Stakeholder Involvement in the CFSR Statewide Assessment” section of this report. Survey respondents were asked to comment on how frequently ICPC home

studies from other states are received within 60 days of the other state receiving the referral. Fifty-two percent (52%, 68/129) indicated home studies are never or rarely received within 60 days. Despite the time frames to receiving a completed home study, survey responses from Children’s Division and FCCM workers and specialists who have experience with making placements outside of Missouri, indicate that for the majority of placements made through ICPC to other states, children experienced stability in those placements. Eighty-three percent (83%, 90/109) of respondents strongly agreed or agreed that placements through ICPC have been stable.



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

Internally, the Children’s Division assures that placement resources in other counties are contacted and assessed timely to assure placements can be made inter-jurisdictionally within the state, as well. For initial relative placements, the case manager will complete the required background checks and send a request to the circuit within which the relative resides. A worker within the receiving circuit will complete an in-person safety walkthrough of the home. Upon placement, if the relative wishes to pursue licensure, the child’s case manager will request a home study from the resident circuit’s licensing worker or contracted agency. Foster home placements can also occur inter-jurisdictionally by contacting the foster home’s licensing worker to discuss the need for placement and receive approval.

Missouri has no federally-recognized tribes within its borders, so placement with tribal members is not commonplace. However, children are assessed for eligibility with the Indian Child Welfare Act (ICWA) upon entry into foster care. If it is determined that the child has Indian heritage, the tribe is contacted and asked if they would like to assume placement, as required by ICWA.

ICPC in Missouri served a total of 3,798 children in fiscal year 2022.

- Total children placed outside of Missouri 289
- Total children placed in Missouri from other states 509
- Home study requests received from other states 635
- Home study requests to other states from Missouri 850

The method for data collection for ICPC is an area of concern for Missouri. The database that is used to track home studies and placements through ICPC is antiquated and gathering needed information to assess current functioning is cumbersome. Missouri was unable to use the NEICE system for several months in 2021 and 2022, so data is not available from that source, as well. Options for data collection and analysis are currently being explored.

Missouri believes that the ICPC process is functioning throughout the state, but the lack of data to accurately assess timely functioning results in an area needing improvement determination.

**Update to the Plan for Enacting the Vision**

**Revisions to Goals, Objectives, and Interventions**

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

**Implementation and Program Supports**

Central Consult Unit (CCU)

The Children’s Division contracted with Change and Innovation Agency (CIA) in 2021 to examine internal processes in an effort to streamline and strengthen practice to free up existing resources in order to meet workload demands. Workgroups were formed for each of the four major program areas of the Children’s Division: (1) Child Abuse and Neglect Hotline Unit (CANHU); (2) Child Abuse and Neglect (CA/N) (3) Family Centered Services; and (4) Alternative Care. As a result of the partnership with CIA, the Children’s Division implemented the Central Consult Unit (CCU) on February 16, 2022. The Children’s Division re-positioned 25 Social Services Specialist positions to staff CCU, along with three Social Services Supervisor positions. CCU is an internal call center which is utilized by investigative staff when the children are determined to be safe according to the SDM Safety Assessment. For many years, the Children’s Division has required a 72-hour Chief Investigator consultation on all reports of child abuse/neglect. The purpose of this supervisory consultation is to ensure frontline staff respond appropriately and to provide guidance on next steps in the investigation/assessment.

With the implementation of CCU, this timeframe was extended to seven days for safe cases only. When frontline staff respond to a report of child abuse/neglect and determine the children to be safe, they should call CCU to complete a case consultation. CCU utilizes one consistent consultation model for all safe cases statewide. If at the end of the consultation CCU agrees with the safe SDM Safety Assessment outcome, CCU will document a summary of frontline staff's contacts in FACES and will conclude the report. If CCU determines any further action needs to be taken prior to approving case closure, CCU will issue a Need More Information (NMI) and will document those items. Once frontline staff complete the NMI, they notify CCU. CCU then reviews the new information and will conclude the report at that time if appropriate. If CCU disagrees with the assessment of the worker that the child is safe, CCU staff immediately follow up with the local supervisor to alert them that more attention is needed to assure child safety. CCU provides an unprecedented opportunity for statewide consistency in practice. While the incoming volume of child abuse/neglect reports has not changed, it is anticipated that CCU will allow a significant reduction in the amount of child abuse/neglect reports assigned to frontline staff at any given moment because of the documentation/case closure aspect of CCU. This allows more focus, particularly for the frontline supervisor, on unsafe children.

### Casey Family Programs

Missouri Children's Division has received ongoing support from Casey Family Programs for many years, both through financial means and professional expertise. The support has increased the positive impact the Children's Division has been able to provide to children and families in Missouri.

Recent projects have included Judicial Engagement Team work in Kansas City and St. Louis, assistance in evaluation of the Child Abuse and Neglect hotline, support in development of the SDM Safety Assessment, and implementation of Family First legislation.

Projects for 2022 include a review and update of the SDM Risk Assessment; support in the area of placement stability to focus on needs of children entering foster care and partnerships with state and local mental health facilities to meet the needs of children with elevated behaviors, mental health concerns and substance abuse; and support for building treatment foster homes.

Weekly technical assistance meetings were conducted throughout 2022 to provide programmatic support to expand Missouri's treatment foster care program. Through this partnership, capacity building tools and resources were developed and shared with provider agencies. Monthly meetings facilitated provider agency workgroups aimed at developing and implementing the relative treatment foster care program, treatment foster care regulations, an operating manual and updated referral procedures, as well as the establishment of training and criteria for a second level of treatment foster care to be implemented in 2023.

## Permanency Attorney Initiative

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

There are full-time equivalent (FTE) permanency attorneys housed in the Kansas City, St. Louis and Springfield metropolitan areas. FTE attorneys are also located in the 18<sup>th</sup> and 41<sup>st</sup> Circuits and contract attorneys take a significant role in the 39<sup>th</sup>, 40<sup>th</sup> and 46<sup>th</sup> Circuits in the Southwest region and the 37<sup>th</sup> and 42<sup>nd</sup> Circuits in the Southeast region. Additionally, contracted permanency attorneys provide legal support to Children's Division staff in numerous other areas. In total, Children's Division has 16 FTE and 29 contracted attorneys as of April, 2023. The attorneys serve 43 of Missouri's 46 judicial circuits in some capacity.

The offices of the FTE attorneys are located with Children's Division staff and the attorneys have an open door policy, encouraging case managers to ask for help and informal advice. The attorneys are staffing all cases when the children have been in care for 5 months to determine if measures can be taken to reunify the children with their parents or otherwise achieve permanency. The attorneys bring a different perspective to the case that can expedite permanency.

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

The attorneys train Children's Division workers and supervisors in court procedure and assist them in being comfortable testifying. An internal PAI committee also organizes and facilitates monthly presentations on juvenile law to help train the attorneys. The PAI attorneys, as well as attorneys from the community are invited to attend to learn about topics that are helpful in child welfare.

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

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

### Health Information Specialists

The [Joint Settlement Agreement \(Agreement\)](#) requires the Children's Division (CD) to maintain a full-time employee to be solely responsible for overseeing the implementation of policies and procedures concerning the use of psychotropic medications for children/youth in CD foster care.

Additionally, the Agreement requires CD to maintain an adequate number of full time staff members statewide for the purpose of gathering/maintaining full and accurate medical information and history for each child/youth. CD is required to have at least 12 staff members and may adjust the number of staff depending on needs and circumstances.

CD has established the Children's Division, Health and Well-Being Coordinator as the employee responsible for overseeing the application of the requirements within the Agreement and the Health Information Specialists (HIS) Unit to ensure that all elements of the Agreement are reviewed, monitored, tracked, and documented. The HIS Unit has 12 Health Information Specialists and has been separated into 2 teams. Each HIS team is under the supervision of an HIS Unit manager. Every team member has been assigned a specific circuit/region within the State to assist CD staff with questions about the Agreement. Also, the HIS Unit has a Program Specialist assigned to create/maintain reports.

The elements in the Agreement are contained in the following topics:

- Training for case management and contracted case management staff
- Psychotropic medication monitoring
- Medical records
- Reviews for the prescription and administration of psychotropic medications
- Informed consent/assent
- Maintain a Psychotropic Medication Advisory Committee and Excessive Dosage Guideline

The primary emphasis of the Agreement is the review and improvement of services related to the prescription and administration of psychotropic medication for children/youth in foster care. The HIS Unit team members' main responsibility is the collection of current and historical medical records. In an effort to increase the gathering and maintenance of medical records, the Health and Well-Being Coordinator and HIS Unit managers have researched, reviewed, and are currently testing various electronic medical record systems. The search for a feasible and cost-effective system(s) is ongoing.

Each year, the HIS Unit managers coordinate the development of new trainings for case management staff and licensed resource providers. The trainings include information on

psychotropic medications, informed consent, psychotropic medication reviews, and non-pharmacological treatments. The goal of the trainings is to provide up-to-date information on the use of psychotropic medications. HIS Unit staff conducts 3 annual surveys to assess potential training needs and obtain insight on case work related to psychotropic medications. The survey for case management staff is an opportunity to obtain feedback, from their perspective on policy/procedures for psychotropic medications. The surveys for licensed resource providers and prescribers is a chance to get their opinions on services delivered by case management staff. The results of the surveys have been posted on the following website: [Missouri Department of Social Services, Children's Division](#).

Also, each year the HIS managers organize the development and delivery of 2 interactive webinars on psychotropic medications. The target audience for these webinars are child welfare community members serving children/youth in Missouri. The webinars have been presented in different formats to provide participants with a variety of ways to interact with the presenters.

The Psychotropic Medication Advisory Committee (PMAC) has been established and has met at least quarterly since 2020. The Agreement requires the PMAC to develop and maintain the [Excessive Dosage Guideline \(EDG\)](#). The EDG is a tool to identify the maximum recommended dosages for psychotropic medications. The EDG is reviewed each year to incorporate any new advancements in medical science, the development of new medications, changing clinical practice, and other considerations. The EDG has been available for review since 2020 and has received positive comments from various community professionals.

HIS continues their collaborations with many divisions/units within the Department of Social Services, other Missouri State Departments, and community partners from the medical, legal, and business industry to implement and maintain the requirements within the Agreement. The Health and Well-Being Coordinator and members within the HIS Unit are committed to the effective utilization of psychotropic medications.

#### Council on Accreditation

The Council on Accreditation (COA) is an international, independent not-for-profit organization that accredits the full continuum of child welfare, behavioral health, and community-based social and human services. They offer Public Agency accreditation that includes state-administered human service agencies, as well as programs that are mandated to become accredited within or by such entities, such as the Missouri Department of Social Services-Children's Division (CD).

Accreditation provides an agency with a comprehensive review of its operations that can help the agency to better align its policies, procedures, and practices and fuel systemic change across an agency's administrative and service delivery practices. It is a process of organizational education and improvement that serves the interest of the organization's consumers of service and the community as a whole. It provides the agency with a framework to manage resources, support staff through policies and procedures that offer best practices, and strive for continuous improvement. This supports the agency's sustainability, growth, and helps it to achieve



measurable results. The improved delivery of quality services to clients results in gained confidence from both clients and community stakeholders.

To become accredited, state-administered agencies are required to implement COA's Public Agency Standards, including Administration and Management Standards, Service Delivery Administration Standards and Service Standards. To demonstrate the agency's implementation and compliance with the standards, agencies are required participate in a site visit process.

In 2004, HB 1453, otherwise known as the "Dominic James Memorial Foster Care Reform Act of 2004", was signed into law. According to Section 210.113, it is the intent and goal of the General Assembly to have the Department (CD) attain accreditation by COA within five years (FY05-FY09) of the effective date of this section (i.e. by August 28, 2009). CD achieved initial accreditation through COA on January 14, 2010.

Since the initial accreditation, CD has been able to continuously maintain their accreditation status by participating in an ongoing reaccreditation process approximately every four years. CD was most recently accredited through January 31, 2023.

In January 2022, CD applied for statewide COA reaccreditation and entered into an agreement with COA in February 2022. In September 2022, the Central Office participated in the Intake process, which includes developing a timeline for the site visit process. The site visit process includes the submission Self-Studies and On-Site Evidence related to the agency's policies and procedures, stakeholder surveys, case files reviews, personnel file reviews and personnel and stakeholder interviews. The Central Office and each region will participate in their own site visit process. The current timeline for site visits is as follows:

- October 23-26, 2023 Central Office
- June 10-12, 2024 Northwest Region
- November 4-6, 2024 Northeast Region
- May 2025 Southwest Region
- November 2025 St. Louis Region
- April 2026 Southeast Region
- September 2026 Kansas City Region

During the years in between site visits, the Central Office and each region are required to submit annual Maintenance of Accreditation (MOA). This documentation allows the agency to demonstrate continued implementation of key COA standards related to aspects of risk management, performance quality improvement and service standards. Between 2020 and 2022, the Central Office and regions have submitted sufficient evidence to demonstrate continued implementation of these standards. In addition, the Central Office and regions will continue to submit annual MOA evidence during the years when they do not have a site visit between 2023 and 2026.

## FACES

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

In 2016, Administration for Children & Families (ACF) published a new rule eliminating the previous SACWIS system requirements and establishing the new Comprehensive Child Welfare Information System (CCWIS). ACF granted states two years to determine if they planned to build a new CCWIS system, transition their existing system or opt out of CCWIS funding. With the July 2018 Annual Planning Document (APD), Missouri declared its intention to transition the existing FACES system to meet the new CCWIS requirements.

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

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

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

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

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

Since the Diversion implementation date, the State’s legislature passed RSMo Section 210.123 which includes Temporary Alternative Placement Agreement (TAPA). TAPA formally structures the process previously referred to as “Diversion.” After system enhancements were complete to allow functionality, TAPA was implemented in August 2021.

In January 2021, development work began on several projects: Family First Qualified Residential Treatment Program (QRTP) and the Alternative Care Social Service Plan (SSP). The QRTP Project will allow staff to make referrals to residential care, track Independent Assessment progress/completion and court decisions regarding placement. It will also involve significant changes to the IV-E Eligibility System to be able to ensure that proper determinations are made as youth move in and out of residential care. The QRTP Project was implemented in October 2021 with additional pieces implemented in March 2022.

The Social Service Plan project involves the development of a comprehensive tool that will document the work with the families of children placed in Alternative care. This includes threats to child safety, safety goals, and progress assessments. This project was initially implemented November 2020.

During FY22, projects to develop a new Safety Assessment tool and analysis of AFCARS 2.0 changes have been completed. The Family First Prevention, Missouri FCS Model Project has been put on hold and will be revisited in FY23. Revisions to the SSP were completed and implemented into FACES in February 2022.

FACES priorities for FY23 include development and implementation of AFCARS 2.0 changes, combining the Child Assessment and Service Plan to the SSP, and making changes to the Foster Care Case Management (FCCM) Expenditure Report from the QRTP changes. Additional projects included the development of quarterly payment statements regarding KIDS and Dedicated KIDS accounts, the development and notification for HB429 which is a new tax deduction provided to resource parents for the care of LS1 children in their home, and making changes to the system for the new Institute for Mental Diseases (IMD) / ME codes to assist with correct financial claiming of services provided and room and board costs.

Following discussions between the Missouri State Legislature and Department of Social Services Executive Staff in 2021, it was determined a priority that a new Comprehensive Child Welfare System should be planned. As exploration began, a revised APD was submitted to ACF with the state’s intention. Funding from Budget Stabilization funds has been included in the SFY 23 budget.

Exploration/pre-planning efforts for a new child welfare system began in early spring of 2021 will continue through all of SFY 2023. Pre-planning activities conducted during this time include vendor system demonstrations of possible new system solutions, business process mapping of all current system functionality, and the procurement of a Project Manager to assist with continued

planning efforts. During this time, FACES system enhancements will continue to be reduced to critical system update needs.

### Mobility Project

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

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

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

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

In the fall of 2018, Children's Division began the process of replacing over 1,400 iPads previously purchased in 2015 due to the iPads going out of compliance with Apple. In addition, funding to purchase an additional 213 new iPads for frontline supervisors became available. As of January 2019, iPads are available to all frontline workers and immediate supervisors.

During the 2020 COVID-19 Pandemic, staff relied heavily on the iPads to be able to work remotely. Beginning in March 2021, ITSD began transitioning frontline staff to laptops as it

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

During the fall of 2021, Children's Division started the exploration of having field staff use RocketBook. This electronic tablet allows users to write on the tablet directly then submit their notes, to be converted to typed text, back to their office desktop or laptop computers. In February 2022, Children's Division began purchasing this device to be provided to all case carrying staff. Funding was provided by using CAN Grant funds and other Administrative funds.

Additionally, included in the SFY23 budget is a new decision item (NDI) for satellite phones. The intent is to provide mobility as well as a safety mechanism for our staff servicing the most rural locations without cell phone service. The satellite phones will be made available for counties as deemed necessary.

In September 2022 it was determined all field staff would be issued a cellular phone. Funding for this was pulled from the Children's Division Mobility Funds. The new iPhone 12 would carry the AT&T FirstNet data plan. This plan closely resembles a service plan used by First Responders and has been determined to be the most effective in remote locations of the state. Phase I distribution of iPhones began in November 2022 for Kansas City, St Louis and St Louis County staff. Phase II distribution was completed in February 2023 for NE and NW regions. Phase III distribution for SE and SW regions is scheduled to be completed by May 2023.

### Staff Recruitment and Retention

In October 2014, the Department of Social Services Children's Division created a workforce recruitment and retention initiative to improve the Division's workforce stability and capacity. The Division has dedicated a senior level workforce recruitment and retention specialist to drive this work. This work includes but is not limited to, completing research, analysis, and data interpretation related to staff recruitment, using recruitment resources to acquire talent, and networking with various talent pools.

Missouri's Children's Division, much like other businesses, has faced difficulties in recruitment and retention of employees over the last year. There has been significant turnover, particularly with field services staff. In May of 2022, total turnover for the Children's Division was at 44%. The Division has also faced a lack of applicants to hire leaving open allocations. Consistent understaffing lead to further resignations and greater struggles in hiring. One solution to increase recruitment and retention was to advocate for stronger competitive wages for all employees with a focus on employees providing direct service provision to clients. The State Legislature and Governor responded favorably to the Department of Social Services and the Children's Division request for support. Starting December 1, 2022 all Associate Social Services Specialist, Social Service Specialist II, Social Service Specialist III, and Social Services Specialists IV received a 10% pay increase. On March 1, 2023, all Children's Division employees were granted an 8.7% pay increase. These pay adjustment have increased applications for employment throughout the

Children's Division. As of March 2023, the total turnover rate has decreased to 36%. The average applicant per job posting in March of 2022 was 5 and as of March of 2023 has risen to 11.

The recruitment and retention specialist also provides oversight of the Title IV-E education program. This program provides funding for Children's Division employees who seek to pursue higher education by obtaining a Master of Social Work degree. In doing this, Children's Division partners with four major universities: University of Missouri-Columbia, University of Missouri-Kansas City, University of Missouri-St. Louis, and Missouri State University. Further effort has been expended in collaboration with the universities to promote strong mutually advantageous internships.

The recruitment and retention specialist receives direct support and supervision from the Children's Division Deputy Director for Operations and Administration. This promotes direct communication to Division leadership regarding to the strategic planning of ongoing recruitment and retention efforts statewide. By the intentional structuring of the specialist, including all duties assigned, recruitment and retention is at the forefront of agency initiatives and strategic planning. Lastly, due to the elevated nature of the position, this work touches many aspects of Children's Division including policy, procedure, and client outcomes.

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

- Create and maintain a presence in the community
  - Collaborate with colleges/universities throughout the State of Missouri.
    - The mezzo practice of career fairs and university partnership and collaboration has been implemented to engage stakeholders.
    - A macro approach of employing Master of Social Work students in the Title IV-E program enhances and builds upon the mezzo university partnership. This increases the knowledge base and social work skill of the agency as a whole
    - As a part of the Social Services placemat initiatives, the Division has reached out to local contacts to act as liaisons to universities. Liaisons are individuals that have connections to the schools as well as have a passion for student engagement. Liaisons have greatly increased the Division's presence on college campuses over the last year and we look to grow this program.
    - In the Fall of 2022 the Children's Division started hosting Coffee and Careers events at universities. These events provide a comfortable environment for open questions and conversations between students, faculty, and employees and allows students to meet different levels of

staff. Further, the Division is able to offer on-site interviews for internships and open positions.

- The Division is sponsoring and participating in activities at several universities including:
  - Resume and interview assistance
  - Guest lecturing to classes
  - Question and answer panel opportunities
  - In the Fall of 2023 we will begin participating in Freshman week activities at several school.
  - Career fairs
- Collaborate with local community service organizations throughout the State of Missouri. Examples of this include:
  - Local holiday projects for children in alternative care
  - Foster parent appreciation events
  - Guest lecturing at events and club meetings
  - Participation in career fairs.
- Build a footprint and brand on social media.
  - The State of Missouri continues to utilize MO Careers as their hiring platform. Our presence has continued to increase on FACEBOOK, Instagram and Twitter.
  - Children’s Division has implemented utilization of QR codes and text to apply to expedite user access to employment and educational/informational opportunities.
  - The Children’s Division is utilizing the Department of Social Services social media platforms (Facebook, Twitter, Instagram) to advertise upcoming events, promote hiring events throughout the state, to highlight staff accomplishments, and appreciate staff for their dedication and service.
  - New communication materials were created and disseminated in 2022 including:
    - New logo/theme of Put your Passion to Work to aid in advertising and recruitment of potential employees.
    - Put your Passion to work logo has also been utilized in highlighting current employee achievements.
    - Postcards and job description fliers for Associate Social Services Specialist and Social Services Specialist II were created and are shared at hiring and recruitment events.
    - The Division is now hosting monthly podcasts called “We are the Children’s Division.” These podcasts can be listened to on several platforms including Spotify and Amazon Music.

- Fill Vacancies
  - Identify ways to reduce the time to fill vacancies, an ongoing and fluid effort.
    - In February of 2023, the Children’s Division filled positions within 45 days of posting 78% of the time with an overall average of 34 days to fill.
    - Since February of 2022, the Children’s Division has successfully averaged under 45 days to fill a position.
    - Strategies implemented included:
      - Offering same day interviews and recommendations
      - Human Resources offering availability several days per week to process recommendations
      - Offices offering more frequent and interview options to applicants (in person, virtual, expedited hiring events).
  - The Children’s Division expanded acceptable degree types to all degrees in 2019 and continues to accept all degree types. The minimum qualification is an undergraduate degree from an accredited college or university. A degree in Social Work or comparable human service field is preferred; however, applicants with an unrelated Bachelor’s degree, but possessing direct relevant experience and/or competencies may be allowed substitutions on a case-by-case basis.
  - The Division has continued utilization of virtual interviews with a scaled down version of the Staying Power! selection toolkit.
    - Interview modifications included the traditional interview questions and an optional written portion.
  - Hiring blitzes began in early 2022. These events have continued for regions that are targeted based on need and are staggered in their location and dates held. Hiring blitzes focused on providing expedited, same day interviews and employment offers to qualified candidates.
  - Advertising for openings has occurred on radio stations, Facebook, Indeed.com, Instagram, Twitter, ZipRecruiter, Handshake, through colleges and universities that have private career center hiring platforms, local community calendars, employment center offices, and through news outlet media platforms.
  - Using the applicant tracking system, emails are sent to recent applicants who were not hired encouraging them to reapply for openings in their area.
  - During hiring events (blitzes), applicants that are not recommended for hire are met with to address other employment opportunities with the State and, when appropriate, are directly referred to other Division’s recruitment representatives.
- Enhance the support of the workforce
  - Staying Power! Supervisors Guide to Retention is available to be utilized.
  - Exit interviews are encouraged and information is reviewed to guide implementation of retention activities.



- The Social Services Assistant position is being utilized as a support for case managers. Social Services Assistants duties include supervising/monitoring children during supervised visits, aiding with documentation, assisting in obtaining information.
- Staff working overtime in critical needs areas (staffed under 70%) and any staff assisting in those areas have the opportunity to be paid for their overtime monthly.
- In December of 2022 workers I-IV were given a 10% pay increase. In March of 2023 all employees were given a 8.7% pay increase.
- Service/experience requirements between worker I-III were decreased allowing field services employees greater and more frequent ability to be rewarded for their skills and successes.
- Reviews continue regarding the financial feasibility state funded social work licensure to increase competence and retention efforts.
- Paid internship availability began in 2022 and continues today with the goal of strengthening the school-to-work pipeline.
- Ongoing Title IV-E incentive offered to staff wishing to obtain their Master of Social Work degree.
- Incentive opportunities
  - Continue offering IV-E Masters in Social Work. There are 13 full time staff enrolled in this part time education program throughout the State of Missouri.
  - The Division is investigating the viability of implementing a Bachelor's program to aid in recruiting new employees and to develop Case Aids into Associate Social Services Workers.

### Children's Division Trauma Initiative

The Children's Division Trauma Committee, comprised of staff volunteers with increased clinical capacity around trauma, dissolved in September 2021. A smaller group of the former committee, representing all regions, has reconvened with two systemic goals: maintain a trauma focus in our work with families and supports to staff, and ensure a collective and consistent practice approach across the state.

The group's priority this year is resuming the former Trauma Committee's work on a secondary trauma training curriculum for supervisors. Additional plans include: 1) updating the division's trauma-informed care webpage; 2) reviewing circuit self-assessments and determining needs; 3) training circuit liaisons who can support trauma-informed approaches in the respective county offices; and 4) analyzing secondary trauma and well-being impacts on staff retention.

### Research Initiatives

The Children's Division has an established process for the review of research applications. Persons requesting approval for research proposals involving Children's Division staff, data, or

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

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

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

In late summer 2021, the leadership and responsibility for the Children's Division Research Committee shifted from the Constituent Services Unit to the Quality Assurance System.

In March 2022, the committee oversight was combined with the unit that completes legislative fiscal notes and works with the Divisional and Department Privacy Officer. It was felt this arrangement would be a better fit to address committee priorities and provide more stringent oversight of the process.

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

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

In 2022, the committee approved research requests primarily from the St. Louis and Kansas City regions, while continuing efforts to support already approved requests from 2021. The committee approved a request from the Jackson County Juvenile Court to assist in reducing new legally sufficient referrals to the court and implement improvement planning by comparing a list of data set cases or court-involved children released from the court's jurisdiction with Department matches to those data set cases of new substantiated investigations of abuse or neglect the year following the child's release from the court. As it is expected that this request will be repeated annually, the committee worked with DFAS Procurement to establish

Memorandum of Agreement #M00772 to support future requests of the Jackson County Juvenile Court.

During 2022-2023 efforts were made to also move the annual requests for Vision for Children at Risk into Memorandum of Agreement #M00775, which is still being finalized. For the past 20 years, The Department, via the Children's Division research committee, has provided VCR unidentified C/AN data to complete the research used in the following study:

<https://www.visionforchildren.org/data-research/cmsl-data-book/>. The data collected for the study utilizes multiple child well-being indicators within the St. Louis region. VCR uses these predetermined indicators to better track the risk and needs as well as target and strategically address concerns within the St. Louis region. The Department is committed to the partnership with VCR to call attention to children's needs, in addition to challenges posed by disparities and inequities; while also providing a basis for planning initiatives that target these needs. The hope is that the data provided to VCR by the Department will illuminate where inequities in child well-being are concentrated in the requested zip codes grouping of the St. Louis region.

In 2022, the committee also approved a request from the Washington University in St. Louis School of medicine and the St. Louis Children's Hospital to complete the Research on Evidence-based Sleep Training for Missouri's Foster Caregivers (REST Study). The purposes of this study are fourfold, including 1) to evaluate the preexisting knowledge and confidence of foster caregivers regarding common sleep problems that foster children might face, 2) to evaluate knowledge and confidence gained by foster caregivers after completing the "Strategies to Improve Sleep for Children in Foster Care" online learning module, 3) to examine the prevalence of sleep problems of foster children currently in the care of foster caregivers participating in the online learning module, and 4) to elicit foster caregiver feedback about the quality and utility of the sleep in foster families online training module.

#### Technical Assistance and Field Support

Children's Division Central Office Program Development Specialist for Resource Licensing provided the following support and technical assistance to field work:

- MACHS access training to circuits and contractors, process audits of compliance with MACHS access
- CJIS access and training to see and discuss fingerprint results
- Critical Event Reviews: Central Office staff continued assisting in the completion of critical event reviews
- Manage a Resource Licensing workgroup to look at better ways to be in partnership with our Foster Parents
- Assist setting up trainings for Train the Trainer sessions for workers in the field and current resource parents to learn how to train Resource Parents in Trauma.
- Assist field staff with interpretation of policy and procedures

- Provide support to Circuit Managers with yearly Recruitment Plans
- Assist with planning and preparation for Foster Care Month in May
- Liaison to the Missouri State Foster Care and Adoption Board
- Assist with website changes
- Assist with changes to the Child Welfare Manual – Sends memos and practice alerts to field staff regarding changes to policy
- Manage the Foster Care Ambassador program to collaborate with Foster Parents who help recruit Foster Parents and help retain them by supporting them via support groups and serving as mentors. We currently have 11 Ambassadors who are providing mentoring services to Foster Parents in need of assistance.
- Formal Foster Home Review in St. Louis
- Manage and order recruitment materials for the circuits
- Assisted field staff with interpretation of policy and procedures
- Provided training to field staff regarding the Independent Assessor process
- Provided virtual training to individuals, teams and entire regions on development of quality Social Service Plans
- Worked with specific circuits struggling with implementation of the MO AC Model to develop plans and resources to assist
- Provided targeted feedback on cases with difficult scenarios to move toward permanency
- Provided circuits with relative search assistance
- Consulted on cases with expecting mothers or newborns remaining in the home with siblings in out of home care
- Assisted field with AFCARS data entry
- Presentations for school staff
- Assistance to the metros on completing hotlines
- Circuit presentations and one on one assistance to support completion of Social Service Plans
- Held monthly, virtual, statewide technical assistance calls to support staff in the completion of Social Service Plans
- Held monthly, virtual, statewide office hours to support staff in the use of the Independent Assessor process

### Capacity Building Center

The Capacity Building Center for States has identified a Program Improvement Consultant to provide support and assistance as Missouri prepares for Round 4 of the Child and Family Services Review. The Capacity Building Center for States has also provided access to a data expert to assist with data review and analysis throughout the CFSR statewide assessment process and a lived experience expert. These consultants were instrumental in helping Missouri prepare for the CFSR Statewide Assessment Event which occurred in March of 2023. Their support

included review of data, assistance in developing discussion and polling questions used throughout the event, and facilitation of some of the event sessions. Continued support will occur throughout the statewide assessment process.

The Capacity Building Center for States is involved in an assessment and re-visioning of the Children’s Division’s CFSR Advisory Committee. This is a long-standing group of agency and community partners within the child welfare system. The Capacity Building Center for States is assisting Missouri with revision of the group membership, charter, and purpose. This work began in November, 2022 and will continue for the next several meetings of the committee.

The Children’s Division has also begun conversations with the Capacity Building Center for States in relation to disproportionality and disparity work within the child welfare system. Initial discussion have included plans for gathering and analyzing data. Discussions have also centered on preparing Children’s Division management for the work to come. This project is in the very beginning stages of planning.

**Update on Progress Made to Improve Outcomes**

1. Increase the prevention of child abuse and neglect through the development of community/government partnerships.
Measures of Progress: Decrease in the rate of entry into foster care (CD Annual Report, table 16) Decrease in the rate of substantiated child victims per thousand (CD Annual Report, table 2)

With the passage of the Family First Prevention and Services Act (FFPSA), states are encouraged to place a greater emphasis on preventative services to protect children from child abuse and neglect. Public child welfare agencies are not able to and should not shoulder the responsibility for prevention without the partnership of local communities and statewide stakeholders. When FFPSA was initially enacted Missouri intended to be early implementers of the act, beginning to plan and work with stakeholders towards implementation. However, after learning the many intricacies of the legislation, Missouri chose to delay implementation until October 2021 to ensure a well-researched, thoughtful, and intentional plan for implementation. Children’s Division (CD) has continued to make progress towards FFPSA implementation by actively engaging stakeholders and state partner agencies. To review, absorb, and plan for the many components of FFPSA, Missouri has developed an internal planning team and a Statewide Advisory Team.

To focus on the expansion of preventative services, Missouri has taken steps to solicit input from community service agencies who currently serve families at risk for child abuse and neglect. Proposals for varying preventative service programs have been submitted and will be compared to those approved on the Prevention Services Clearinghouse. During SFY19, the Children’s

Division began work with the New York Foundling Implementation Support Center to assist with data and needs assessment of evidence-based models which may fit well into the Missouri integrated practice model. The assessment of implementation readiness included a discussion of the following: Financial Analysis, Budgeting, Data Collection System, Performance Measures, and Preventive Standard Alignment, Continuous Quality Improvement Process, IT Readiness, Human Resource Implications, Worksite Expectations, and State Training Requirements. Work with the New York Foundling Implementation Support Center ceased due to Missouri's decision to delay implementation until October 1, 2021. The Children's Division has also worked with Public Knowledge to inform decision involving Quality Residential Treatment Programs (QRTP), the Independent Assessor workgroup, prevention service implementation planning, prevention services procurement, therapeutic foster care capacity, and kinship navigator.

In FFY2019, delayed implementation of FFPSA until October 1, 2021 was approved at the state and federal level. In FFY2020, it was identified through leadership direction that focus surrounding FFPSA would first be to ensure a strong and properly working foundation of meeting the requirements for FFPSA surrounding Independent Assessor (IA) and Qualified Residential Treatment Program (QRTP) by building appropriate infrastructure. This continued as a priority to ensure proper implementation by October 1, 2021 for the aforementioned pieces. Further implementation efforts surrounding FFPSA will build as a progression. Work surrounding the development of the IA process, which assesses the child's strengths and needs to determine the least restrictive placement type that can best meet the child's needs when they are referred for residential placement, included pilot sites beginning in three areas in July 2020 and August 2020. The pilot sites utilized two assessment tools, the CANS tool and DLA-20. The pilot sites were intended to help identify the best fit for the independent assessor, the most appropriate assessment tool to utilize, and any service and placement gaps related to the needs of children assessed. From the pilot sites, a process was established to utilize the CANS tool and work with Behavioral Health Service Providers through collaboration with the Department of Mental Health occurred to establish the independent assessors throughout Missouri.

Work surrounding QRTP included information sharing and identification of residential facilities interested in becoming a QRTP; facilities transforming the way they support children and families by becoming trauma-informed, including an organizational assessment and site visits; an approved budget proposal related to FFPSA Transitional Grant including scholarship opportunities to assist facility readiness; and draft QRTP regulations with inclusion of licensing designation. Court engagement and education efforts to highlight and provide information on the changes resulting from FFPSA legislation will continue.

Children's Division has revised the Children's Treatment Services (CTS) contract in order to assess current service provider array and the models they are implementing. The purpose of the revision, in part, is to determine service availability and need based on the prevention services clearinghouse-approved models.

Missouri currently has four Regional Partnership Grants around the state addressing substance abuse needs and Children's Division is a strong collaborator with this project. A recipient in the most recent round of awards is focusing prevention efforts through the Regional Partnership Grant in conjunction with the eligibility and candidacy definition identified in Missouri's Title IV-E Prevention Plan. The Regional Partnership Grant program is a federal grant aimed to improve the well-being of children and families affected by parental substance use disorders and to enhance the safety of children who are at risk of, or are in, out-of-home placements due to the parent's substance use disorder. The partnerships provide a number of services to include, but not limited to, family strengthening programs, medication assisted treatment, in-home parenting support, peer recovery coaching, and family centered substance use disorder treatment.

*Progress Measures:* Enhanced focus on prevention services in the next five years in Missouri as outlined in the objectives below should increase the availability of resources/services across the state and assist in CFSR Item 29, Array of Services. With continued partnering with the judiciary in Missouri to increase their level of comfort and confidence in prevention services, it is anticipated the rate at which children enter foster care in Missouri will decline. The rate of entry per thousand for SFY2022 was 4.72 children, a decrease from the previous state fiscal year's rate of 4.84. The rate of substantiation of child victims in Missouri was 3.01 children per thousand for SFY2022, a decrease from 3.40 in SFY2021. While CD will use this as a measure of progress, it is unclear if the rate of substantiations will drop significantly with the increase of prevention services, as Missouri's rate of substantiation has traditionally been low.

*Progress Benchmarks:* To date, the following outlines the steps taken to implement the interventions described in the 2020-2024 CFSP:

- Research prevention programs submitted by community agencies. Community agencies submitted some proposals for review. The Statewide Advisory Group has looked at service needs and gaps to determine the service array for Missouri's prevention plan.
- Conduct an inventory of services provided through agencies receiving tax funds. Review of their websites occurred, with the purpose to identify what services they provide.
- Family First Statewide Advisory Group will meet regularly to learn what other agencies offer and how Children's Division can partner with them to expand service array. The Statewide Advisory Group met for a few quarters and due to leadership changes it was put on hold. This group reconvened in April 2020. This group has looked at service needs and gaps to determine the service array for the prevention plan. This group assisted in the development of the definition for a candidate for foster care in respect to FFPSA and target population for intervention. Data elements were identified by the group as important pieces to understand when identifying target populations and finalizing the candidacy definition. The requested information was presented to the

group to better inform input. This group is also informed on updates surrounding Q RTP and the Independent Assessor process.

- Develop and disseminate a Request for Information to be sent to service providers in Missouri to determine prevention service provision availability and interest in partnership with Children’s Division. The measure previously addressed contracting with the NY Implementation Support Center to assess Missouri data and needs around evidence-based models under the Family First Prevention Services Act, and review recommendations made by the support center. Work with the NY Implementation Support Center resulted in a production by the center of an analytical report including a financial analysis on the different models that were under review of the Clearinghouse at that time, based upon Children’s Division data and cost analysis for the models that was completed. When Children’s Division chose to delay implementation, work with the NY Implementation Support Center ceased. To garner a better understanding of services available throughout Missouri, a Request for Information was distributed to the provider network, service providers who are contracted with Children’s Division, and entities not currently contracted but who may have interest in partnership for meeting the goals of FFPSA. Dissemination of the request for information occurred in collaboration with the Statewide Advisory Group as they were asked to share the opportunity with service providers of whom they were aware. The Request for Information yielded 38 responses identifying what services entities offered, location of service provision, alignment of service provision with the Title IV-E Prevention Services Clearinghouse (Clearinghouse), capacity for service provision, and potential program evaluations to explore programs provided but not yet on the Clearinghouse. In 2021, a second Request for Information was distributed to gain a better perspective surrounding fidelity monitoring. There were 31 responses to the 2021 Request for Information, 11 of which were also respondents to the 2020 Request for Information. In addition to the release of the Request for Information in 2021, email correspondence was sent to respondents of the 2020 Request for Information who did not respond in 2021 to inquire about delivery of programs in fidelity to the practice model and practices in place to ensure fidelity to the practice model. Results from responses will be utilized to identify opportunities for partnership to expand service array.
- Develop a judicial education plan around prevention services. Children’s Division’s court liaison is completing goals and plans for court education and engagement. With the priority of focus for the Independent Assessor and Qualified Residential Treatment Programs during years two and three, these were the area of focus with court engagement and education. Additional work is occurring to notify and educate the court regarding substance abuse facilities. The intention is to also work with Casey Family Programs to support court engagement.
- Coordinate prevention service efforts with local agencies who receive tax funds. Collaboration with the local county tax boards has never occurred in the past and with



delays due to the pandemic as well as the shift in focus for beginning implementation pieces, these meetings did not occur.

- Explore at least three recommendations from the FFPSA Statewide Advisory Group. The Statewide Advisory Group will focus on planning and development of the statewide prevention plan. This group reconvened in April 2020 and meets monthly to advise Children’s Division on state proposals and regulatory tactics developed to meet federal requirements, as well as to strategically address service gaps and needs within the state. To gather input and information for the statewide prevention plan, members of the Statewide Advisory Group were asked to share their vision of what they want to see prevention look like for Missouri, including what services they want to see in the regions, targeted population, and plan to implement. This group will work together to develop strategies to determine how to expand the service array for the state.
- Develop a heat map to determine service array, service gaps, identify providers and provider locations utilizing information derived from the Request for Information and align strategies for service provision opportunities. While this was not an intervention listed in the 2020-2024 CFSP, it was added as a step to assess the needs throughout the state. This activity was to occur after the 2020 Request for Information was disseminated and responses received. A heat map did not occur due to current staff capacity and resources throughout the pandemic, but a list of services and locations was compiled to aide in assessment. A heat map was created in 2022, inclusive of response information from both the 2020 Request for Information and the 2021 Request for Information.
- Pilot IA and QRTP process with Court Partners. The pilot for the Independent Assessor process included pilot sites beginning in three sites in July 2020 and August 2020, utilizing both a Federally Qualified Health Center and Certified Community Behavioral Health Organizations for the assessors. The pilot sites utilized two assessment tools, the CANS tool and DLA-20, as described above. These pilots were intended to identify gaps in the court processes related to IA and QRTP. An internal tracking mechanism was developed to capture referrals, how long it took to get assessments completed, time frame for assessments to get back to CD, and time frame for the assessment to be submitted to the court. From the pilot sites, a process was established to utilize the CANS tool and work with Behavioral Health Service Providers through collaboration with the Department of Mental Health occurred to establish the independent assessors throughout Missouri. In Missouri, any youth referred to residential placement or being placed in residential placements, not exclusive to QRTPs, are referred for the Independent Assessor process. Missouri utilized FFPSA requirements as a catalyst to assure appropriate assessment of needs of children for congregate care placements. Trainings were developed for Children’s Division staff surrounding the Independent Assessment process, and a training was also provided by the Office of State Courts Administrators (OSCA).
- Implement judicial education plan around prevention services. As prevention efforts in Missouri are moving forward, planning around judicial education for prevention services

will be a part of the regular Partnership for Child Safety and Well-Being meetings facilitated between Children's Division and OSCA. Children's Division will need to work closely with OSCA and their Judicial Education Committee to understand priorities of that committee and innovative ways to bring this information to the judiciary.

- Following the implementation of PIP strategy 4.3 (SUD Assertive Community Treatment Teams hereafter referenced as SUD Coordinated Specialty Care Teams), assess for expansion into other areas of the state. The Department of Mental Health expanded Coordinated Special Care teams to two additional areas through Women's and Children's Specialty Teams.
- Monitor newly awarded contracts of prevention programs for successful outcomes. Contracts have not occurred for prevention programs as of yet. An initial draft of the Missouri Five-Year Title IV-E prevention program plan was submitted in 2021. Feedback for amendments and further information was received from Administration for Children and Families, Children's Bureau. Updates and amendments were made to the plan and resubmitted twice in 2022. Approval of Missouri's Five-Year Title IV-E Prevention Plan was received with an effective date of 10/01/2022. Children's Division and Public Knowledge have engaged in conversation with model purveyors. Children's Division and Public Knowledge are working together in development of Request For Proposals for Brief Strategic Family Therapy and Parent Child Interaction Therapy to be piloted in 3-4 pilot sites for the first phase of implementation of FFPSA prevention services.

Current and upcoming focus will surround further prevention program planning. The State of Missouri's 16 Cabinet Departments are committed to providing a state government that is more focused, more efficient, and delivers better results for its citizens. The State of Missouri Cabinet team has developed a management change agenda to improve how Missouri government operates. Each of the State's 16 Cabinet Departments have developed strategic management priorities. Placemats are utilized to summarize these priorities through identifying aspiration: a department's overall goal for the next five or more years; themes: a department's main chapters or lines of effort to achieve the overall aspiration; and initiatives: a department's high priority initiative to advance its themes and aspirations. The aspiration for the Missouri Department of Social Service's 2022 placemat was "empower Missourians to live safe, health, and productive lives". One of four themes on the placemat identified safety and well-being for children and youth, and an initiative within this theme was to identify prevention programs that can be funded now or show future promise for use of Family First funding. There was an identified lead for each initiative and the lead established a team to work with them to address the initiative. The internal FFPSA planning team within Children's Division identified a plan to approach implementation of prevention services in Missouri in phases, with the first phase occurring in pilot site locations. The team working on the placemat initiative identified key activities and milestones to support delivery of the initiative, which included development of a strategic work plan to guide through phases of implementation; identification of pilot site locations for

implementation of prevention services; and work surrounding a communication plan. Missouri intends to continue review of the Title IV-E Prevention Services Clearinghouse to identify additional services for inclusion and future amendment to the Missouri Five Year Title IV-E Prevention Plan for expansion of prevention service array. In addition, Children’s Division is also in planning stages of support and evaluation of an existing prevention service for future submission to the Title IV-E Prevention Services Clearinghouse. Furthermore, Children’s Division is in early exploration stages of work surrounding development of a community pathway.

In addition to focus on prevention services, Children’s Division is also working in collaboration with the Missouri Department of Mental Health, Division of Behavioral Health (DBH) on expansion of opportunity for foster care maintenance payments for a child placed with a parent in a licensed residential family based treatment facility for substance abuse in accordance with requirements in sections 472(j) and 472(a)2(C) of the Family First Prevention Services Act (FFPSA). DBH provides substance use treatment services through a network of community-based providers. These contracted services include Comprehensive Substance Treatment and Rehabilitation (CSTAR) which encompasses an array of services designed to promote independence, maximize functioning in the community, and promote the ability to achieve and maintain recovery. CSTAR services funded by the Department of Mental Health and Missouri Medicaid include specialized programs for women and children, adolescents, the general population and opiate dependent individuals. Presently, there is one CSTAR facility in which the provision of foster care maintenance payments for a child placed with a parent in a licensed residential family based treatment facility for substance abuse is occurring. Efforts are underway with DBH for expansion to other interested CSTAR facilities, including work surrounding meeting the requirements as established in FFPSA, sharing of lessons learned through the initial pilot location, and planning of education for stakeholders in future areas of expansion.

*Feedback Loops:* The FFPSA Statewide Advisory Team is regularly provided information on the implementation status of FFPSA. The statewide group includes membership from community partners throughout the state. Regional teams will reconvene in 2023, with an intended focus of both prevention services and opportunities through FFPSA as well as community prevention services available and areas of need. The Regional teams will provide information back to the FFPSA Statewide Advisory Team. In addition, the CFSR Advisory Committee receives periodic updates on progress towards FFPSA implementation and is afforded the opportunity to provide feedback.

2. Increase timely initial contact in child abuse/neglect reports.
Measures of Progress:
Increase percentage of strength ratings for Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment
Improve Timeliness of Initial Contact (Child Welfare Outcome Report #1)

As discussed earlier in the assessment of Safety Outcome 1, timeliness of initial safety contact of children identified as victims on child abuse and neglect hotline reports was declining steadily in the five years prior to developing the current Child and Family Services Plan (CFSP). While this safety outcome scored well in the CFSR for Round 3 at 93% substantially achieved, the decline in performance was concerning, especially given the critical piece it plays in assuring the safety of children.

*Progress Measures:* The Program Improvement Plan baseline performance for Item 1 was established as 81.5% with the adjusted goal of 87%. With the rolling year of case reviews dated October 2020 – September 2021, Missouri was able to meet and exceed the 87% benchmark, with 91% of case reviews receiving strength ratings. In subsequent case reviews, the rolling year rating for Item 1 has been 94%, 85% and 81%, respectively. From the Child Welfare Outcome Report #1, the timeliness of initial safety contact was 77.26% in FY 2019, 75.99% in FY2020, and 83.77% in FY2021. The first quarter's performance in FY2022 was 86.14% and performance in the second quarter was 87.86%.

*Progress Benchmarks:* The following steps have been taken to date in relation to this CFSP goal:

- Develop case review tool and process for ongoing CA/N reviews to include questions regarding initial contact. A case review tool specific to the investigation/assessment program line was developed in 2019 with the initial sample of cases reviewed in November of that year. The tool was revised slightly based on feedback from the initial review and includes questions regarding initial safety contact, both in process measure and in the quality of documentation of safety assurance. The Central Office Program Development Specialists with CA/N responsibilities were also included in tool revisions to ensure the questions accurately captured required policy.
- Begin case reviews and compile data at least semi-annually. Two of the members of the statewide Quality Assurance System were initially responsible for completing 40-50 hotline reviews on a quarterly basis beginning in the Fall of 2019. Utilization of the tool prior to statewide roll-out helped to establish that it was comprehensive and adequately assessed for quality of child welfare practice. The tool was shared with regional quality assurance specialists in a QA Technical Assistance bulletin, with the guidance for a minimum of 110 record reviews each six months statewide. In January of 2021, all Quality Assurance System staff were moved to receive supervision and direction from central office. Since that time, the investigation/assessment reviews have continued and have expanded to include a review of Newborn Crisis Assessments, as well.
- Conduct a review of published reports to ensure consistency of data. The Quality Assurance System staff meets regularly with members of the Department of Social Services Research and Evaluation unit and the FACES unit. During these meetings, published reports are being reviewed systematically. To date, the Monthly Management

Reports (MMR), which include a table of initial safety contact within 24 hours, have been reviewed. Changes in publication have been delayed due to increased data needs. Due to this delay and the introduction of data visualization tools through the use of Tableau, the review of published reports will continue into 2022.

- Conduct root cause analysis to determine barriers to completing timely initial contact. The analysis will include data review and surveys or focus groups with front-line staff and supervisors. A meeting was held in early March, 2020 to begin discussions around the root cause analysis of the declining performance in timely initial contact. Conversations have continued at the state, regional and local level over the past two years. Some practice concerns that have been noted include data entry when multi-disciplinary team members assure initial safety, not beginning the process to locate victim children immediately upon receipt of report which can lead to delayed contact, and incorrectly combining reports which then do not trigger initial contact requirements in the FACES system. The Quality Assurance System has also begun quarterly reviews of all reports that indicate the initial safety contact was completed, but did not meet the 24-hour requirement, as indicated on Table 4 of the Monthly Management Reports. It has been common to see between 10%-12% of investigations/assessments fall into this category. The most common trends noticed from the reviews include limited attempts (two or fewer) to contact prior to the 24-hour expiration, no attempts to contact prior to the 24-hour expiration, and data entry errors most often related to multi-disciplinary team members' assurance of safety. Information from these reviews is detailed by region and provided to Children's Division administration and regional directors for follow-up with front-line staff and supervisors.
- Add timely initial contact measure to the Children's Division data dashboard. The Department of Social Services has identified Tableau as the preferred method for data visualization and distribution. As such, a CA/N data dashboard has been developed and is provided to circuit managers, regional leadership, and central office staff on a weekly basis. Timely initial safety contact data is included on this dashboard but is only captured if data entry is completed within the week prior on open reports. A monthly CA/N dashboard is also produced and distributed which captures timely initial safety contact data for reports that have been concluded.
- Utilize a multi-pronged approach to review data and results of root cause analysis (i.e., regional supervisor meetings, CA/N workgroup, CD Executive Team meeting, etc.). The information learned about the data and trends of timely initial contact have been discussed in a variety of forums to include:
  - Supervision Advisory Committee discussed barriers to TIC and comments provided to Central Office Leadership;
  - Program Specialist met with regions to discuss regional barriers and plans;
  - Root cause analysis worksheet provided by Quality Assurance Unit for use in executive team discussion;

- Regional and circuit improvement plans developed with Quality Assurance System staff;
- CFSR Coordinator provided a virtual workshop session focusing on Safety Outcomes 1 and 2;
- CFSR Coordinator attended regional management team meetings to discuss PIP items that remain unmet, to include timely initial contact.
- Develop and initiate strategies to improve timely initial contact, which could include: Regional QA System team members work with circuits falling below the identified threshold; on-line information sharing and training; support from Field Support Teams if needed. There are ongoing conversations about the importance of assuring the safety of children within the priority timeframes outlined in state policy. As the Quality Assurance System staff have meetings with individual circuits, timely initial safety contact is a consistent agenda topic and plans for improvement are developed as a result. The Central Office Program Development Specialist over CA/N will be attending regional CAN supervisor meetings to discuss barriers to timely initial safety contact, as well as brainstorming strategies for improvement. Data visualizations and recognition for meeting the statewide goal continue to be distributed by the Quality Assurance System staff.

*Feedback Loops:* There are regular phone calls with regional and executive leadership and central office staff who oversee the investigation/assessment program line to review the CA/N data dashboard and to problem-solve areas of concern. The CA/N dashboard is provided on a weekly and monthly basis to all circuit management staff. The dashboards provide circuit-level data for the program line. Following the completion of semi-annual CA/N case reviews and quarterly CFSR case reviews, updated data is provided to Children’s Division executive leadership and Quality Assurance System staff for review and discussion.

Administration has the authority to place individual Children’s Service Workers, Supervisors, Specialists, Circuit Managers, etc. on a Performance Improvement Plan based on performance, which would include Timely Initial Contact. Each level of leadership is responsible for supporting those that report to them and for accountability. Regional Directors hold circuits accountable for seeing children timely as required in statute. Utilizing support strategies for workload is important. A few strategies include utilizing a multi-disciplinary team member to meet timely initial contact when appropriate, shifting resources within the region when needed, and the Central Consult Unit (CCU). Calls to consult qualifying cases must be made within seven (7) days to CCU. When determining whether a Performance Improvement Plan is needed, staffing levels and consistency of performance will be taken into consideration. Consistency of performance will encompass determining if the individual meets the measure on a consistent basis.

3. Fully implement Missouri’s integrated practice model to enhance the quality of safety and needs assessments and parent engagement.

Measures of Progress:

Increase the percentage of strength ratings Item 3: Risk and Safety Assessment and Management

Increase the percentage of strength ratings Item 12: Needs and Services of Child, Parent and Foster Parents

The Five Domains of Wellbeing, Trauma-Informed Practice, and Signs of Safety were the foundational elements and frameworks for the Missouri Practice Model during the 2017 Round 3 of the CFSR. The review noted that Signs of Safety, while new and not yet fully introduced in all areas of the state, held significant promise in improving practice with children and families. As such, many of the strategies in the Program Improvement Plan focused on elements of Signs of Safety including using Signs of Safety tools to more accurately and thoroughly assess children and families.

Implementation of Signs of Safety was staggered throughout the state with regions being presented pieces of the model at varying stages. Informational meetings were held throughout the state to introduce aspects of the practice model so community stakeholders could recognize and anticipate changes. Anecdotally, the community expressed disconnect between the theories introduced and work they saw in the field, leading to a lack of confidence in the work the Children’s Division performed.

In an effort to address the disconnect felt by the community stakeholders, Children’s Division formed a group in 2020 to examine the Alternative Care Practice Model. The group was made up of a diverse selection of Children’s Division staff who were tasked with identifying the relevant elements from the different practice approaches currently being utilized amongst staff and constructing a new model that made sense for Missouri and could be effectively and efficiently implemented statewide.

**Progress Benchmarks:**

To date, the following outlines the steps taken to implement the interventions described in the 2020-2024 CFSR.

- Conduct self-assessment of CD’s implementation of integrated practice model.  
In the spring of 2019, the Department of Social Services formed a Task Force for Child Safety to examine safety practices of the child welfare system. This included an assessment of Signs of Safety implementation and training opportunities provided to Children’s Division staff. Recommendations from the task force were provided to the Division in September, 2019, requiring Children’s Division leadership to examine current implementation of the practice model. The determination was that the Signs

of Safety Model, while supportive of engagement, did not effectively assess safety and risk or thorough assessment of a family.

- Identify and hire three FTE as dedicated case reviewers.  
Four Quality Assurance team members were dedicated as case reviewers to provide first level approval for approximately 75% of the reviews completed each period.
- Develop a case review tool and process for ongoing CA/N reviews to include quality of mapping documents (implementation to fidelity). Begin case reviews and compile data at least semi-annually.

A case review tool was developed for Family Centered Services (FCS) and Alternative Care (AC) cases to primarily assess and measure the quantity and quality of Signs of Safety practice implementation. Following peer and executive team review, the FCS and AC case review process began in the summer of 2020, in accordance to PIP renegotiation timelines. The case review data suggested that the use of the Signs of Safety practice was not sufficiently meeting the practice needs, therefore use of the Signs of Safety FCS and AC tools has been stopped.

Since the revision of the AC Practice Model in August 2021, a new comprehensive case review tools has been developed and tested. This review tool provided data on the revised AC Practice Model in December 2021, February 2022 and June 2022.

- Explore recommendations from the implementation of practice model self-assessment. Include an opportunity for community feedback.  
Recommendations from the Task Force for Child Safety have been reviewed by Children’s Division executive leadership. While the task force recognized the value of Signs of Safety as an engagement model, there were concerns that not all Children’s Division staff were utilizing the tools in the model to accurately identify and assess risk and safety concerns. As such, the Family Risk Assessment Tool (CD-14E) which staff has used in years past was re-instated as a requirement during the initial assessment of child safety for all hotline reports. The Family Risk Assessment Tool is to be completed and discussed at the 72-hour supervisory consultation to help guide staff in making safety decisions for children. In addition, in 2021, the new Structured Decision Making (SDM) Safety Assessment was introduced to staff.
- Select recommendations for improved practice model implementation.  
The process of the AC Practice Model revision is detailed below.

## **Stakeholder Feedback**

Data obtained through case reviews and stakeholder feedback in 2019 indicated the Signs of Safety practice approach by itself did not yield consistent risk and safety information; was not fully meeting the practice standards needed to accurately assess a family; did not produce a case plan in compliance with constitutional and statutory requirements; and lacked the ability to



formally document the needs of families nor the services they received. This culminated in issues within termination of parental rights cases.

In conclusion, a revised practice model was necessary.

### **Revising the Alternative Care Practice Model**

The Division examined the most valuable field tested aspects from the Signs of Safety approach and the Framework for Safety and began integrating them into one model that better assesses and ensures the safety and well-being of children. The model as a whole was designed to be implemented in eight phases. Phase one has been completed to date.

### **The foundational blocks of the new Alternative Care Practice Model**

- Five Domains of Wellbeing: How we see our families.
  - Identifying and helping individuals and families develop:
    - Social Connectedness
    - Stability
    - Safety
    - Mastery
    - Meaningful Access to Relevant Resources
- Signs of Safety: How we engage and communicate with our families.
  - Primary focus on child safety (clearly defining past harm, future danger, complicating factors, strengths and existing safety)
  - Clear articulation of safety goals and safety plans
  - Quality engagement with families, building working relationships
  - Children remain at the center of focus
  - Focus on observable behaviors
  - Utilizing an in-depth questioning approach
  - Making informed decisions
  - Ensuring everyone involved has a voice, including the child
  - Recognizing families success in providing safety
  - Building safety networks
- Framework for Safety: How we articulate safety to courts and partners.
  - Assessing child vulnerabilities
    - A child's capacity to self-protect
  - Assessing Parental protective capacities
    - Cognitive
    - Behavioral
    - Emotional

- Determining if the parents protective capacities are sufficient to manage the child’s vulnerabilities and if not, determining the impact to the child and steps to remedy the gap
- Identifying specific and observable safety threats
  - Aligns Children’s Division language to the Juvenile Courts language
  - Articulation of present danger vs. impending danger
  - Use of 14 Threats of Harm
- Structured Decision-Making (SDM)
  - Measures risk and safety throughout the life of a case
  - Helps to determine when decisions around child safety need to be made
- Trauma informed practice
  - Safety: Ensuring physical and emotional safety
  - Trustworthiness: Maximizing trustworthiness, making tasks clear and maintaining appropriate boundaries
  - Choice: Prioritizing developmentally appropriate choice and control for children, youth, families and adults
  - Collaboration: Maximizing collaboration and sharing of power with children, youth, families, and adults
  - Empowerment: Prioritizing child, youth, family and adult empowerment and skill-building

### **Practice Model Tools and Documentation**

Consistent and formal documentation was identified as an area of need during the practice model evaluation. The following tools were revised or developed to enhance the Division’s ability to give families, courts and stakeholders a consistent and reliable experience.

- Monthly Contact Form. Designed to immediately capture conversation and actions during home visits with children, parents and caregivers.
- Initial Family Assessment and Initial Family Assessment Attachment. Family assessment tools used to inform the development of the family’s case plan.
- Social Service Plan (SSP). A holistic family case plan that clearly demonstrates the reasons children are in foster care, the conditions for the children to return home and services provided and progress made. The SSP was developed with a focus creating a legally sufficient document while promoting consistency in assessment and practices. (See APSR Item 20 – Written Case Plan for additional information.)
- Verification of Receipt of Documents and Information Form. Ensures all documents are shared with the appropriate parties keeping families and resource providers informed of their rights and responsibilities. Provides staff with the information they need to deliver services equitably and legally.

## **Practice Model Implementation – Phase One**

The Division conducted two pilots in order to field test and implement the new practice model approach and tools. One pilot focused on assessing the functionality of the tools. The second pilot tested the revised practice model process. That pilot included thirteen circuits and two contracted foster care case management agencies which represented each region of the state. Information gathered from the field pilot was used to revise and refine the process and tools before introducing the practice model to the workforce at large.

### **Implementation Support**

To support staff in the implementation of the revised AC Practice Model the following took place:

- Program Development Specialist position and project lead who conducted trainings, lead feedback groups, made upgrades to tools and instructions
- AC Model Mentor group, composed of field staff from circuits and regions
- Q&A document to help staff navigate the FACES system and specific case circumstances
- E-learnings
- Recorded step-by-step tutorials
- Printable guides and case examples
- Regional tutorial/Q&A sessions with the MO Model team lead, specific to developing Social Service Plans
- Regional field mentors

### **Ongoing development of the AC Practice Model**

The full revised AC Missouri Model is planned to occur across 8 phases of development. The status of development is currently at phase 1. Continuation to phase 2 will occur when staff have sufficiently strengthened practice of the fundamental elements of case planning (as determined through case reviews) before progressing. Additional phases are planned to strengthen the Social Service Plan to become an all-encompassing document of all individual family members goals, activities, and actions from case opening through case closure with the ultimate goal that the Social Service Plan, at its final stage of completion, would be utilized as the court report to reduce duplicate documentation and to streamline case management activities.

The pending new CCWIS system is anticipated to streamline documentation and case planning with families. CD is also partnering with Change and Innovations Agency to identify potential next steps to strengthen the AC Practice Model.

4. Support worker level retention through the exploration of the “Staying Power” resources and tools.

Measure of Progress:

Decrease turnover rate for Children’s Services Worker I and II positions

Workforce concerns within the Children’s Division were identified as a cross-cutting theme to be addressed in the Program Improvement Plan. Worker turnover within the cases reviewed during the CFSR was seen to negatively impact progress toward permanency for children as well as accurate assessments of children and parents’ needs. One of the PIP strategies focuses on recruiting potential case managers who demonstrate competencies which mesh well with child welfare work. As the quality of newly hired employees improves, it becomes more imperative to retain those staff members. The interventions identified within this goal strive to provide supervisory staff with more resources and tools to retain case managers, specifically at the Children’s Service Worker I and II positions, which traditionally has the highest turnover rates within the agency.

*Progress Measures:* Turnover rates for FY2019 were 32.56% and 46.74% for Children’s Service Workers I and II. Turnover rates for FY2020 were 37.29%, 46.49% and 16.22% for Children’s Service Workers I, II, and III, with an overall turnover rate of 33.87%. Turnover rates for Associate Social Service Specialists I-III in FY2021 totaled 37.84%. The turnover rate as of May, 2022 for the state was 44%. Turnover rates in some circuits were extremely high with a few circuits reporting turnover rates as high as 80%.

*Progress Benchmarks:*

- Explore “Staying Power” toolbox/training for staff retention. The Workforce Recruitment and Retention Specialist has reviewed the Staying Power! Supervisors Guide to Retention materials and has developed a training package for presentation. After meeting with leadership it was decided to reduce the five-module series, into a one-hour session. This session covered selection, recruitment, retention, and tools to aid hiring managers. Due to COVID, this training was delivered virtually on WebEx and recorded so new managers could complete the training.
- Assess SAC member’s experience with retention training and explore expansion. Include an assessment of turnover rates in SAC members’ circuits. The SAC committee was no longer identified as the pilot group for this retention effort. The Kansas City region identified retention as an area for improvement and has included the Staying Power retention training in its staff retention plan. Using the Staying Power! interview toolkit it was found that those interviewed with the competency-based questions were +23% more likely to stay based on the available data. Due to the cannon and implementation of this interview tool, the tenure of those interviewed using the Staying Power! selection toolkit has not been a long enough sample, nevertheless, the initial data is encouraging.

- Conduct survey/focus groups with workers in pilot sites to gain thoughts on the effectiveness of retention efforts. Due to staffing changes and budget restrictions, the Recruitment and Retention Specialist position was vacant for much of FY21. Once filled, focus groups were completed in several areas of the state to get an accurate representation of retention efforts. Among the most cited reasons for leaving Children’s Division were pay, stress, and work-life balance. Children’s Division has made an effort to address each one of these top concerns. A data pull collected 123 names of individuals who could be promoted based on tenure to raise their pay. The partnership with Accenture targeted stress related to caseload size. Workflow was examined and changes made to case assignment to ensure a healthy bell curve of work distribution. Lastly, regarding work-life balance; Children’s Division has partnered with Casey Foundations to obtain quantitative data surrounding work-life balance. This coupled with qualitative data garnered from focus groups has led to recommendations for increased work flexibility. The Department of Social Services is currently piloting distributed work throughout the department to include Children’s Division. Reducing windshield time is also being explored by using technology the way it was intended.
- Enhance support to the workforce. Staying Power! Supervisors Guide to Retention is available to be utilized. Exit interviews are encouraged and information is reviewed to guide implementation of retention activities. The Social Services Assistant position is being utilized as a support for case managers. Social Services Assistants duties include supervising/monitoring children during supervised visits, aiding with documentation, assisting in obtaining information. Staff working overtime in critical needs areas (staffed under 70%) and any staff assisting in those areas have the opportunity to be paid for their overtime on a monthly basis. In December of 2022 workers I-IV were given a 10% pay increase. In March of 2023 all employees were given an 8.7% pay increase. Reviews continue regarding the financial feasibility of state funded social work licensure to increase competence and retention efforts. Paid internship availability began in 2022 with the goal of strengthening the school-to-work pipeline. Ongoing Title IV-E incentive offered to staff wishing to obtain their Master of Social Work degree.

*Feedback Loops:* As this project moves forward, the supervisory staff in the pilot that receive the training and use the techniques with their staff, will be asked to provide feedback regarding their experiences using the retention resources. Their feedback will be used to make any necessary adjustments to the training prior to statewide roll-out. Given the staffing and hiring issues and the need to expedite hiring, many interview teams have implemented abbreviated interview questions from “Staying Power” and pilots were placed on hold in order to better meet basic client needs.

5. Increase timely permanency through an emphasis on (a) concurrent planning and (b) case plan development.

Measures of Progress:

Increase the percentage of strength ratings Item 5: Permanency Goal for Child

Permanency Outcome 1 was the lowest rated outcome of Round 3 CFSR in Missouri with 25% of the cases rated as substantially achieved. While the PIP addresses the timeliness of permanence and concerns with the timely filing of petitions for termination of parental rights, there were also issues around concurrent planning and written case plans. In discussion with stakeholder groups, it was determined to address these areas within the CFSP.

*Progress Measures:* Missouri did not meet the benchmark for Item 5 prior to the expiration of CFSR Round 3. The Program Improvement Plan baseline performance for Item 5 was established as 57.5% with the adjusted goal of 64%. Case review data for September 2022 is 64%. Case review data for December 2022 is 64%.

*Progress Benchmarks:*

- Explore technical assistance from Capacity Building Center for States in the areas of concurrent planning and written case plans. Include challenges and barriers from the Children’s Division Case Planning Workgroup in the discussion.

The Children’s Division met with Missouri’s Capacity Building Center for States liaison on February 10, 2020 to discuss the status of current projects and identify any new projects moving forward. It was determined that the Children’s Division would not pursue technical assistance in the areas of concurrent planning or written case plans at this time. There were other areas of interest which were priority. With the assistance of in-house legal counsel, central office staff have researched the information needed for concurrent planning and an internal workgroup discussed ideas which resulted in the development of the Social Service Plan which contains mandatory input of permanency and concurrent plans during each 90 day assessment period. To further strengthen this area, additional trainings and communication around selection of appropriate permanency and concurrent plans continues to be developed. The Learning Circle Permanency Planning 101 was developed. The Learning Circle is in response to the Program Improvement Plan (PIP) and was mandatory for staff completion in October 2021. The Learning Circle remains available as a resource for staff.

- Hire Special assistant position to continue court TA work. The special assistant position was filled by Teri Armistead in the spring of 2019. Her replacement, Kate Watson, held the position from March, 2020 to December 2022. The position is currently held by Heather Ford since January 2023.

- Review federal expectations regarding concurrent planning and written case plans. Concurrent planning was identified as a priority issue and received attention through the Children’s Division’s Placemat for 2020 and 2021. The placemat group was identified and met four times from June, 2020 to January, 2021. The group work included a review of federal guidelines, state statute, and Children’s Division policy in the assessment to determine if policy changes were needed. The workgroup made recommendations to changes in policy and practice and to include additional trainings surrounding what is needed for a permanency plan to be successful. The internal workgroup for a comprehensive service plan met last in the summer of 2020 to discuss federal requirements and state statute surrounding written case plans. In August 2021 the Social Service Plan was implemented which requires documentation of the permanency and concurrent plans within the initial 30 days of case opening and every 90 day assessment period following.
- Conduct a review of the Children’s Division policy and state statute regarding concurrent planning and written case plans. (See Written Case Plan section).
- Conduct an assessment of regional training in regards to concurrent planning and written case plans. Include an assessment of consistency among initial training packages. The Children’s Division training program transitioned from regionally-based to a consolidated central training unit. One of the first projects the consolidated unit undertook was developing a pre-service training package for use throughout the state. The placemat workgroup was given the opportunity to review the training prior to implementation and made suggestions for modifications in relation to concurrent planning instruction. In addition, the material for the Legal Aspects training series was reviewed to ensure the policy recommendations were consistent with this training as well.
- Develop training/WebEx to inform staff and FCCM partners of any changes to policies or practice. A Children’s Division Memorandum was distributed to all staff on August 8, 2021 introducing the learning circle. A learning circle curriculum was developed for Children’s Division and FCCM staff to review concurrent planning philosophies and practices. The learning circle Permanency Planning 101 was mandatory for staff completion in October, 2021. The Learning Circle remains available as a resource for staff.
- Provide training on updated policy/practice to the Children’s Division staff. Include consistent training material in initial frontline staff training. The Legal Aspects training team introduced foundational trainings for all staff in September 2021, complementing the learning circle with an on-line training course, Legal Aspects of concurrent planning.

*Family Support Team meetings are required every 6 months to review the child’s permanency plan and determine if the permanency and concurrent plans remain appropriate for the child at that time.*

*Feedback Loops:* Children’s Division executive leadership was represented on both the Children’s Division placemat workgroup and the internal Social Service plan workgroup.

Phase 1 of the Social Service Plan development was completed in the fall of 2021. The SSP documents permanency and concurrent plans and changes to those plans through the progression of the case. The SSP is required within the initial 30 days of case opening and then every 90 days following until case closure.

**Quality Assurance System**

Please refer to the Quality Assurance System description within the “Assessment of Current Performance” section of this report.

**Update on the Service Descriptions**

**Stephanie Tubbs Jones Child Welfare Services Program**

*Child Abuse and Neglect Hotline Unit*

Missouri statute charges the Children’s Division (CD) to operate a single, statewide toll-free telephone number at all times for receiving reports of child abuse and neglect (CA/N). The Child Abuse and Neglect Hotline Unit (CANHU) serves as a gatekeeper and first responder for all child abuse and neglect reports. At the hotline unit, all calls are screened, assessed and classified by Associate/Social Service Specialists, who meet the same job qualifications as CD field investigators. Below is a call chart for FY18 – FY22:

<b>Fiscal Year</b>	<b>Total Calls</b>	<b>Admin. Functions*</b>	<b>Remaining Calls</b>	<b>Classified CA/N</b>	<b>Classified Non-CA/N Referral</b>	<b>Documented Calls</b>
<b>2018</b>	154,924	15,898	139,026	59% (82,438)	17% (23, 804)	24% (32,784)
<b>2019</b>	153,155	19,762	133,393	54% (72,418)	18% (23,943)	28% (37,032)
<b>2020</b>	142,791	17,597	125,194	51% (64,231)	23% (28,236)	26% (32,727)
<b>2021</b>	144,080	15,279	128,801	50% (64,817)	30% (37,806)	20% (26,178)



<b>2022</b>	147,654	14,038	133,616	54% (71,322)	24% (32,474)	22% (29,820)
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Source: FACES Report for FY18-FY22

\*Administrative Functions are defined as:

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

Child Abuse and Neglect Call Management System Technology:

In March of 2020, CANHU began looking at alternative platforms to replace Cisco technology and Teliopiti/Calabrio. In October 2020, CANHU began working with Genesys Cloud to create a call center on their platform. Team members began testing the new call center in December 2020. In January of 2021, CANHU successfully changed to Genesys Cloud phone system. Genesys Cloud integrates the phone system, call management system, chat function, call recording system, collaborative review evaluation, and work force management. This system allows all programs to be accessed through a Single Sign-On feature, allowing team members to only utilize one screen for the program. Mandated Reporters in Queue 3 are also provided a callback option that includes the ability to leave an extension. This improvement has been very helpful to ensure team members are able to effectively reach the reporter during a callback.

The following chart displays average wait times by Queue.

	Queue 1	Queue 2	Queue 3	Queue 4	Overall
2019	0:03:48	0:05:05	0:13:03	n/a	0:07:25
2020	0:03:17	0:03:29	0:08:00	0:02:59	0:04:35
2021	0:05:26	0:07:03	0:12:32	0:03:26	0:08:18
2022	0:06:24	0:13:56	0:18:10	0:05:51	0:12:41

Average call times for the past four years are as follows:

- 2019 – 0:16:54
- 2020 – 0:16:32
- 2021 – 0:14:26
- 2022 - 0:15:16

**Online Reporting:** Due to continued challenges to handle 800# call volume, an online reporting option called OSCR (Online System for Child Abuse/Neglect Reporting) was implemented on 11/21/16 for mandated reporters to file reports for non-emergency situations. During the initial phase, online reporting was well-received by Missouri mandated reporters as a convenient way to make timely reports. Since 2017, the Children’s Division has promoted online reporting through social media, outreach at professional conferences, and GovDelivery messaging to mandated reporter groups.

In 2019, mandated reporters were given the ability to begin reporting emergency situations online. Prior to this, only non-emergencies were accepted. CANHU currently has at least one team member per shift designated to handle submitted OSCRS. This ensures information is processed in a timely manner. At the end of 2019, mandated reporters were also given the option to save up to 5 incomplete online reports for 72 hours. This allows them to gather any necessary information prior to submitting. The use of online reporting has increased from 35% in FY 2021 to 44% in FY 2022. The implementation of OSCR has been a timesaver to reporters and CANHU team members because online reports can be processed in half the time as phone reports.

<b>Fiscal Year</b>	<b>Total Hotlines</b>	<b>OSCR Originated</b>	<b>Percent of OSCRs</b>	<b>CANHU Originated</b>	<b>Percent of CANHU</b>
<b>2017</b>	145,325	16,309	11.2%	129,016	88.8%
<b>2018</b>	154,924	21,457	13.8%	133,467	86.2%
<b>2019</b>	153,155	38,191	24.9%	114,964	75.1%
<b>2020</b>	142,791	32,900	23%	109,891	77%
<b>2021</b>	144,080	49,699	35%	94,381	65%
<b>2022</b>	147, 654	64,816	44%	82,838	56%

Source: FACES Report for FY17-FY22

**Staff Turnover and Retention/Recruitment:** Several factors impacting turnover at the hotline include the stress of high call volume, lack of variety in work assignments, and a non-traditional work schedule (evening/midnight/weekend/holiday shifts). Primarily, hotline staff leave to take positions with another agency or transfer to a Children’s Division field office in order to work directly with children and families. Hotline staff are dedicated to statewide CA/N intake and are not required to assume investigative responsibilities.

In March 2020, CANHU transitioned to full-time work from home for approximately 90% of the team, due to the COVID-19 pandemic. In May of 2021, Children’s Division began a hybrid pilot program. This allowed Children’s Service Workers and members of the supervisory team to

work from home, provided they meet established performance requirements. Team members who met performance goals were required to only work in office 2 days a week.

As part of the Governor's Office & Operational Excellence Call Center Initiative that began in April of 2022, CANHU has been participating in a new telework pilot. Children's Service Workers who are meeting established performance requirements are eligible to work from home 4 days a week. As part of the new pilot, supervisors are allowed to work from home one day a week.

Since 2016, CANHU has worked to expand office locations across the state in an attempt to increase our candidate pool. We have increased the number of team members working outside of the three main offices in Jefferson City, Kansas City and Springfield. We currently have team members located in Warren, Miller, Pulaski, Boone, St Louis and Jefferson County.

In 2019, CANHU started a Trauma/Morale initiative to help with morale and turnover with the unit. CANHU has started Lunch and Learn sessions and recently started Decompression Groups. Lunch and Learn sessions bring team members together to talk about different topics pertaining to child welfare. This time can also be utilized to discuss new Practice Points/Alerts that have been implemented. CANHU has continued to utilize Decompression groups to give team members time to talk with coworkers about challenges in taking calls or other topics determined by the group. In FY20, CANHU implemented a team member Spotlight. Due to work from home and CANHU team members spread across the state, this is used to help staff learn about fellow team members at CANHU. In an attempt to build morale, CANHU also implemented seasonal and holiday trivia. The CANHU "House Cup" game was implemented to encourage and promote good work. These activities have continued to be utilized in 2022.

#### Process Improvement:

In CY21, CANHU worked with Change and Innovations to identify new ways to support team members. CANHU implemented a number of suggested changes, including new processes for maximizing supervisor availability and communication for team members. In June of 2022, CANHU implemented a pilot program to alert law enforcement of Non-Caretaker Referrals in Jackson County and St Louis City. While St Louis City is still participating in the program, Jackson County ended the pilot in December of 2022.

In April of 2022, the Governor's Office & Operational Excellence Call Center Initiative was created. This working group was aimed at improving data transparency and increased collaboration among call centers throughout the state of Missouri. CANHU leadership has participated in this group and gained insight into best practice standards and process improvement opportunities. As a recommendation from the initiative, all supervisors are working to complete the Lean Six Sigma Yellow Belt training.

Child Abuse and Neglect Hotline Unit Oversight: CANHU team members are currently using Collaborative Call Review to assure quality. This process consists of a team member and his/her supervisor listening to a recording of a team member's call. Each person evaluates the call for quality and accuracy in call classification. Once the evaluation is complete, they come together to discuss what went well in the call, any worries and what needs to happen or ways to improve in the future.

#### *Child Abuse and Neglect Hotline Unit (CANHU) Fatality Review Team*

The Child Abuse and Neglect Hotline Unit (CANHU) Fatality Review Team was created to ensure consistent and accurate screening of all fatalities. This group consists of supervisory team members who review all CA/N and Non-CA/N fatalities that are reported each day. At least two team members are assigned to review each case. Information is gathered, documented, and reviewed to determine trends in cause of death and accuracy in call classification.

This group also reviews CA/N and Non-CA/N fatalities to determine if sufficient information was provided by the reporter to appropriately classify the information. This process began due to a lack of information provided in Online System for Child Abuse and Neglect Reporting (OSCR) originated reports and referrals. In instances where insufficient information is provided, CANHU has worked with the State Technical Assistance Team (STAT) to reach out to mandated reporters in hopes of obtaining all necessary information.

During review, members of the CANHU fatality review team also determine if sufficient detail was obtained and if the call was correctly classified. If it is determined that the call does not contain sufficient detail, attempts are made to contact the reporter for additional information. If the call was incorrectly coded or classified, the team member will make appropriate changes. The call number and concern are forwarded to the team member's supervisor so that a coaching conversation can occur and sufficient information is obtained during intake in the future.

Medical Examiners making a fatality report can request prior history checks from the hotline. Team members review documentation to ensure a prior history check is completed. This ensures all necessary Children's Division history is provided to the mandated reporter who may be involved in the fatality investigation. Most recently, CANHU created a bank of additional follow-up questions that can be utilized by CANHU staff when screening fatality calls.

#### *Child Abuse and Neglect Reports*

During SFY22, the Children's Division completed 58,691 reports of child abuse/neglect, involving 81,001 children. This was an increase in reports of 7.7% from SFY21 and an increase of 5% of total children. Comparing months, March had the highest number, and July the least, of both reported incidents and children. During FY 2022, an average of 4,891 reports involving 6,750 children were made each month.

<b>Incidents and Children Reported to the Child Abuse/Neglect Hotline</b>				
Year	Total Reports	Annual Change	Total Children	Annual Change
2018	73,924	08.7%	106,090	08.0%
2019	64,920	-12.2%	89,738	-15.4%
2020	55,853	-14.0%	78,328	-12.7%
2021	54,515	-2.4%	77,108	-1.6%
2022	58,691	+7.7%	81,001	+5%

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

Source: Child Abuse and Neglect Annual Report, SFY22

Reporter Demographics: The Children’s Division’s centralized Child Abuse/Neglect Hotline Unit (CANHU) receives concerns from both “mandated” and “permissive” reporters. Mandated reporters are required by state statute (Section 210.115, RSMo.) to report abuse/neglect when they have reasonable cause to suspect a child has been or is being abused. Those who are mandated to report suspicion of child abuse/neglect are clearly identified in the statute. Permissive reporters are those who are not required to report suspicions of child abuse/neglect, such as relatives or neighbors. The percentage of reports are made by mandated reporters at 76%.

Principals, social workers, and law enforcement personnel were the most common mandated reporters during SFY22.

<b>Reporters of Child Abuse/Neglect during SFY22 by Occupation</b>		
	Number	Percent
Permissive	14,988	20.9%
Principal or other school official	10,922	15.2%
Peace officer or Law Enforcement	10,284	14.3%
Social Worker	9,679	13.5%
Mental Health Professional	6,226	8.7%
Teacher	4,737	6.6%
Nurse	3,799	5.3%
Other person with responsibility for care of children	2,528	3.5%
Children’s Division Worker`	1,451	2.0%
Unknown	1,268	1.8%
Physician	870	1.2%
Other Health Practitioner	689	1.0%
Juvenile Officer	678	0.9%
Day Care	633	0.9%

Foster Parent	490	0.7%
Other Hospital/Clinic Personnel	432	0.6%
Psychologist	302	0.4%
Intern	229	0.3%
Probation or Parole Officer	134	0.2%
Minister	132	0.2%
Medical Examiner	111	0.2%
Resident	95	0.1%
Coroner	52	0.1%
Volunteer/personnel of community service program	42	0.1%
Dentist/dental hygienist	42	0.1%
Jail detention and volunteers	36	0.1%

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

Source: Child Abuse and Neglect Annual Report, SFY22

Many of the professions in the table above receive minimal or no training on the statutory obligations of being a mandated reporter or on abuse/neglect in general. A sub-committee of the Task Force on the Prevention of Sexual Abuse developed online standardized mandated reporter training, which became available to the public in November 2016 and was updated in 2021. Ongoing collaboration between multi-disciplinary team members continues to assist in educating about reporting.

Hotline Classification: Pursuant to Section 210.145, RSMo. the Children’s Division utilizes protocols based on Structured Decision Making (SDM) to classify and prioritize all calls to CANHU. The protocols provide a mechanism by which CANHU obtains and organizes information while giving priority to ensuring the safety and well-being of the child(ren) involved in hotline reports. Of the 58,691 reports in SFY22 which met criteria to be classified as child abuse/neglect, 36.9% were completed as investigations, 58.2% were completed as family assessments, and 4.8% were completed as juvenile assessments. This percentage remains consistent over time.

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

- All reports of child fatality,
- All reports of sexual abuse,
- Reports of serious physical injury,
- Reports of serious neglect,
- Reports which if true would constitute a violation of specific criminal codes as specified by Missouri statute,

- Reports alleging a child is in danger at the time of the report, and law enforcement is needed,
- Reports in which the alleged perpetrator is not a member of the family/household,
- Reports which may not fall into any of the above categories, but include factors such as age, location or seriousness of the allegation(s) which result in a substantial risk to the life, body, or health of the child or an alleged attempt to kill or cause serious injury to a child, or
- All reports referred to the Out-of-Home Investigation (OHI) Unit.

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

- Abuse: Any physical injury, sexual abuse, or emotional abuse inflicted on a child other than by accidental means by those responsible for the child’s care, custody, and control, except that discipline including spanking, administered in a reasonable manner, shall not be construed to be abuse. Victims of abuse shall also include any victims of sex trafficking or severe forms of trafficking as those terms are defined in 22. U.S.S. 78 Sections 710(9)-(10).
- Neglect: A failure to provide, by those responsible for the care, custody, and control of the child, the proper or necessary support, education as required by law, nutrition or medical, surgical, or any other care necessary for the child’s well-being. Victims of neglect shall also include any victims of sex trafficking or severe forms of trafficking as those terms are defined in 22. U.S.S. 78 Section 710(9)-(10).
- Care, custody, and control: Those responsible for the care, custody, and control of the child includes, but is not limited to:
  - The parents or legal guardians of the child;
  - Other members of the child’s household;
  - Those exercising supervision over a child for any part of a 24 hour day;
  - Any adult person who has access to the child based on relationship to the parents of the child or members of the child’s household or the family;
  - Any person who takes control of the child by deception, force, or coercion; or
  - School personnel, contractors, and volunteers, if the relationship with the child was established through the school or through school-related activities, even if the alleged abuse or neglect occurred outside of school hours or off school grounds.

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

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

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

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

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

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

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

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

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

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

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

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



5. Sexual abuse may occur over or under the child's clothes.
6. The division shall not be required to prove that the child suffered trauma or harm as a result of the act of sexual abuse.
7. A child cannot consent to a sexual or sexualized act or interaction with a person responsible for that child's care, custody, and control.

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

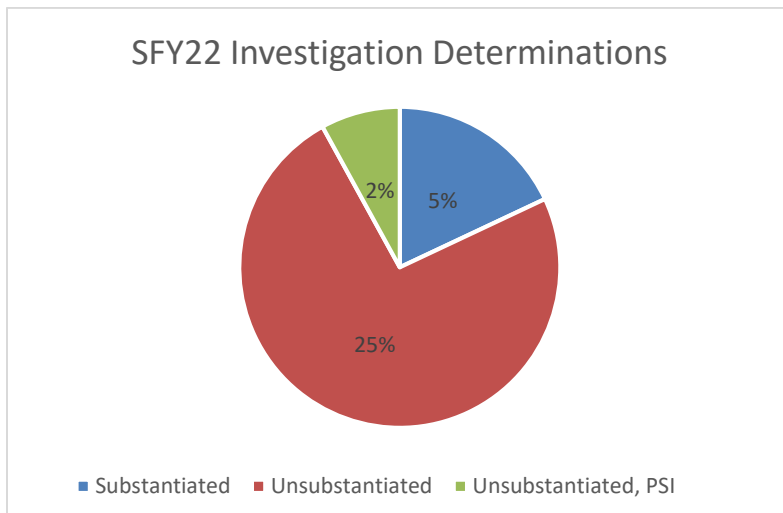
Proper or necessary support: Within the definition of neglect, adequate food, clothing, shelter, medical care, or other care and control necessary to provide for the child's physical, mental, or emotional health or development.

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

- **Preponderance of Evidence:** This conclusion is reached when all the elements that constitute the legal definitions of abuse or neglect can be proven using the standard of proof of Preponderance of Evidence. Preponderance of Evidence is defined in Section 210.110, RSMo., as “the degree of evidence that is of greater weight or more convincing than the evidence which is offered in opposition to it or evidence which as a whole shows the fact to be proved to be more probable than not.”
- **Child Abuse/Neglect Present, Perpetrator Unidentified:** This conclusion is reached when the elements of abuse or neglect are proven, but the perpetrator cannot be determined.
- **Unsubstantiated:** This conclusion is reached in the absence of sufficient evidence to determine child abuse or neglect has occurred, and the family does not present significant risk factors or other indicators which pose a specific threat to the child.
- **Unsubstantiated-Preventative Services Indicated:** This investigative conclusion is reached when there is insufficient evidence to make a determination that child abuse or neglect has occurred by a Preponderance of Evidence; however, the worker has identified risk factors through observations, interviews, and collaterals, which if unresolved, could potentially contribute to future concerns of child abuse/neglect or result in the accumulation of harm as it would pertain to issues of chronic maltreatment. This determination requires preventive services be provided to the family.
- **Unable to Locate:** This conclusion is reached only after all three of the following criteria are met:

- When not one single child or any parent/caretaker included in the report is located,
  - After the Children’s Service Worker has searched all available resources that can help to locate the family and children,
  - Only after the supervisor agrees that sufficient attempts have been made and the Children’s Service Worker has exhausted all available resources to locate the family.
- Located out of state: This conclusion is reached only after the Children’s Division has verified the location of the alleged victim child(ren) as residing in another state. Every effort should be made to assure safety in the other state. Staff may not take the word of the reported caregiver of the child located out of state as a means of verifying the alleged victim’s location in another state or to establish their safety or well-being.
  - Home Schooling: This conclusion is reached when the parent has stated that he/she is providing for his/her child’s education, and the Children’s Division has sent the report to the superintendent of the appropriate school district. A conclusion of homeschooling is not appropriate when there is a concern for educational neglect.
  - Inappropriate report: This conclusion is reached if it is determined the report did not contain allegations of abuse or neglect specified in Missouri State Child abuse and Neglect Statute (Section 210, RSMo.).

During FY22, 4,151 children were involved in incidents that were concluded as substantiated for abuse/neglect. The data below illustrates the various conclusions reached for investigations out of all reports assigned as investigations or assessments in SFY22.



Source: Child Abuse and Neglect Annual Report, SFY22

<b>Substantiated Children by Category of Abuse/Neglect</b>			
<b>Category</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
Neglect	52.9%	53.8%	54.8%
Sexual Abuse	33.2%	32.6%	32.9%
Physical Abuse	32.0%	33.3%	32.9%
Emotional Abuse	15.9%	14.0%	13.7%
Medical Neglect	2.6%	2.9%	3.1%
Educational Neglect	1.2%	1.1%	1.4%

Source: Child Abuse and Neglect Annual Report, SFY22

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

Family Assessment reports include:

- Mild, moderate or first-time non-felonious reports of physical abuse or neglect (including medical neglect)
- Reported abuse or neglect in which this incident occurred or likely occurred over one year prior to the report date, except for the following:
  - Sexual Abuse
  - Serious Physical Abuse
  - Serious Neglect
  - Mild or moderate reports of emotional abuse
  - Educational neglect only reports

The following is a list of the determinations which may be reached at the conclusion of a Family Assessment:

- **Agency Responded No Concerns Found** – The Division responded to the report, assured safety of the children, spoke with parent/caretaker, made a home visit and found that the allegations in the report had no merit.
- **Agency Responded Concerns Addressed** – The Division responded to the report and found concerns in the home, but those concerns were addressed through the assessment process, community resources, or other resources from staff.
- **Agency Responded Services Provided** – The Division responded to the report and found concerns in the home and services were referred or provided to the family.
- **Agency Responded Refer to FCS or AC Case Opened** – The Division responded to the report and at some point during the assessment period, referred the family to Family Centered Services or child was taken into custody and an Alternative Care case was opened.

- Family Declined Services, Child Safe — The Division offered to provide Differential Response services or Family-Centered Services, but the family refused services. Staff has been able to document that the child is safe.
- Unable to Locate: This conclusion is reached only after all three of the following criteria are met:
  - When not one single child or any parent/caretaker included in the report is located,
  - After the Children’s Service Worker has searched all available resources that can help to locate the family and children, and
  - Only after the supervisor agrees that sufficient attempts have been made and the Children’s Service Worker has exhausted all available resources to locate the family.
- Located out of state: This conclusion is reached only after the Children’s Division has verified the location of the alleged victim child(ren) as residing in another state.
- Home Schooling: This conclusion is reached when the parent has stated that he/she is providing for his/her child’s education, and the Division has sent the report to the superintendent of the appropriate school district.
- Inappropriate report: This conclusion is reached if it is determined the report did not contain allegations of abuse or neglect specified in Missouri State Statute (Section 210, RSMo.).

The data below illustrates the various conclusions reached for family assessments in SFY22. Percentages have remained consistent over the past five years among all categories.

<b>SFY22 Family Assessment Determination at a Glance</b>						
Family Assessment Determination	Agency Responded Referred to FCS or AC Case Opened	Agency Responded Services Provided	Agency Responded Concerns Addressed	Agency Responded No Concerns Found	Family Declined Services Child Safe	Family Uncooperative Child Safe
Percentage	6.4%	2.1%	53.5%	32.2%	1.2%	4.6%

Source: Child Abuse and Neglect Annual Report, SFY22

Perpetrator Demographics: The following table depicts the alleged perpetrators’ relationship to the victim children in all of the child abuse/neglect reports received during SFY22:

Relationship	Number
Natural Parent	74,719
Other	11,027
Parent/Caretaker’s Paramour	8,895
Step-parent	6,455
Grandparent	4,553
Aunt/Uncle/Cousin (Also Great)	2,956

Adoptive Parent	1,729
Friend	1,388
Sibling/step-sibling	1,287
Legal guardian	1,246
Institution/staff	643
Foster parent	897
School/personnel	563
Daycare provider	618
No relationship exists	695
Alleged Father	696
Other Caregiver	391
Natural Child	793
Other Relative	317
Neighbor	241
Putative Father	67

Source: Child Abuse and Neglect Annual Report, SFY22

The data below highlights perpetrator demographics for substantiated reports for SFY22. This data has remained relatively stable over the last few years.

Two-thirds of the perpetrators (61%) were between the ages of 20 and 39.

Slightly over half of the perpetrators (60%) were male.

Three-fourths (76%) of the perpetrators were white, and 13% were black.

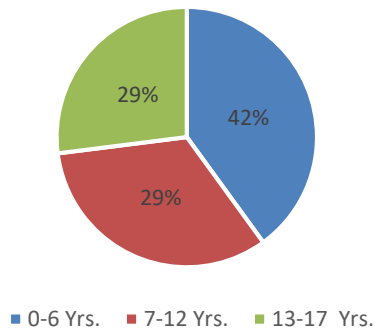
While natural parents were the overwhelming majority of reported perpetrators, only 3.8% of them were found to be substantiated perpetrators with a final determination of abuse/neglect.

The most prevalent perpetrator characteristics were having other drug related problems (20.9%). Other prevalent perpetrator characteristics include having a mental/emotional disturbance (15.7%), having a history of criminal behavior (12.5%), and having an adequate support system (14.1%).

#### Child Demographics:

The data below highlights child demographics for family assessments and investigations for SFY22:

## Substantiated Victim Children by Age



Source: Child Abuse and Neglect Annual Report, SFY22

Of the substantiated children during FY 2022, over half (59.8%) were female and forty percent (40.2%) were male. Sexually abused children were more likely to be female (87.8%). Neglect was more prevalent among younger children with the highest being those under the age of one (1) at 9%. Sexual abuse occurred more often among older children with the highest being children the age of 15 years at 14.7%.

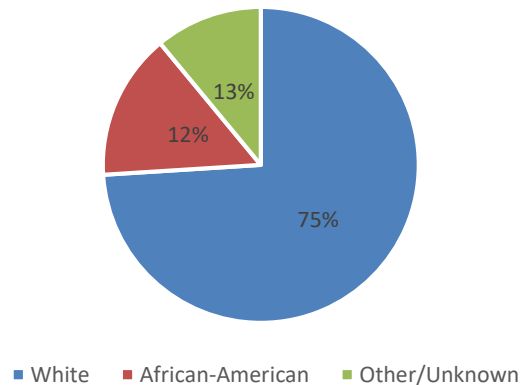
Children birth through six years old constituted 38% of all children involved in substantiated investigations. By Missouri statute, children must be enrolled in school by the age of seven. The most vulnerable population for child abuse and neglect in Missouri are those children who may not be visible within society.

Children birth through four years old constituted approximately 29% of all children involved in substantiated investigations. This demographic supports the Children's Division's goal to target services to Missouri's most vulnerable children.

Approximately 53% of substantiated neglect victims involved children birth through six years of age.

Approximately 69% of the substantiated sexual abuse victims involved children ages 12-17 years of age.

## Substantiated Victim Children by Race



Source: Child Abuse and Neglect Annual Report, SFY22

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

The Children’s Division received 2,840 (4.8%) Juvenile Reports in SFY22.

### Differential Response Assessments:

Missouri has a two track system when classifying child abuse and neglect reports.

An Assessment track will provide for a prompt assessment of a child who has been reported to the Division as a victim of abuse or neglect and such children's families. The approach evaluates risk of abuse and neglect and, if appropriate, provides community based services to reduce risk and support families.

An Investigation track is the collection of physical and verbal evidence to determine if a child has been abused or neglected. Law Enforcement is required to be notified.

Differential Response (DR) Assessments were discontinued in April 2022. Very few Circuits were completing DR Assessments and no evidence was found that the use of the DR Assessment process improved outcomes for families. If a family is in need of further services beyond the 45 days of report completion, they are referred to Family Centered Services.

### Child Abuse/Neglect Related Policy Development and Other Program Enhancements in CY22:

Missouri revised statute 210.145.2(2) required the Children's Division Director and the Office of State Courts Administrator to develop a joint Safety Assessment tool by end of 2021, with implementation before January 1, 2022. The Children's Division partnered with Evident Change to develop a Structured Decision-Making® (SDM) Safety Assessment and the new SDM Safety Assessment was implemented statewide on December 30, 2021. Training was developed to support implementation prior to December 30, 2021 and continued into January and February of 2022. Field focused support was given on a Circuit basis as needed by Regional and Central Office based Specialists throughout 2022 to enhance understanding and knowledge on the use of the new tool. Workers must complete the Safety Assessment within 72 hours for all reports of abuse and neglect, to be considered as part of the structured decision-making process. A review tool is currently being developed to assist in measuring the fidelity of use of the tool in the field.

The Central Consult Unit was developed so that field staff would have immediate access to supervision on "Safe" cases. When staff determines a child is "Safe" based on contact with the child(ren) and completes the Structured Decision Making (SDM) Safety Assessment, they will contact the Central Consult Unit to consult and close the report. The Central Consult Unit is available to staff Monday through Friday from 7:30 a.m. to 5 p.m. Staff may not utilize the call center until at least six months after completing CWPT and then at the local supervisor's discretion while they remain on probation.

The following are highlighted policies published throughout CY22. Some have a direct impact on the CA/N Program only, while others touch multiple program lines. It may be worthwhile to



note, though not necessarily quantifiable, many of these policy and programmatic advancements play a significant role in supporting the implementation, assurance, and improvement of best practice in vital areas such as children’s safety, family engagement, and service delivery.

Memorandum Number	Summary
CD22-01	Updated policy regarding alleged Juvenile Perpetrators
CD22-06	Introduced Central Consult Unit (CCU)
CD22-09	Removed Differential Response Assessments from policy
CD22-23	Addition to the SDM Safety Assessment to Juvenile Assessments and Revisions to the Screening Questions on the SDM in FACES
CD22-27	Changes to Central Consult Unit Protocol
PA22-IA-01	Informed staff of how to proceed when the county receives a Birth Match Newborn Crisis Assessment (NCA) after a Drug Exposed NCA was received at birth.
PA22-IA-02	Informed staff that the Child Welfare Manual was updated to align with the Structured Decision Making (SDM) definition of “household”. A child’s household does not just imply physical residence.
PA22-IA-03	Reminder to staff of the available “Possible Dangerous Incident” checkbox in FACES. The checkbox was introduced through the CQI Process and then added into FACES as a way to alert staff that a case member has been involved in a Possible Dangerous Incident
PA22-IA-04	Reminder to staff that all household members should be assigned a DCN in FACES when completing a report.
PA22-IA-05	Notified staff that when duplicating or combining a secondary call into a primary call, any documents that have been uploaded into the secondary call WILL NOT duplicate/combine into the primary call number. Addition action must be taken

*Temporary Alternative Placement Agreements*

On August 2, 2021, policy went into effect regarding implementation of Temporary Alternative Placement Agreements (TAPAs) as a result of legislation that passed in 2020. Pursuant to Section 210.123, RSMo and 13 CSR 35-30.030, a TAPA is a voluntary agreement between the Children’s Division, a relative of the child, and the parent or guardian of the child to provide a temporary, out of home placement for a child if the parent or guardian is temporarily unable to provide care or support for the child. Additionally, it must be established that the child is not in imminent danger of death or serious bodily injury, or being sexually abused; such that the Children’s Division determines that a referral to the juvenile officer by submitting a Juvenile Office Referral (CD-235) with a recommendation to file a petition or to remove the child is not appropriate.

In the course of an investigation or assessment of child abuse and neglect, if a child is determined to be unsafe, there may be times when they can be temporarily placed outside of the home with a non-residential parent or relative caregiver to allow for time to reduce or eliminate the safety threat to the child and to attempt to prevent the child from being involuntarily removed from their parent/caregiver. In the case that the child is removed from the care of the parent and placed with a relative caregiver, a TAPA is enforced with the family.

A TAPA requires the agreement and signature of the parent/guardian, relative caregiver, and the Children's Division. If the parties are unable to reach an agreement regarding the terms of the TAPA, staff should make a referral (CD-235) to the juvenile officer as soon as possible, but no later than three (3) business days from the date of the diversion placement.

When there is a TAPA, the following must occur:

- A Team Decision Making (TDM) meeting is required to be held within ten (10) days of the execution of a TAPA;
- A Family-Centered Services (FCS) case must be opened within ten (10) days of the execution of the TAPA and the case must remain open during the duration of the agreement;
- Staff must have personal contact with all the children on the TAPA, as often as needed to ensure that the TAPA is being safely implemented, but no less than two (2) times per month. One (1) contact with each child must be face-to-face observation of the child in child's diversion placement. Additional contacts with the child may occur virtually or in the community;
- At least one face-to-face home visit per month must be completed on all FCS cases with the parents involved in the TAPA;
- A Team Decision Making (TDM) Meeting must be held at least once every 30-days for the duration of the TAPA.

Pursuant to Section 210.123, RSMo, a TAPA shall be valid for no longer than ninety (90) days. If the goals of the TAPA cannot be accomplished within ninety (90) days and the child cannot yet be safely returned home, a referral to the juvenile officer **must** be made as soon as possible, but no later than ten (10) days prior to the end date of the TAPA by submitting a juvenile office referral. In the referral, staff may recommend the TAPA be extended instead of a recommendation for removal. Extensions beyond the first ninety (90) days should generally not be needed for another full ninety (90) days and should not be made more than once. For example, an extension may be requested if the relative has begun the process to obtain guardianship, but the court date will not occur prior to the end of the first ninety (90) days.

If there is good cause to extend the TAPA beyond the first ninety (90) days, a TDM must be held prior to the ninety (90) day expiration and the TDM should discuss and document the reasons for an extension and for how long the extension will be needed. Staff must obtain approval from the Regional Director, or their designee, for any extensions beyond 120 days (per PA22-CM-14).

Data from January 2022 to December 2022. Other situations for closed TAPAs include diversion to another caregiver and caregiver obtained guardianship.

Statewide	Number of Diversion/TAPAs	Number of Closed Diversion/TAPAs	Number of Children Returned to Parent on Closed Diversion/TAPA	Number of Children who Entered AC on Closed Diversion/TAPA
Total	1190	1122	546	319

Source: FACES Diversion/TAPA Report

### *Child Abuse and Neglect Review Board*

The Child Abuse and Neglect Review Board (CANRB) provides an independent administrative review of child abuse/neglect determinations when the alleged perpetrator disagrees with the “Preponderance of Evidence” finding of the Children’s Division. At the conclusion of each investigation, the Children’s Division notifies the alleged perpetrator in writing of the finding, of the evidence supporting the finding, and of the alleged perpetrator’s right to seek administrative review within 60 days.

When the alleged perpetrator disagrees with the preliminary finding of child abuse or neglect by a Preponderance of Evidence (POE), he or she may appeal and has two avenues to seek an independent review of the Division’s decision. The alleged perpetrator must choose one or the other avenue of review, but cannot choose both. The methods of review are:

- **Direct Judicial Review:** The alleged perpetrator can choose to waive his or her right to the Administrative Review process and proceed directly to Judicial Review by filing a petition in Circuit Court within 30 days of the date that he or she received notification of the preliminary POE finding. If this method is selected, the perpetrator’s name goes on the Central Registry once the petition is filed; or
- **Administrative Review:** The alleged perpetrator may request an administrative review. To request an administrative review, the alleged perpetrator shall submit a written request for review within 60 days of the date they received notification of the preliminary POE finding.

If criminal charges remain pending during the 60-day window to request and administrative appeal-or are filed before the CANRB hearing occurs-the alleged perpetrator may choose to waive administrative review until 60 days after the resolution of the criminal charges as described below:

1. Request an administrative review within 60 days of the date they received notification of the preliminary POE finding. If the alleged perpetrator chooses to proceed, the Children's Division POE finding(s) will remain in preliminary status pending appeal and the alleged perpetrator will not be placed on the Central Registry until the Child Abuse and Neglect Review Board (CANRB) renders their decision. If the CANRB upholds the preliminary finding(s), the perpetrator's name will go on the Central Registry at that time.
2. The alleged perpetrator may waive administrative review within 60 days of receiving the CS-21 and *instead* request an administrative review within 60 days of the court's final disposition or dismissal of the criminal charges. If the alleged perpetrator chooses to wait until the resolution of their criminal charges, the Children's Division's preliminary finding(s) will become final 60 days upon receiving the Investigation Disposition Notification Letter (CS-21) and at that time the alleged perpetrator will be placed on the Central Registry unless and until the CANRB reverses the POE finding(s).

If the alleged perpetrator requests and is eligible for an administrative review, a Child Abuse and Neglect Review Board (CANRB) hearing is scheduled. The CANRB is a panel of up to nine private citizens from professions specified in Section 210.153 RSMo. Each panel member is appointed by the Governor and confirmed by the Senate. The Children's Division may establish more than one CANRB panel to ensure timely reviews. Currently, there are six boards, each meeting monthly. Three boards meet in Jefferson City, and the other three boards are considered regional boards that meet in St. Louis, Kansas City, and Springfield. Each board conducts approximately eight to ten administrative reviews each month. The boards decide by majority vote to either uphold or reverse the Children's Division's findings. During the CANRB review, the board hears testimony from the Children's Division the alleged perpetrator, and any witnesses, to include the child's representative, that the Board deems relative. The alleged perpetrator may be represented by an attorney, but witnesses are not subpoenaed, and cross-examination is not permitted. If the CANRB upholds the Division's decision, Section 210.152 RSMo allows the perpetrator to seek judicial review in the circuit court of residence within 60 days of notification of the CANRB decision. At the judicial appeal, the alleged perpetrator may subpoena witnesses except for the alleged victim and the reporter. The court may sustain or reverse the CANRB decision.

On October 30, 2021, Child Abuse and Neglect Review Process regulatory changes were implemented as a result of 13 CSR 35-31.025. The changes implemented are as follows:

- **Local Administrative Reviews:** Local administrative reviews are no longer required. As a result, the administrative review process is managed by the Administrative Review Team in Central Office. Circuit Managers or their designee may choose to review the CA/N report prior to the Child Abuse and Neglect Review Board hearing to determine whether the report

should be upheld or reversed; however, this is optional. If new information becomes available that could potentially alter a preponderance of evidence finding, the Circuit Manager or their designee should review the CA/N report to determine whether sufficient evidence exists to continue to uphold the finding(s). If a decision is made at any point to reverse a POE finding(s) prior to the CANRB hearing, the Circuit Manager or their designee will contact the Central Office Administrative Review Team within one business day of that determination so the hearing can be cancelled. The Investigation Disposition Notification Letter (CS-21) has been updated and directs alleged perpetrators to request administrative reviews via the administrative review mailbox. Nonetheless, alleged perpetrators may still request administrative reviews through the local office. All requests received in the local office must be forwarded to the central office Administrative Review Team within three business days of receipt of the request and the CANRB Hearing Referral (CD-307) must be completed.

- Pending Criminal Charges: If criminal charges that arise from the investigation remain pending when the alleged perpetrator receives the CS-21, the alleged perpetrator will have two options as described above. This change was made to better facilitate timely placement on the Central Registry when criminal charges resulted from the incident. As a result of these changes, Central Office has started reviewing all outstanding administrative reviews delayed because of pending criminal charges.
- Electronic Notice: Alleged perpetrators are able to elect to receive the CS-21 electronically, as well as future correspondence related to their administrative review request. The Description of the Investigation Process (CS-24) was revised to inform alleged perpetrators of their right to receive legal notifications electronically. Staff should ask the alleged perpetrator their preference, electronic or mail, at the time the CS-24 is provided to the alleged perpetrator. If the alleged perpetrator requests to receive the CS-21 electronically, staff may send an encrypted email with a signed copy of the CS-21.
- Deceased Perpetrators: If the Children’s Division learns the alleged perpetrator has died prior to the expiration of the alleged perpetrator’s time to request a review or before a scheduled CANRB hearing occurs, the deceased perpetrator will not be added to the Central Registry; however, the Children’s Division will retain the report in the same manner as unknown perpetrators and Family Assessments. As a result, a new investigative conclusion option of ‘Child Abuse/Neglect Present, Perpetrator Deceased’ was created. The primary purpose of this conclusion is to stop the administrative review process when the alleged perpetrator passes away. This new conclusion type is to be utilized when:
  - An alleged perpetrator dies prior to the conclusion of an investigation and other elements to establish abuse or neglect are met; or
  - To amend a POE conclusion when an alleged perpetrator dies prior to the conclusion of the administrative review process.

- Training: Members of the board shall now complete a minimum of three hours of training regarding child abuse and neglect annually, as approved by the Children’s Division. The Children’s Division shall also notify the board of available training opportunities.

**OUTCOME OF REVIEWS**

	<b>BOARD A</b>	<b>BOARD B</b>	<b>BOARD C</b>	<b>BOARD D</b>	<b>BOARD E</b>	<b>BOARD F</b>	<b>TOTAL</b>
<b>UPHELD</b>	50	63	84	79	51	53	380
<b>REVERSED</b>	32	16	16	4	13	18	99
<b>TOTAL</b>	42	79	100	83	64	71	479

**ALLEGED PERPETRATOR PARTICIPATION**

	<b>UPHELD</b>	<b>REVERSED</b>	<b>TOTAL</b>
<b>NO PARTICIPATION</b>	88	4	92
<b>ATTEND</b>	57	34	91
<b>TELECONFERENCE</b>	221	52	273
<b>VIDEO/WEBEX</b>	14	9	23
<b>TOTAL</b>	380	99	479

**REVIEWS BY REGION**

	<b>UPHELD</b>	<b>REVERSED</b>	<b>TOTAL</b>
<b>JACKSON COUNTY</b>	44	5	49
<b>NORTHERN REGION</b>	138	44	182
<b>OHI</b>	33	9	42
<b>SOUTHERN REGION</b>	143	30	173
<b>ST. LOUIS CITY</b>	6	6	12
<b>ST. LOUIS COUNTY</b>	16	5	21
<b>TOTAL</b>	380	99	479

**REVIEWS BY CATEGORY OF ABUSE/NEGLECT**

	<b>UPHELD</b>	<b>REVERSED</b>	<b>TOTAL</b>
<b>EMOTIONAL ABUSE</b>	13	2	15
<b>NEGLECT</b>	108	35	143
<b>PHYSICAL ABUSE</b>	129	27	156
<b>SEXUAL ABUSE</b>	130	35	165
<b>TOTAL</b>	380	99	479

## LEGAL REPRESENTATION

	UPHELD	REVERSED	TOTAL
WITH ATTORNEY	161	46	207
ATTORNEY ABSENT	11	0	11
WITHOUT ATTORNEY	208	53	261
TOTAL	380	99	479

## REVIEWS WITH PARTICIPATION ON BEHALF OF THE CHILD

	Upheld	Reversed	Total
ATTEND	185	49	234
ABSENT	195	50	245

### *Child Assessment Centers*

Child assessment centers (established in RS Mo. Section 210.001), more commonly referred to in the field as child advocacy centers (CACs), are safe and child-focused places that provide forensic, medical, therapeutic, and case management services as part of a multidisciplinary response to child abuse allegations. Forensic interviews, a professional service provided by CACs, promote case integrity by eliciting information about a child's experience in a developmentally-appropriate, emotionally-supportive, and non-leading manner. Throughout the investigation, and in some cases beyond, CAC victim advocacy services help families navigate the legal response to child abuse allegations, and to access critical resources that help families heal from, and prevent subsequent, abuse. In addition to its direct services, CACs help coordinate the efforts of the professionals responsible for the various aspects of a child maltreatment case, known as the multidisciplinary team (MDT), by providing a space for the MDT to share case information and considerations for the child's best interest. The MDT typically consists of law enforcement, prosecutors, Children's Division investigators, and CAC staff, and may also include mental health, medical, and other professionals invested in child well-being. The MDT model, facilitated by the CAC, further benefits the child and case by minimizing the number of times that a child must recount their experience, thus mitigating additional trauma to the child and duplication of efforts. In 2020, Missouri CACs provided services to more than 40% of children involved in a child maltreatment investigation, for a total of over 8,800 children served.

There are 15 regional child advocacy centers in Missouri that provide services to all 114 counties, and St. Louis City, through 25 unique sites. The primary, regional centers are located in St. Louis (three locations), Kansas City, St. Joseph, Springfield, Joplin, Sedalia, Trenton, Festus, Wentzville, Cape Girardeau, Poplar Bluff, Columbia, Parkville, Osage Beach, and Branson. Satellite offices are located in Union, Farmington, Doniphan, West Plains, Nevada, Pierce City, Butler, St. Robert, and Hannibal.

All 15 regional CACs in Missouri are accredited by the National Children’s Alliance. To obtain accreditation, CACs must demonstrate compliance with ten standards governing the quality of a CAC’s environment, services, and operations. These standards address forensic interviewing, victim advocacy, a child-focused environment, multidisciplinary team functioning, case review, mental health services, medical-forensic exams, case tracking, organizational capacity, and cultural responsiveness. To maintain accreditation, CACs must demonstrate compliance with these standards every five years.

Missouri KidsFirst is the Missouri chapter of the National Children’s Alliance and the statewide coalition of child advocacy centers. As such, Missouri KidsFirst provides various types of services to Missouri CACs, including public policy advocacy, direct service training, administrative support, technical assistance, and coordination of statewide efforts. The directors of Missouri’s 15 regional CACs serve as an advisory board to Missouri KidsFirst and meet regularly with the chapter to discuss CAC needs, practices, and field trends/dynamics. In addition to its services for child advocacy centers, Missouri KidsFirst leads Missouri’s Task Force on the Prevention of Sexual Abuse of Children, serves as the statewide coordinator of the SAFE-CARE Network-the state’s network of medical providers trained in the response to child abuse, serves as the Missouri chapter of Prevent Child Abuse America, and coordinates the state network of training facilitators for the evidence-supported child sexual abuse prevention training for adults, Stewards of Children.

#### *Sexual Assault Forensic Examination - Child Abuse Resource and Education Network*

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

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

In SFY22, the SAFE-CARE program continued to utilize state funding to enhance the medical response to child maltreatment. In June 2018, the SAFE-CARE network began using the



Extension for Community Healthcare Outcomes (ECHO) model to provide ongoing training and case consultation that will be available to SAFE-CARE providers statewide. The SAFE-CARE ECHO provides a brief learning didactic, preceded and followed by case presentation. One ECHO series was held in 2022, that included thirteen events. The Children’s Division has partnered with the SAFE-CARE Network and Missouri KidsFirst to be a part of the hub of experts that help share knowledge and facilitate learning at each session. In addition to SAFE-CARE ECHO, providers receive one all day in-person training annually.

The mentoring program continued, with all providers having access to a mentor who is board certified in Child Abuse Pediatrics. There are currently 63 SAFE-CARE providers located throughout the state. Many of those that are not located in one of the three Resource Centers are contracted to provide services through local CACs.

Legislation in 2016 requires investigative staff to complete four hours of medical-forensics training. In response to this Missouri KidsFirst, several SAFE-CARE providers, and the Children’s Division have developed training for the Children’s Division staff primarily taught by medical providers on various topics related to medical issues common to child abuse and neglect investigations.

Legislation was enacted in 2016 requiring children three years of age or younger that are reported as victims of any child abuse/neglect investigation to be either evaluated or have a case review completed by a SAFE-CARE provider.

In SFY2022, the Department of Public Safety paid claims for 3,237 child sexual assault forensic examinations (SAFE) and 1,437 child physical abuse forensic examinations (CPAFE).

#### *Task Force on the Prevention of Sexual Abuse of Children*

The Task Force on the Prevention of Sexual Abuse of Children was created in statute during the 2011 Missouri legislative session and was charged with studying and identifying strategies for preventing child sexual abuse. This Task Force provided the Governor, Missouri General Assembly, and the State Board of Education with 22 recommendations within seven core subject areas that include community-based child abuse prevention, professional training and technical assistance, multi-disciplinary team excellence, mental health services and treatment, awareness, funding, and statutory changes.

The Task Force was reauthorized during the 2018 legislative session to continue to study the issue of sexual abuse of children (Section 210.1200, RSMo). Prior to being reauthorized, committed experts were meeting as an Interim Task Force to further this work. The Task Force focused on four specific recommendations identified in the 2012 report:

1. Standardized online training for mandated reporters of child abuse and neglect

2. Best practices and standards for multi-disciplinary teams (MDT), law enforcement, prosecutors, and medical providers
3. Youth with problem sexual behaviors
4. Mental health services for sexually abused children

Members have continued to meet since the inception of the Task Force to address the prevention of sexual abuse of children, as well as several other areas that have been identified as important issues needing to be addressed.

Available data from the Children's Division supports the need for the important work of the Task Force. In fiscal year 2022, there were over 58,000 reports of child abuse and neglect involving over 81,000 children in the State of Missouri. Of these reports that were substantiated, 32.9% were for sexual abuse. This represents the third largest category of abuse and neglect.

The full Task Force on the Prevention of Child Sexual Abuse was not active in fiscal year 2022 nor were the subcommittees. Missouri KidsFirst had limited staff capacity, there was turnover across the various Task Force member agencies, and there was not a demand among the membership so it was put on hold.

#### **Multi-Disciplinary Team (MDT) Best Practices:**

Missouri KidsFirst, with funding from the Children's Justice Act, is coordinating a multi-year Multi-Disciplinary Team (MDT) Initiative to improve the MDT response to child abuse by increasing the capacity and coordination of MDTs. This will improve effective team functioning statewide and increase access to services for children impacted by abuse. Missouri KidsFirst spent the fall of 2022 gathering data to inform the strategic plan for the initiative. This included listening sessions with over 30 MDT stakeholders, an MDT Assessment that was completed by over 300 MDT members, focus groups and a follow up survey to generate key learnings to inform the strategic plan. A full report from the MDT Assessment survey along with key findings were published in January 2023 and will inform the final strategic plan to be completed in March 2023. Activities from the strategic plan will be piloted in the spring of 2023.

Overview of just the assessment:

Missouri KidsFirst began the strategic planning process for a multi-year Multi-Disciplinary Team (MDT) Enhancement Initiative in August 2022. The purpose of the initiative is to improve effective team functioning statewide and increase access to services for children impacted by abuse by increasing the capacity and coordination of MDTs. As part of the planning process, Missouri KidsFirst decided to replicate the Multidisciplinary Team Assessment which was initially utilized in 2016 to assess the current functioning of MDTs in Missouri. Additional questions were added to the original assessment survey to determine what areas of improvement should be prioritized for MDTs as part of the multi-year MDT Enhancement Initiative.

The Multidisciplinary Team Assessment measures perceptions of MDTs' collaboration, membership, process and dispositions. The report on the 2016 assessment was used as a baseline. The responses from the fall of 2022 give us valuable insights on MDT functioning and additional input on what is needed to enhance the effectiveness of MDTs. The mean Overall Score of Team Functioning for all assessment respondents was 3.78, equating to a perception that their teams were functioning at a *moderate to high* level.

### *Human Trafficking*

The 2017 legislative session brought enhancements to the statutory definitions of abuse and neglect that better enable the Children's Division to identify child victims of trafficking:

- Abuse: Any physical injury, sexual abuse, or emotional abuse inflicted on a child other than by accidental means by those responsible for the child's care, custody, and control, except that discipline including spanking, administered in a reasonable manner, shall not be construed to be abuse. Victims of abuse shall also include any victims of sex trafficking or severe forms of trafficking as those terms are defined in 22. U.S.S. 78 Section 710(9)-(10).
- Neglect: A failure to provide, by those responsible for the care, custody, and control of the child, the proper or necessary support, education as required by law, nutrition or medical, surgical, or any other care necessary for the child's well-being. Victims of neglect shall also include any victims of sex trafficking or severe forms of trafficking as those terms are defined in 22. U.S.S. 78 Section 710(9)-(10).
- Care, custody, and control: Those responsible for the care, custody, and control of the child includes, but is not limited to:
  - The parents or legal guardians of the child;
  - Other members of the child's household;
  - Those exercising supervision over a child for any part of a twenty-four hour day;
  - Any person who has access to the child based on relationship to the parents of the child or members of the child's household or the family; or
  - Any person who takes control of the child by deception, force, or coercion.

As a result of these definition changes, a new child abuse, and neglect screening criteria was implemented at the Child Abuse and Neglect Hotline Unit (CANHU):

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

A reporter description code of Child Sex Trafficking (HT) code was added to FACES, and the prior reporter description code of Prostitution (A8) was discontinued. The addition of this HT code provides staff with the ability to make findings specific to child sex trafficking.

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

Memorandum Number	Summary
CD17-46	Introduced staff to the changes in abuse/neglect definitions, the new Child Sex Trafficking reporter description code, and provided guidance on making determinations based on the legal elements of the trafficking definitions.
CD18-34	Updated all Children’s Division staff, including supervisors, regional directors, circuit managers, specialists, and contracted practitioners, of the requirement to attend Introduction to Human Trafficking training.
CD21-51	Inform staff of the implementation of enhanced Human Trafficking policy and response protocol, as well as the requirement for ALL Children’s Division (CD) staff and contracted practitioners to complete the Introduction to Child Trafficking training and the Advanced Child Trafficking training

Children’s Division utilized content provided by an expert partner through a Notice of Funding Opportunity to develop an Advanced Human Trafficking Training curriculum for Children’s Division staff. This advanced training helps strengthen skills in the areas of identifying, assessing, and engaging child trafficking victims. To directly align with the implementation of the Advanced Human Trafficking training, Children’s Division has policy to require the utilization of a comprehensive assessment to assist in the identification of child victims of human trafficking. Children’s Division staff will utilize the Human Trafficking Assessment Tool in the following circumstances:

- Within 24 hours for victim(s) and non-victim(s) listed on a CA/N report with allegations of human trafficking
- Within 24 hours of a child/youth in state custody returning from being on the run, missing, or abducted
- Within 24 hours for any child/youth that is involved with Children’s Division through a CA/N report, FCS case, or AC case in which there is a suspicion of human trafficking, history of human trafficking, and/or new concerns of human trafficking
- Within 24 hours of contact with an unaccompanied youth
- Within 72 hours for children/youth that are involved with Children’s Division through a CA/N report, FCS case, or AC case in which it is learned that there is a known history of running away from home/placement

- When a child’s circumstances change or new information is learned about the child/youth which warrants the use of a more comprehensive screening of human trafficking
- Immediately when imminent safety concerns are present in which there are immediate concerns for a child/youth being trafficked

Children’s Division Training Unit also has an enhanced Introduction to Human Trafficking training, separated into four pathways intended for administrative staff, field staff, supervisory staff, and caregivers.

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

The Children’s Division is partnered with the Missouri State Highway Patrol and the Texas Department of Public Safety to provide Interdiction for the Protection of Children Training statewide.

### **Services for Children Adopted from Other Countries**

The Children’s Division is the licensing body for all child placing agencies in Missouri. Many of these agencies conduct international adoptions. The rules for licensing child placing agencies require that such agencies conduct a variety of adoption services. The adoption services provided to families adopting internationally include pre-placement planning, and post-adoptive services, placement supervision, assessment of the child’s adjustment into the home, and support services. Adoption disruptions are also assessed by the child placing agency.

The Children’s Division provides post-adoption services for children adopted from other countries and their adoptive families through the Family Resource Centers in the same manner as families of children adopted from foster care, including referral for adoption competent counseling, support groups, and parenting education. See Family Resource Centers in the Collaboration section of this report for more details.

### **Services for Children Under the Age of Five**

Family-centered, strength-based treatment services for children under five years of age who remain in their home should be completed by referring the family to any available community resource or other support system identified by the family; utilizing all available community resources. Services may be provided by direct case management or may require the use of purchased services. The worker will use community providers when he/she determines some, or all, of the services, cannot be delivered directly. The following services should be considered:

- Infant developmental stimulation/early childhood education

- Home-based services to provide instructions on infant and child development (i.e., Parents as Teachers Program, Parent Education Services, Home Visiting Providers)
- First Steps services for ages birth-three (including a policy requirement for mandatory referral for POE findings for child/ren under the age of three)
- School district services referral for children over age three with a developmental concern or delay
- A special or therapeutic preschool, including day treatment or child care facilities which can meet the child's needs
- Referrals to Early Head Start and Head Start
- Evaluation for Individual Education Plans or 504 Plans
- Mental Health services
- Regional Diagnostic Center
- Cognitive Screening
- Behavioral Health services
- Medical screenings

Staff assess the child's physical, social, emotional, medical, educational, and environmental needs and the parent or caregivers ability to meet those needs. Information may be sought through a variety of sources which may include parents, extended family members, pre-existing service providers, educational staff, medical providers, etc. If any area of development is determined to warrant further assessment or a need is unmet, the Case Manager may provide education, modeling and community based service referrals to make adjustments within the home or child's care as needed.

The same assessment and process occurs when a child enters Alternative Care.

The Division recognizes the importance of foster parent-to-child ratio for young children. Per policy and administrative rule, foster parent(s) shall not provide care for more than two children under age two and no more than four children under the age of five unless necessary to accommodate a sibling group temporarily. The Division does not anticipate any changes or updates to this requirement.

In response to an executive order signed on January 28, 2021 by Governor Mike Parson, nearly all early childhood programs across state government were consolidated into a single Office of Childhood within the Department of Elementary and Secondary Education (DESE). This re-alignment improved coordination of services, resulting in early childhood work across state government becoming more streamlined and effective. As of August 28, 2021, the CA/N Prevention Home Visiting program officially became part of this new office.

The CA/N Prevention Home Visiting program is a voluntary in-home service designed to assist with the prevention of child abuse and neglect by offering additional in-home supports for at-risk

families. Contracted providers utilize evidence-based programs, Child Welfare Adapted Healthy Families America and Nurturing Parenting, focusing on the areas of child abuse and neglect prevention, early childhood development, parent education, positive brain development, and school readiness. Seventy percent of the families enrolled in the program must be referred by and/or have been identified through consultations with Children’s Division (CD). This can include families that come to the attention of CD from a report of alleged child abuse and neglect, Family Centered In-Home Services to prevent removals and Alternative Care cases with an active plan for reunification.

To be eligible the household income cannot exceed 185% of the federal poverty level and the household must include at least one child under the age of three or one member of the household must be pregnant. The program provides parents opportunities to gain skills in the areas of child abuse and neglect prevention, early childhood development and education, parenting skill development, and school readiness. Enrolled families are also provided access to hands-on training and educational support groups, developmentally appropriate books and toys for the children, and participation incentives to encourage continued engagement in the program. As the enrolled child(ren) age out of the program, they are referred to Parents as Teachers or another early learning program to maintain continuity of educational services for the family.

As of August 1, 2021, the CA/N Prevention Home Visiting program services expanded to every county in the State of Missouri, divided into 14 regions. Through this expansion, parent cafes are also available to families by every contracted provider on a monthly basis. Through this expansion, in SYF22, the program is projected to serve 2,500 unduplicated families and 3,700 unduplicated children age birth to three years old served.

The percentage of children age five and under receiving Intensive In-Home Services (IIS) has remained stable for the last five years. In SFY22, 32.9% of the children served by IIS were age five and under. In SFY 21 the percentage of at risk children five and under was 37%. The IIS program provides an array of services specifically targeted towards early childhood.

Children Age 0-5 Active in Children’s Division Custody

The population of children ages five and under in foster care has remained relatively stable over the last five state fiscal reporting cycles.

Year	Total Children	Children Age 0-5	Percent
SFY18	20,330	7,637	38%
SFY19	20,146	7,630	38%
SFY20	20,226	7,577	37%

SFY21	20,247	7,632	38%
SFY 22	20,278	7,672	38%

Source: Child Welfare Outcomes Report, Outcome Measure #8b.

### Children Exiting Children’s Division Custody

The Children’s Division places a strong emphasis on achieving permanency for all children served, including those age five and under. The Child Welfare Outcomes Report shows a higher percentage of children age zero to five, achieving permanency through reunification and adoption than any other age group.

### Age Groups Exiting to Reunification

Years	0-5 yrs	6-12 yrs	13+ yrs
SFY18	38.21%	35.74%	26.05%
SFY19	41.98%	33.40%	24.62%
SFY20	38.07%	35.10%	26.83%
SFY21	39.50%	34.30%	26.20%
SFY22	37.79%	34.27%	27.93%

Source: Child Welfare Outcomes Report, Outcome Measure #9b.

### Age Groups Exiting to Adoption

Years	0-5	6-12	13+
SFY18	56.91%	32.43%	10.67%
SFY19	57.46%	32.03%	10.52%
SFY20	54.60%	33.21%	12.19%
SFY21	55.30%	30.83%	13.86%
SFY22	57.12%	28.76%	14.11%

Source: Child Welfare Outcomes Report, Outcome Measure #9b.



## Age Groups Exiting to Guardianship

Years	0-5	6-12	13+
SFY18	36.00%	39.63%	24.37%
SFY19	35.27%	36.97%	27.76%
SFY20	36.69%	34.85%	29.52%
SFY21	34.35%	33.52%	32.14%
SFY22	34.37%	34.44%	31.20%

Source: Child Welfare Outcomes Report, Outcome Measure #9b.

Some strategies for achieving permanency for young children include initial team decision making meetings, maintaining consistent parenting time, early engagement with the family, development of support networks, accurate assessment of safety and risk factors, matching to appropriate services, placement with relatives, ongoing diligent searches, concurrent planning, well documented conditions for return, meticulous reporting to the court, and regular Family Support Team meetings to review progress and clearly define goals.

Team decision making meetings can be utilized to ensure the most appropriate placement has been made, the child and parents needs are thoroughly identified, planning conditions for return begin and all team members clearly understand their role and the process.

Ongoing Family Support Team meetings are used to assess the family's progress toward meeting the conditions for return and the appropriateness of the permanency and concurrent plans; to ensure the child and family's needs are adequately being met; to make determinations regarding parenting time and ensure other critical decisions are made timely.

Parenting time is important at any age, but it is especially important when children are under the age of five as visitation helps maintain the familial bond and helps parents stay current with their child's changing developmental needs. Frequent visitation with young children also allows parents to demonstrate any changes in parenting abilities. Because the Children's Division already encourages service provision for children under the age of five, there are no anticipated changes or updates forthcoming.

Early engagement with the family allows for quality conversation and understanding of the process to best help a family best prepare for success. This also increases accurate assessment of the family's needs.

Development of support networks assists with timelier reunification. This provides natural supports the ability to assist the family toward a successful outcome. Use of the support network

tends to reduce end of case concerns amongst team members when risk factors may be present that often delay trial home visits or case closure by utilizing the family's network as a means of ensuring accountability and safety of the family.

Accurate assessment of the family with a primary focus on safety and risk factors contributes to better matching to support services, defining accurate conditions for return and increased understanding of the family's strengths and needs.

Diligent Searches are required to identify and locate the biological parents, relatives, adult siblings and parents of siblings. 210.127.2 RSMo defines a "diligent search" as an exhaustive effort to identify and locate a biological parent whose identity or location is unknown, initiated as soon as the Children's Division is made aware of the existence of such parent, with the search progress reported at each court hearing until the parent is either identified and located, or the court excuses further search. A diligent search shall be active, thorough, and timely. The Division is required to immediately begin a diligent search to locate and place a child with a suitable grandparent when a child is placed in protective custody. Diligent searches are also required for all suitable relatives known to the Children's Division.

Concurrent planning is a process of working towards reunification while, at the same time, establishing and implementing an alternative permanency plan for a child. Concurrent planning is intended to reduce the length of stay in care. This concurrent plan must include placing with relatives unless contrary to the welfare of the child. Also, staff should provide full disclosure to the parents of problems, changes, possible consequences, and timelines, as well as discussing alternative permanency decision making on an ongoing basis. Staff must discuss with the parents the negative effects of placement on children, the urgency for reunification, and the need for a concurrent plan, so permanency is not delayed.

Conditions for return are determined by the Family Support Team based on the reasons the child(ren) entered care. Conditions for return are successfully met when the parent demonstrates the ability to rectify the safety factors adversely affecting the child's well-being.

As the juvenile court holds final decision-making authority, thorough reporting to the court on a family's ability to meet the conditions for return are vital to ensure the court is best equipped to make timely permanency decisions.

#### Recruitment of Pre-Adoptive Placements

In the event reunification cannot be achieved and a concurrent goal of adoption is being pursued, for children aged five and under, not in a pre-adoptive placement, there are many recruitment activities which should be occurring to locate pre-adoptive placements.

The Heart Gallery showcases children in foster care available for adoption and awaiting adoptive families. Families who may be interested can search the website or view

photographs at the traveling gallery. The display is featured in many public venues where people who may not have considered adoption can be exposed to the opportunity.

Adoption events from around the state are posted on the Children's Division website. Each circuit has its own strategies for recruitment.

Staff also utilize the AdoptUSKids web service whose mission is to feature waiting children, raise public awareness about the need for foster and adoptive families for children in foster care and assist in recruiting foster and adoptive families who can be connected with children waiting for adoption.

Staff circulate profiles of children awaiting adoption amongst other agency staff and among private agencies with families awaiting placement of children age zero to five.

In an effort to reduce the length of time in foster care for all children, strategies included:

- enhanced oversight by supervisors through reinforced training and development of guides to ensure supervisors discuss a child's progress towards the case goal,
- better collaboration with the court in monitoring child progress towards permanency,
- developing local processes for reviewing young children who have not yet achieved permanency, and,
- increased access to legal partners to move cases forward.

The Children's Division continues to emphasize the timely achievement of permanency regularly with staff, managers, Quality Assurance System staff, and the Courts. Some circuits, through the Fostering Court Improvement project, have begun to utilize case reviews periodically to identify barriers to permanency for children of all ages. In other circuits, staff review cases every month with their Juvenile Office to ensure children do not remain in foster care longer than necessary. Rapid Permanency Reviews, as outlined in the Program Improvement Plan, may also identify bottlenecks for young children achieving permanency.

### **Efforts to Track and Prevent Child Maltreatment Deaths**

#### **Data Collection of Child Maltreatment Deaths**

All fatalities are reported in the NCANDS Child File except for fatalities removed due to duplicate records which are included in the agency file. Missouri Statute requires coroners and/or medical examiners to report all child deaths to the Children's Division Central Hotline Unit; however, the hotline unit accepts death reports from any reporter, permissive or mandated. Deaths which are due to alleged abuse or of suspicious circumstances are investigated, and deaths which are non-suspicious accidental or natural in manner and cause are screened out as referrals. The FACES system captures all fatality reports and screened out referrals. Missouri determines substantiated findings when a death is due to neglect, in addition to abuse, as defined

in the statute. The FACES system does not obtain a “reporter” description of the Child Fatality Review Program (CFRP) 115 county-based panels; however, the system does capture the professional roles of law enforcement, coroner/medical examiners, physicians, nurses and other professionals who typically comprise the CFRP panels.

While there is not currently an interface between the state’s FACES system and the state’s Department of Health and Senior Services (DHSS) Bureau of Vital Records statistical database, the DSS State Technical Assistance Team (STAT), that tracks all deaths and oversees the state’s child fatality review panels, has collaborative processes with the Bureau of Vital Records to routinely compare fatality information. As of October 2018, the Children’s Division receives this information directly from the DHSS Bureau of Vital Records.

The standard of proof for determining if child abuse and neglect was a contributing factor in the child’s death is based on the “Preponderance of Evidence” evidentiary standard of proof. To further enhance data collection efforts, when a child has died as a result of child abuse and neglect, staff must enter the severity code of ‘fatal’ as part of the conclusion of the report. FACES will then require staff to enter a date of death, if not already entered by Child Abuse and Neglect Hotline Unit.

Because Missouri’s Child Protection Service (CPS) agency is the central recipient for fatality reporting and due to the statute which requires coroners and medical examiners to report all fatalities, Missouri is able to capture 100% of hotlines involving child death. Missouri may have a higher number of child abuse and neglect fatalities compared to other states where the CPS agency is not the central recipient of fatality data. Missouri is able to thoroughly report fatalities as agencies have a “check and balance” with each other to ensure no child is overlooked in the reporting of child maltreatment deaths. The DHSS Bureau of Vital Records reports child deaths to STAT and the Children’s Division every month. Additionally, the Children’s Division keeps an internal log, maintained by Central Office, and performs an as needed comparison with STAT data.

#### Plan to Prevent Child Maltreatment Fatalities

The Missouri Children’s Division continues to make progress in revising its internal critical event review process. Changes have been made to the internal critical event reviews, internal critical event panel, follow through on recommendations made at the panel and support provided to Children’s Division professionals following a critical event.

Critical events are defined as a child fatality, near fatality, suicide or serious bodily injury which includes active agency involvement, child in the legal custody of the Children’s Division, or prior Children’s Division involvement with the family of concern within the past three years or if the child is under the age of 5 any prior involvement. If none of the aforementioned criteria is met, any child abuse or neglect investigation that is associated with a child fatality, near fatality, suicide or serious bodily injury is also considered a critical event.

When a Children's Service Supervisor becomes aware of a critical event, they are to complete a Critical Event Report Notification form and send to Children's Division Central Office and their regional leadership within one business day. Upon notification at Central Office, the critical event review process begins.

Children's Division recognizes retrospective reviews of cases that involve a critical event are important in learning and informing change to Children's Division practice and policy. Case reviews, known as triage reviews, are completed when there is a CA/N fatality, near fatality or serious bodily injury when Children's Division has active involvement with the family at the time of the critical event or CD involvement within the past three years or if the child is under the age of 5 with any prior involvement. Triage reviews are completed by a Program Specialist in Central Office and presented monthly to the Children's Division internal Critical Event panel. Members of this panel include Children's Division executive and regional leadership, DSS leadership and MDT members to include a SAFE-Care Provider, the Child Fatality Review Program Administrator, Director of the Office of Child Advocate, and the Manager of Trauma Informed Treatment, DMH. The panel members review the cases and recommend improvement opportunities that may include practice and policy recommendations. During CY 2022 approximately 100 reviews were presented at panel and improvement opportunities identified.

The purpose of this process is to take a closer look at circumstances surrounding critical events, including the Children's Division's initial response to the critical event and prior involvement with the impacted family, with the goal of identifying systemic issues, agency practices, or areas of need which, if addressed through policy or practice, may improve the Division's effectiveness moving forward.

As a result of these reviews and improvement opportunities, steps were taken to deliver immediate training to frontline staff around Newborn Crisis Assessment response and there is current steps being taken to provide practice guidance to frontline staff around substance use disorder and assessing the impact of ongoing substance use to child safety and wellbeing. These efforts will have a focus on the impact of fentanyl use in the family home and the impact to the child safety and worker safety as well, as the impacts of accidental poisoning due to fentanyl ingestion are continued to be seen.

In an effort to grow in identification of these trends, the Missouri Children's Division is an active member of the National Partnership for Child Safety (NPCS). In 2018, child welfare leaders in 15 jurisdictions formed the National Partnership for Child Safety (NPCS), a quality improvement collaborative to improve child safety and reduce child maltreatment fatalities through the use of safety science. The Children's Division shares the same goal of NPCS of strengthening families and promoting innovations in child protections and joined the collaborative during FY2021.

During CY 2021 a data use agreement was established with NPCS to begin the process of sharing critical event data but to also obtain data from other CPS jurisdictions who are members

of NPCCS. This will allow Missouri to see how other jurisdictions are addressing critical event trends in their areas. Children's Division is also collaborating with NPCCS to begin use of the Safe Systems Improvement Tool (SSIT) in capturing the complex information obtained from critical event reviews. This data is aggregated and available to review trends from a systemic perspective. The SSIT will also aid as a way of communication and data-sharing between all jurisdictions within NPCCS. As a part of this collaboration and steps towards use of the SSIT, NPCCS aided Missouri to establish a comprehensive database that will house all critical events received. This database also houses the Safe Systems Improvement Tool.

Beginning CY2022, the critical event reviews are completed via the Critical Event database established in RedCap. As a part of these reviews all Case Records may be reviewed to include CA/N files, FCS files, AC files, resource home files, and any other related material from all locations. Follow up with the local office is completed as needed. Children's Division will begin their first data upload during CY 2023.

Next steps for the coming year include collaboration with the Children's Justice Act Critical Events Subcommittee and CFRP Subcommittee, to develop a joint effort in reviewing fatalities. The current Children's Division critical event review process will be able to aid in providing completed reviews that have concise information about Children's Division involvement if applicable. The goal of these reviews will be to take a look at the full system surrounding the family at the time of the fatality and work to identify any multi-disciplinary team concerns, areas where there may be resource gaps, and this group will assist in making recommendations to inform the statewide plan to prevent child maltreatment fatalities.

As a part of the revised critical event process, final steps are being taken to allow staff a voice in the review process. At this time the critical event reviews, review what is available in the FACES system. Next steps will include a debriefing of impacted staff, those who either had current or past involvement with the family. Children's Division will also look to include any outside service provider involved with the family at the time of the critical event. This debriefing is voluntary for each individual and is a one on one review. The hope of this debriefing is to learn more about how decisions were made locally, influences on case decisions and barriers around the case work. This debriefing will inform completion of the Safe Systems Improvement Tool and lead to more refined improvement opportunities. As a part of our membership with NPCCS, member of NPCCS will support us as we begin this process, including help facilitate the first debriefings with our staff. Policy is currently pending review and this process will be underway during CY2023.

### **Supplemental Funding to Prevent, Prepare for, or Respond to, Coronavirus Disease 2019 (COVID-19)**

The funding received from the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) is being used to support the Permanency Attorney Initiative described in the

Implementation and Program Support section of this report. Specifically, this funding will be used to contract services for attorneys who perform legal work related to permanency for children. The funding will go directly to the billing they submit. The decision to utilize the CARES Act funding in this manner was made to address permanency delays that may have occurred due to the COVID-19 pandemic.

## Promoting Safe and Stable Families

### **Family Preservation Services**

#### *Intensive In-Home Services and Intensive Family Reunification Services*

Intensive In-Home Services (IIS) is an intensive, short-term, home-based, crisis intervention program. IIS offers families in crisis an alternative to remain safely together, averting the out-of-home placement of children whenever possible. The Intensive In-home Services program combines skill-based intervention with maximum flexibility so that services are available to families according to their unique needs. Among other services, family members may receive individual and family counseling, parenting education, child development training, household maintenance education, nutritional training, job readiness training, and referral to other community resources. Services provided are focused upon assisting in crisis management and restoring the family to an acceptable level of functioning.

Intensive Family Reunification Services (IFRS) is a short-term, intensive, family-based program for children who are in out-of-home care and who, with intensive intervention, can reunify with their family. The Intensive Family Reunification Services program is based on the belief families can, through intensive intervention, improve their functioning, learn to meet the needs of their children, and gain support from within their community. The goals of IFRS are to assist the family in removing barriers to the return of their child(ren), assist in the transition of returning the child(ren) home, and develop a plan with the family who will maintain the child(ren) safely in the home following the intervention.

The IIS program is delivered in conjunction with Family-Centered Services (FCS). If there is an open IIS case, the local office should have an open FCS case. The FCS case manager works with the IIS specialist during the intervention to ensure the FCS case manager is aware of the service plan and to ensure a seamless transition at the end of the IIS intervention. Families are eligible to receive IFRS services if at least one child (0-17 years) is in the custody of the Children's Division, placed in out-of-home care, and there is regular visitation between parents and their children. The contract also allows youth placed in residential treatment through guardianship and adoption subsidy to participate in IFRS to aid in reunification.

Intensive In-Home and Intensive Family Reunification Services are available to all 46 circuits within the State of Missouri. The IIS and IFRS program is provided through purchased services by vendors contracted with the state. The state estimates ninety percent (90%) of the families referred to the contractor will be referred for IIS and approximately ten percent (10%) of the families referred to the contractor will be referred for IFRS.

According to the Children's Division Annual Report, Table 38, in SFY22, 1,314 families and 3,227 children were served through the IIS program. In SFY21, there were 1,577 families, and 3,874 children served. Intensive In-Home Services is recognized statewide as being a program which diverts children from entering foster care and allows them to remain safely with family, thus it is important for the program to serve as many children and families as possible.

The percentage of at-risk children age five and under receiving IIS services has remained stable over the last five years. In SFY22, 32.9 % of the children served by IIS were age five and under. In SFY21 the percentage of at risk children five and under was 37%. The IIS program provides an array of services specifically targeted towards early childhood.

The IIS program has successfully diverted a significant number of children from entering alternative care. As referenced in the Children's Division Annual Report, Table 39, in SFY22, 83.2 % of the families remained intact at the end of the IIS intervention and avoided child placement, compared to 77.8% in SFY21 and 77.5.% in SFY20.

According to SFY21 IIS Annual Report, Table 25, in SFY22, 6.1 % of children were removed during the IIS intervention (190/3091). It is also important to remember there are times when placement into foster care or another placement outside of the home is in the best interest of the child.

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

The IIS Annual Report is produced once a year; however, Children's Division and contracted staff from each circuit are encouraged to request data for their particular site on an ongoing basis to continuously improve practice. The IIS Annual Report includes various data elements collected at the end of the intervention and at three, six, and twelve-month intervals following the intervention.



Intensive Family Reunification Services does not have a stand-alone outcomes report, thus all FACES data must be retrieved through ad hoc requests made to the Research and Evaluation Unit.

**Family Support Services**

*Family-Centered Services*

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

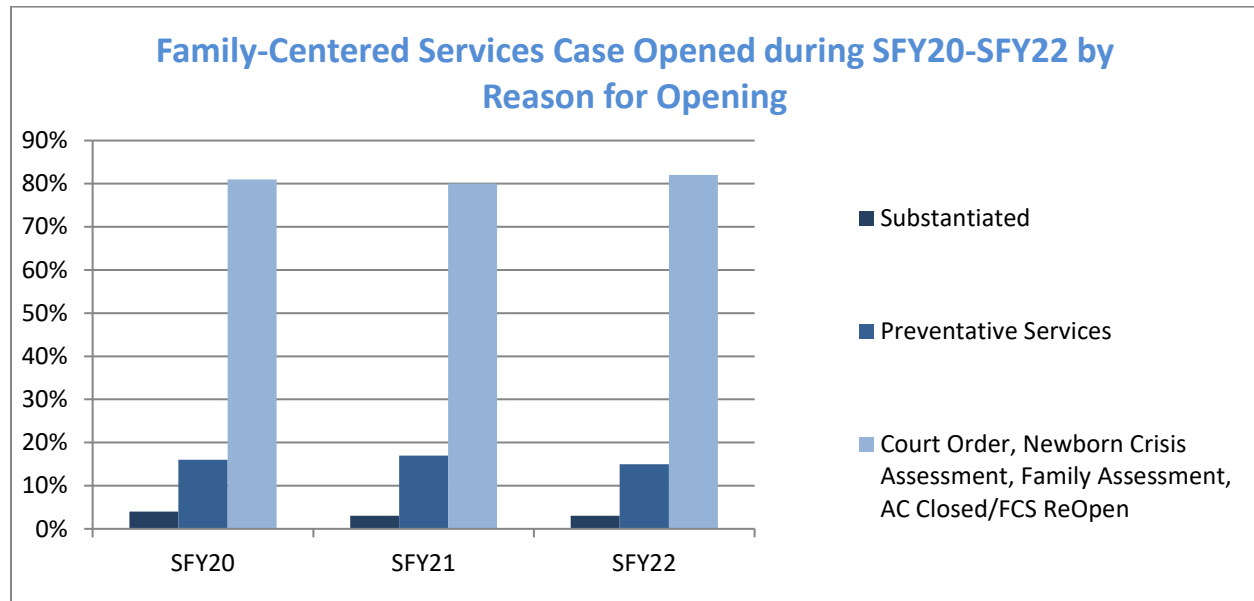
In SFY22, there were 4,892 active FCS cases compared to 5,527 during SFY21, 5,504 during SFY20, and 5,850 in SFY19. (Source: Children’s Division Annual Report, Table #9). The total number of FCS cases in SFY22 decreased by 12.9 % and in SFY21 decreased by .4 %. There has been a great deal of conversation around the decline in the number of Family Centered Services Cases. The most prevalent concern leading to this decline is staffing issues, with a staffing crisis there have been fewer workers to available for FCS cases. There is hope that there will be a steady increase in FCS cases as staffing stabilizes across the state.

Family-Centered Services Cases Active SFY19- SFY22

Fiscal Year	Cases Active	Percent Change from Prior Year
SFY19	5,850	-17.5%
SFY20	5,504	-5.9%
SFY21	5,527	-0.4%
SFY22	4892	-12.9%

In SFY21, approximately 3% of FCS families were served as a result of substantiated child abuse/neglect reports (90 out of 3,201; Source: Children’s Division Annual Report, Table 11). Families with no substantiated report, but receiving preventive services made up 15% of the total served. Over 4% of the cases were opened due to a court order. A new open reason was created in SFY17 based on the Children’s Division Memo 17-16 referenced above to include cases where an AC case was closed, and an FCS case was re-opened. Approximately 5% of families were served as a result of the reason for opening. The remaining 73 % of families were served as a result of a Family Assessment or Newborn Crisis Assessment. The Family Assessment response exemplifies the family-centered approach, which is founded on the principle that the

first and greatest investments, time and resources, should be made in the care and treatment of children in their own homes. This means resources are more wisely invested in treating and strengthening the entire family. The family assessment places greater responsibility on, and confidence in, families and local communities. Therefore, the foremost obligation is to provide families with the services and support necessary to preserve and strengthen the family and prevent out-of-home placement.



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

In February 2021, a FCS workgroup was created to look at areas where Children’s Division can make improvements in FCS policy and practice statewide. The FCS workgroup includes representatives from Central Office, Regional Offices, Training and Workforce Development, Quality Assurance System, and the Department’s Division of Legal Services. The FCS workgroup focuses on efforts to engage and receive input from multiple levels and program lines within the Children’s Division to affect positive advances in policy and programmatic development. Members of the FCS workgroup meet on a monthly basis to review draft policy and practice alerts, discuss FCS data outcomes, identify gaps and needs within the program area, and provide feedback for improvements to FCS policy and practice.

Memo CD21-37 was released in July 2021 and on August 2, 2021, policy went into effect regarding implementation of Temporary Alternative Placement Agreements (TAPAs) as a result of state legislation that passed in 2020. Pursuant to Section 210.123, RSMo and 13 CSR 35-30.030, a TAPA is a voluntary agreement between the Children’s Division, a relative of the

child, and the parent or guardian of the child to provide a temporary, out-of-home placement for a child if the parent or guardian is temporarily unable to provide care or support for the child and the child is not in imminent danger of death or serious bodily injury, or being sexually abused such that the Children's Division determines that a referral to the juvenile officer by submitting a Juvenile Office Referral (CD-235) with a recommendation to file a petition or to remove the child is not appropriate.

When there is a TAPA, a plan for monitoring the safety of the child must be developed. To further assist in monitoring the safety of the child and the parent/caregiver's progress with the plan developed through the TAPA the following must also occur:

- A Family Centered Services (FCS) case must be opened within ten (10) days of the execution of the TAPA and the case must remain open during the duration of the agreement.
- Staff must have personal contact with all the children on the TAPA as appropriate to ensure that the TAPA is being safely implemented but no less than two (2) times per month. One (1) contact with the child must be in child's relative placement. Additional contacts may occur virtually or in the community.
- One face-to-face home visit per month must be completed on all FCS cases with the parents involved in the TAPA.
- A Team Decision Making (TDM) Meeting must meet at least once every 30-days thereafter for the duration of the TAPA.

Throughout the provision of FCS services, staff maintains a focused casework perspective. Contacts with the family are purposeful and goal-oriented. Staff may provide whatever direct services a family needs through the FCS case. Examples of direct services that the worker may need to provide are:

- Teaching the family behavioral techniques for changing undesirable behaviors. An example of this would be introducing the parents to behavior modification methods such as positive reinforcement and "time-out," rather than physical punishment;
- Teaching the family appropriate methods to channel frustrations and manage anger;
- Modeling effective family communication and structuring family activities to enhance communication and family functioning;
- Engaging the family in the treatment process;
- Teaching life skills, such as how to improve self-esteem and how to look for employment;
- Teaching and role modeling household management skills, such as house cleaning, budgeting, and cooking;

- Providing "hard services" to meet the basic needs of the family, such as securing food, shelter, and transportation;
- Developing resources and making these resources available to the family for their ongoing support;
- Encouraging and working with parents to be cooperative and engaging of the non-custodial or non-resident parent as appropriate in preserving the best interest and safety of the child(ren); and
- Referring the family to any available culturally-relevant community resources that help them meet basic needs and stabilize their family, including:
  - Housing referrals and assistance;
  - Public benefits and income support, including any assistance needed to obtain food, clothing, and utility services;
  - Child care;
  - Home care and support services, including household management and home health aide services;
  - Medical and dental care;
  - Respite care;
  - Transportation services; and
  - Vocational and educational assistance

The Children's Division is continuing to move forward with a vision for a practice model anchored in values and practices that support exemplary child welfare outcomes through a prevention model. Future work to enhance the Family Centered Services program include the development of a SDM Risk Assessment tool, uniform referral process, assessment and monitoring tools as well as implementing intervention models.

### *Crisis Care*

The goal of Crisis Care is to reduce the number of child abuse and neglect incidents and the number of children entering alternative care by providing services to families experiencing a crisis and/or emergency situation and preventing future crises/emergency situations from occurring.

Crisis Care provides temporary care for children aged birth through 18 years whose parents/guardians are experiencing a crisis or emergency that requires immediate action for children who may otherwise be at risk for child abuse and/or neglect. Crisis Care emergencies are defined to include, but not limited to:

- Unexpected, short term hospitalization of a parent or guardian, or child in the household, unexpected incarceration of a parent, or death of one or both parents,

which produces a situation where there is no one immediately available to care for a child(ren);

- Children at risk of being sexually abused and/or exploited;
- Lack of food, utilities, and/or shelter with no immediate alternatives available; or
- Domestic Violence

Crisis Care services are not only designed to alleviate immediate crises and emergency situations, but are also designed to enhance the family's capability of preventing future crises or emergencies from occurring. Some of the services provided to families accessing crisis care services include, but are not limited to:

- Intensive case management;
- Engage, work alongside, and develop short term and long term goals with families;
- Building a natural support network with families;
- Shelter, food, personal care, medical attention, education assistance, transportation, and developmental activities for children;
- Arrangement of medical services;
- Linking to ongoing community resources;
- Assessment and family goal/safety planning to assist with identifying and alleviating stressors leading to the crisis/emergency and to aid in the prevention of the future need for crisis services;
- Follow-up engagement with families

Crisis Care services are provided free of charge to families voluntarily accessing services in response to a family emergency. Crisis Care services are available 24 hours a day, seven days a week. A child can be accepted at a crisis care facility at any time, day or night, if space is available. If space is not available, families will be aided in contacting other crisis care facilities or shelters.

- Crisis Care contracts are awarded through a competitive bid process, with the most recent contract beginning September, 2022. Currently, there are 8 crisis care facilities across the state. Crisis care services are located in:
  - St. Louis Area- 2 sites
  - Kansas City Area- 1 sites
  - Columbia Area- 1 site
  - Springfield Area- 2 sites
  - Joplin Area- 1 site
  - Southeast/Poplar Bluff Area- 1 site

In calendar year 2022, 579 unduplicated children were served in the crisis care facilities.

## **Family Reunification Support**

### *Foster Care*

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

Out-of-home placements include:

#### **Emergency Care Placements**

A foster home which has been specifically licensed to care for six or fewer children in the Children's Division custody on an emergency basis only. These foster homes are available to receive children on a 24-hour basis. These foster homes are used on a short term basis not to exceed 30 days.

#### **Foster Care Placements**

Foster homes are a licensed home caring for six or fewer children and are licensed by the Children's Division. Care includes the provision of food, lodging, clothing, transportation, recreation, and training appropriate for the child's age and mental and physical capacity.

#### **Relative Care Placements**

Placement of a child in the home of an adult who is a related family member or has a close relationship with the family. Relative placement providers must complete training and a licensure process to care for a child and for payment to be received.

#### **Elevated Needs Care (Level A and Level B) Placements**

A specified placement for a child in foster care with elevated challenges which includes receiving specialized care. These foster care homes must meet all licensing requirements as a traditional foster home in addition to receiving specialized training for children with mental, emotional and behavioral challenges. These foster homes also must demonstrate a willingness to obtain any specialized training to meet the individualized needs of the child.

#### **Therapeutic Foster Care Placements**

Therapeutic foster care (TFC) is a living situation consisting of highly intensive individual treatment for one (1) or two (2) children living in a TFC trained family foster

home setting and community environment. TFC is a specialized program for children with significant medical, developmental, emotional or behavioral needs, who, with additional resources, can remain in a family setting and achieve positive growth and development. TFC services are provided by agencies contracted with the Division to develop and oversee Treatment Foster homes. The TFC program was revised in 2021-2022 and now includes Relative TFC and Transitional TFC designed to successfully transition to permanency from a TFC home to child's parent(s), a less intensive relative/foster family, adoptive family, independent living, or community setting.

### **Medical Care Placements**

A foster care placement for a child with specific medical conditions where additional medical training is necessary for their care.

### **Transitional Living Placements**

These types of placements are considered for youth who demonstrate the ability to live independently with some supportive services and are successfully receiving Chafee Foster Care Independence Program services.

### **Independent Living Arrangements Placements**

Placement for a youth living on their own, usually in an apartment or college campus setting, with supervision from the case manager.

### **Residential Treatment Facilities Placement**

A residential child care agency licensed by the Children's Division with compliance being monitored by the Residential Program Unit to provide residential treatment services for children and youth. In accordance with the Family First Prevention and Services Act Missouri has several Qualified Residential Treatment Facilities (QRTP).

**Family Based Residential** which is used for a child in the legal care and custody of the Children's Division to be placed with a parent in a licensed residential family-based treatment facility for substance use for up to 12 months.

### **Psychiatric Residential Treatment Facilities (PRTF) Placement**

A PRTF is a program that provides inpatient psychiatric services furnished in a psychiatric residential treatment facility. Approval for placement in this setting requires rigorous review by an independent team, which includes a physician. These settings are not licensed by the Children's Division. The Department of Health and Senior Services (DHSS) is responsible for certification of the PRTF setting in Missouri.

Below is a breakdown of the placement types and what placement the child was in at the end of the fiscal year.

### Foster Care Placements

Placement Type	Coding Categories	SFY20	SFY21
Emergency	FHE	98	103
Foster Care	FAH, FHB, FHM, FHO	5,657	5,551
Relative Care	RHB, RHM, RHO, RHU, KHB, KHM, KHO, KHU	10,437	10,838
Elevated Needs	CFP, FHB, RHB	988	901
Medical Care	KHM, FHM, RHM	640	654
Transitional Living	TLA, TLG, TLS	262	268
Independent Living	ILA	281	282
Residential Treatment	RFA, RF2, RF3, RF4, RFE, RFH, RFI, RFP, RFT	1,801	1,232
<b>Total Children*</b>		20,226	20,247

\*Note: the number of total children is not equal to the placement categories in the table. Placements such as hospitalizations, school, etc. are not included in the table. Source: CD Annual Report Table 19; Data based upon last known placement at end of fiscal year

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

#### Foster Care Population

For over a decade, the Children’s Division experienced a decrease in the foster care population. The foster care population in Missouri reached its lowest point in January 2009 with a point in time total of 9,104 children in care. The Children’s Division experienced a growth in the number of children in foster care in the years that followed. Most recently, the fluctuation in the foster care population has remained relatively stable. The Division is constantly reviewing family circumstances observed and services available to families to understand and curtail the growth in



the foster care population. These include many Department and Division led strategies. Rapid Permanency Reviews to identify barriers to reunification or permanency through guardianship or adoption coupled with the Permanency Attorney Initiative, which works to complete custody modifications so children can be legally released to the non-custodial parent, and achieve TPR and adoption are examples of strategies that were enacted in Missouri’s most recent Program Improvement Plan.

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

**Children Active in CD Custody SFY 2017-2021**

<b>Fiscal Year</b>	<b>Number of Children</b>	<b>Change from Prior Year</b>
<b>SFY17</b>	20,031	-1.3%
<b>SFY18</b>	20,330	1.5%
<b>SFY19</b>	20,144	-0.9%
<b>SFY20</b>	20,227	0.4%
<b>SFY21</b>	20,247	0.1%

Source: CD Annual Report, Table #35

Some details about the areas of focus and development for the next five years in regards to the growth of the foster care populations are:

- Custody Modification payments – often times children are lingering in foster care, but placed with a non-custodial parent. The court requires a custody order transferring custody to the parent to be in place before it will close the case. The Division has the Permanency Attorney Initiative and the ability to use private contracted attorneys to assist with this legal action.
- Trauma Informed Practice - Children’s Division recognizes exposure to trauma can impact children’s physical health, emotional health, learning, behavior, and social skills. The Division, therefore, is committed to becoming a trauma-informed organization by which its policies and practices are embedded with a trauma awareness and focus.

Length of Stay

The table below shows the changes in recent years for several types of stays in Foster Care and the average length of stay. The average length of stay in foster care has steadily increased over the past five years.

<b>Fiscal year</b>	<b>Length to Reunification*</b>	<b>Length to Guardianship*</b>	<b>Length to Adoption*</b>	<b>Average Length of Stay#</b>
2017	13.29 months	21.06 months	30.12 months	22.3 months
2018	14.08 months	20.70 months	29.80 months	22.9 months
2019	13.95 months	22.27 months	29.71 months	23.2 months
2020	15.36 months	21.63 months	30.75 months	24 months
2021	14.79 months	21.90 months	33.11 months	24.5 months

\*Source: CD Outcomes report, table 9c

To continue the focus on reducing the length of stay in foster care, current strategies include enhancing supervisory oversight through reinforced training and development of the Clinical Supervision Process and the Missouri Practice Model. In January 2019, a new policy was created to require supervisors to observe each of their staff at least once a quarter in the field to provide feedback to the worker and more closely monitor their skills. To date, there is no data tracking in place, but may be considered with the development of the new CCWIS system.

To explore decreasing the length of stay in foster care, family engagement efforts became an important focus. Family engagement is a key factor in service planning and permanency. The Division continues to develop strategies and guides to aid staff in increasing family engagement. Another area of focus is diligent search, used for both parents and potential relative placement resources. There are enhanced programs and tools to aid in finding relatives for children including family finding, Extreme Recruitment and 30 Days to Family. These programs and tools assist staff in locating and engaging both parents, maternal as well as paternal family members, and individuals who are considered relatives by families and children, to be explored as placement resources as well as supports to the family of origin. Missouri Children’s Division has been working with family resources to assure they receive the services necessary to maintain placement stability through Kinship Navigator programs.

#### *Kinship and Relative Care*

Placing with relatives and kin continues to be a priority of the Division. Placing with relatives:

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

### Relative and Kinship Placement Statistics

Fiscal Year	Relative/Kinship placement % of Total In Care Population
2017	48.58%
2018	48.79%
2019	50.19%
2020	51.60%
2021	53.53%

Source: CD Outcome Measure: # 17, 17a, 17b

Section 210.305, RSMo, requires the Division to give preference and first consideration for foster care placement to grandparents of a child. The Children’s Division must conduct an immediate diligent search to contact, locate, and place with grandparents once the decision has been made to take custody during the first three (3) hours after placement. The statute requires staff to place with grandparents unless the decision to place with grandparents is contrary to the welfare of the child. The statute also requires staff to continue to make diligent efforts, while the child is in care, to contact, locate, and place the child with a grandparent or another relative, with first consideration given to a grandparent for placement.

If grandparents are not available or are not able to care for their grandchild, Section 210.565, RSMo states other relatives should be given first preference and first consideration over non-related resource providers, if the court has determined relative placement is not contrary to the best interests of the child.

As used in this section, the term “relative” means a person related to another by blood or affinity within the third degree or has a close relationship with the child and/or the family. Relatives within the 3rd degree have preference for placement over others who are not as closely related. This definition of “relative” began August 28, 2017.

The number of children placed with relatives has increased 4.95% from FY2017 – FY2021 with a total of 53.53% of children in care residing in relative homes in FY21.

Missouri Children’s Division continues to look for new and improved services and supports for relatives desiring to care for their children. In July 2021, Missouri piloted Relative Treatment Foster Care (TFC) services. That program has since been made available statewide. More information on specialized foster care for relatives can be found in the Elevated Needs and Treatment Foster Care section.

In October 2020, the Children’s Division in collaboration with the MO Department of Mental Health-Division of Behavioral Health, began the Mobile Crisis Referral Pilot (later renamed REACH: Receiving Early Access to Caring Helpers). This collaboration used DMH’s existing Access Crisis Intervention and Family Support Provider services to help relative (and later foster) placement providers get access to mental health services for children and youth placed in their home around the time of their initial removal and custody. The pilot began by serving 11 counties and by 2022 had expanded to serve 22 counties.

<b>Fiscal Year</b>	<b>% of children exiting care from a relative home placement</b>
2017	55%
2018	53%
2019	53%
2020	55%
2021	58%

Source: CD Annual Report Table 21

There continues to be an increase in the amount of children exiting care from a relative home placement over the last several years. More children exited from a relative home than any other placement type. This can also be attributed to the continued emphasis on identifying, locating, and placing with relatives whenever possible. Children’s Division is continually exploring new and enhanced ways to expand diligent search capabilities.

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

Children’s Division provides specialized training for all relative providers to support them through the resource home licensing process. For many years the Division used STARS for the Caregiver Who Knows the Child training curriculum. It focuses on the same competencies as the PRIDE foster parent curriculum and addresses issues of the role change which occurs when relatives or kin have a child placed in their home. The Division is rolling out a new curriculum titled, Missouri Caregiver and Adoption Resource Education (MO C.A.R.E) in mid-2023. Additionally, relative providers have access to all trainings offered to non-relative homes and are encouraged to participate.

## *APPLA*

Another Planned Permanent Living Arrangement (APPLA) is meant to be a planned permanent placement with a person that has a strong connection and bond with the child. The child must be 16 years of age or older to choose this permanency option. The Family Support Team must support and the court agree this is the most appropriate permanency option for the youth. The court must agree that compelling reasons exist which make the other permanency options unacceptable. In 2015, federal law went into effect which requires a child be at least 16 years of age before APPLA may be considered as the youth's case goal. In 2016, the state of Missouri passed HB 1877 which put this federal requirement into state statute.

APPLA is not a legal final permanency option. Therefore, the court must continue to hold annual permanency hearings until such time that the court enters a legal final permanency order (reunification, adoption, or guardianship), the youth ages out at age 21 or otherwise chooses to exit care after age 18. The case manager shall continue to schedule regular Family Support Team (FST) meetings and provide support services as identified by the FST.

The out-of-home care provider will make a formal Planned Permanency Agreement with the Division and the youth.

### **Permanency Pact**

A Permanency Pact should be completed whenever Another Planned Permanent Living Arrangement (APPLA), is selected for a youth. The purpose of the Permanency Pact is to identify permanent supports for the youth who will continue to play a permanent role in the youth's life. Establishing permanency is a federal requirement and a guiding principle of the Children's Division.

It is critical to the youth's success to identify those adults who will continue to provide various supports through and beyond the transition from care. Clarifying exactly what the various supports will include can help to avoid gaps in the youth's safety net and misunderstandings between the youth and the supportive adult.

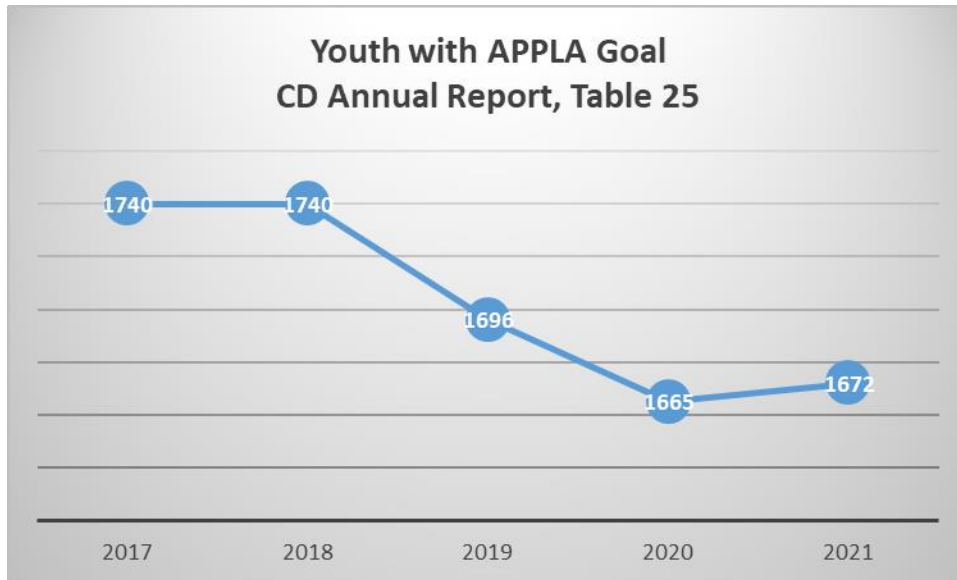
A Permanency Pact creates a formalized, facilitated process to connect youth in foster care with a supportive adult. Developed by FosterClub, the Pact provides the structure that is needed to help both youth and adults establish a positive, kin-like relationship. Youth transitioning from foster care are often unsure about who they can count on for ongoing support. Many of their significant relationships with adults have been based on professional connections which will terminate once the transition from care is completed. This process has proven successful in clarifying the relationship and identifying mutual expectations. A committed, caring adult may provide a lifeline for a youth, particularly those who are preparing to transition out of foster care to life on their own.

Copies of the Permanency Pact are provided to the youth, the Supportive Adult and maintained in the case record. All other members of the youth’s Permanency Planning/Family Support Team receive copies of the Permanency Pact.

**Case Management Support**

When a youth has a goal of APPLA, all case management services are afforded the youth including working with the resource or birth family to assess risk, participating in the development of the permanency plan, identifying and providing needed services, and meeting

with the youth and family to ensure desired outcomes are attained. Safety is continually assessed and needs met while the youth remains in care.



Source: CD Annual Reports FY 2017-2021, Table 25  
FY 2022 data not yet available.

**Staff Education**

In recent years, Children’s Division has focused on educating staff on the appropriate use of the APPLA goal. Emphasis has been placed on using this goal when other options have been ruled out and when the goal is appropriate for the child considering the circumstances of the case. As demonstrated by the chart above this review of APPLA cases in our population has resulted in a decrease of youth with APPLA goals.

The Division is tracking the number of children who still have a goal of APPLA but are under the age of 16. The chart below shows point in time progress.

Date	Number of children under 16 with a goal of APPLA
January 31, 2018	46
January 31, 2019	40
January 31, 2020	20

This data is continually provided to each Region across the state for review and correction.

In addition, in 2021 the Learning Circle Permanency Planning 101 (CD000708) was developed in response to the Program Improvement Plan (PIP) and is mandatory for all staff to complete. The Learning Circle remains an available resource for staff.

### **Older Youth Program**

The Older Youth Program (OYP) provides services to youth with an APPLA goal. Often those services include: life skills education, hands-on modeling, youth leadership opportunities, financial assistance for post-secondary education/training, and subsidized living arrangements. The OYP helps support the services offered to foster youth, focuses on positive youth development and assists them in reaching their life and permanency goals. The OYP is available for all youth aged 14 or older.

### **CASA Support**

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

### **Criteria for Continuation of APPLA as a Permanency Option**

For youth with a goal of APPLA, for the continued approval of the case plan for the youth, the Children’s Service Worker must:

- Document steps taken to ensure the youth’s out-of-home care provider is following the reasonable and prudent parenting standard.
- Consult with the youth, in an age appropriate manner, about the opportunities and activities he/she could participate in regards to extracurricular, enrichment, cultural, and social activities.
- Document at each permanency hearing for the youth per PL113-103, the intensive, ongoing, unsuccessful efforts made for family placement including returning home, securing a placement for the youth with a fit and willing relative (including adult siblings), a legal guardian, or an adoptive parent. Efforts should include search technology (including social media) to find biological family members for the youth and should be updated as of the date of the hearing.

At each permanency hearing, the appropriateness of the placement will be re-determined by the court by ascertaining the permanency plan for the youth.

### *Elevated Needs Foster Care Program*

Elevated Needs foster care is a program designed for the youth with identifiable and documented moderate or serious emotional and/or behavioral needs requiring intensive and individualized intervention to succeed in a community-based family setting and to achieve their goal of permanency. There are two levels of availability to meet the child-specific needs: Level A and Level B. Resource (foster, relative, and adoptive) providers of youth with elevated needs have received specialized training in addition to Missouri's required pre-service training to equip them with trauma-informed, positive parenting strategies and skills to meet the unique needs of youth with elevated needs. Resource parents receive a higher level of monthly maintenance and additional respite services to support the higher levels of individualized care required, including greater structure and supervision.

The elevated needs program was established over 30 years ago and has evolved over the years. Last year there was a statewide workgroup comprised of a team of staff, contracted staff, and foster parents that worked on enhancing the program policies, procedures, and process to meet the complex and unique needs and supports of both the children and the resource parents. This group came up with a new Level A Training that is more updated to meet the competencies of caring for a Level A child. The new training is an evidenced based curriculum called Core Teen. It was implemented in 2022 and continues to be a valued asset added to the elevated needs program.

### *Treatment Foster Care Program*

Treatment (also known as therapeutic) foster care (TFC) is a family-based, individualized therapeutic intervention for children with significant medical, developmental, emotional, or behavioral needs who require a higher level of care and individualized supports for the caregiver(s) than can be provided in a traditional foster home in order for the child to succeed in a community-based family setting. TFC Services includes foster parents with specialized training and a treatment foster care worker that provides enhanced supports and mentoring to child, foster parent, and child's family to ensure the needed therapeutic and rehabilitative services are being provided to meet the child's individual treatment plan and successful transition to permanency.

The Children's Division established the TFC Program in January 2015 as a service array option offered as part of the residential treatment contract. In July 2021, the TFC program made significant changes starting with procurement of a separate stand-alone contract for TFC with licensed Child Placing Agencies, outside the umbrella of residential treatment contract. This has allowed for any child-placing agency licensed with the Missouri Children's Division the opportunity to provide TFC services. The Children's Division also has Relative Treatment Foster Care and Transition Treatment Foster Care, which allows the expansion of specialized services and supports to relative caregivers and emphasizes transition of children to timely



permanency with the concurrent work with biological parents along with relatives or other permanency placements. Continuous work is being accomplished to increase the number of TFC Child Placing Agencies providing TFC services along with capacity building work to increase the number of TFC homes available and equipped to meet the needs of high-level children in family home settings. Missouri currently has eight (8) Contracted TFC Agencies.

*Independent Assessor*

Missouri began implementation for the Family First Prevention and Services Act (FFPSA) on October 1<sup>st</sup>, 2021. At that time the Independent Assessor process was started for all youth who were being referred for residential treatment placement. Though the federal legislation only requires that assessment for youth entering Qualified Residential Treatment Program (QRTP) placements, Missouri believes this process should be utilized for all youth regardless of QRTP placement.

Children’s Division partnered with the Missouri Department of Mental Health and the Missouri Behavioral Health Council to work with local Community Mental Health Centers (CMHC), Certified Community Behavioral Health Organizations (CCBHO) and some Federally Qualified Health Centers (FQHC) to complete the Independent Assessments. The chart below shows the breakdown of the providers and the judicial circuits they cover.

Missouri Judicial Circuits	Behavioral Health Service Provider
4 • 5 • 43	Family Guidance Center
3 • 9	North Central MO Community Mental Health Center
1 • 2 • 10 • 41	Mark Twain Behavioral Health
6 • 7 • 8	Tri-County Mental Health Services
16	Comprehensive Mental Health Services, ReDiscover, Swope Health Services, Truman Behavioral Health
14 • 18 • 13	Burrell Behavioral Health
12	Arthur Center
11 • 15 • 16 • 17 • 19 • 20 • 25 • 26 • 27 • 28 • 30 • 45	Compass Health Network
21 • 24	BJC Behavioral Health
22	Hopewell Center
23	COMTREA
32 • 33 • 34	Bootheel Counseling Center
35 • 36 • 42	FCC Behavioral Health
37 • 44	Ozarks Health
31	Jordan Valley Community Health Center
29 • 38 • 39 • 40 • 46	Clark Mental Health Center

The assessors have been trained in and use Child and Adolescent Needs and Strengths (CANS) as part of the assessment process. This is a tool that many of Missouri’s residential providers already used in assessing youth in their programs. The Missouri Behavioral Health Council has arranged for the assessors to be trained on the tool through the official training from the

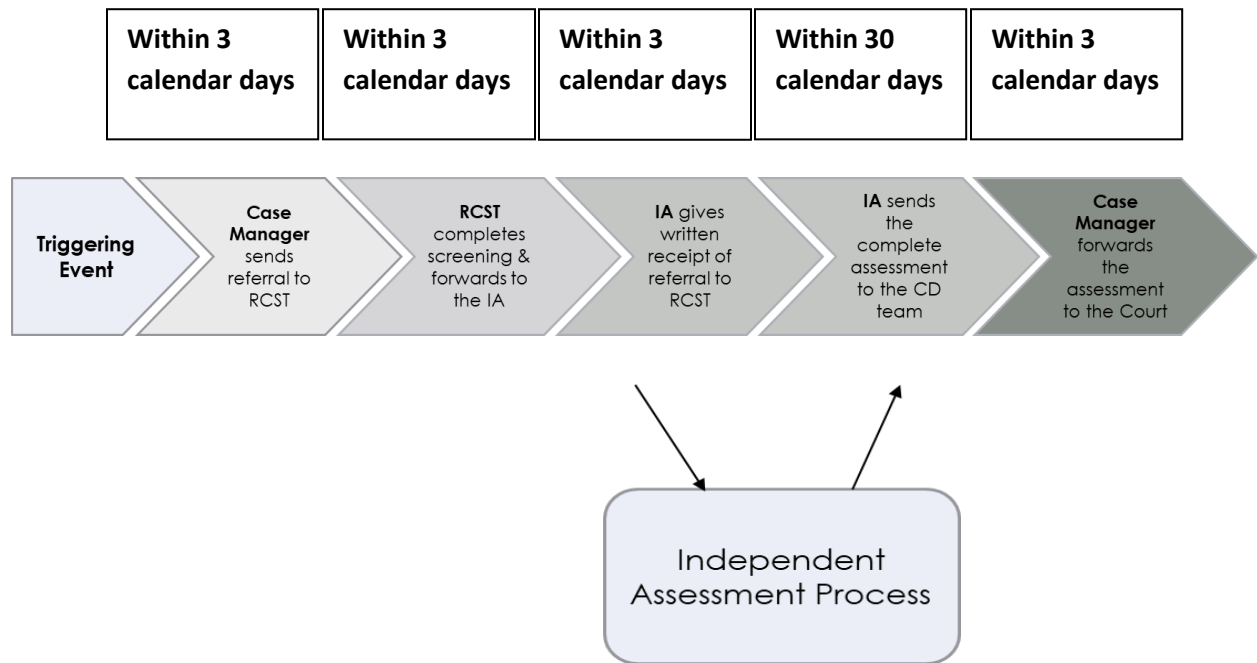
University of Kentucky and engaged in Train the Trainer courses so that assessors can eventually train their own new staff.

The Children’s Division’s Permanency Manager along with the Program Specialist over Independent Assessor meet monthly with the assessors, Missouri Behavioral Health Council and the Residential Care Screening Team to provide any needed updates and to provide technical assistance.

Within Children’s Division policy, there are specific triggering events that must occur in order for staff to access an Independent Assessment. These are:

- Child is currently in a residential placement
- Residential treatment is court ordered
- A Youth with Elevated Needs Staffing has made a recommendation for residential treatment
- Family Support Team recommendation for residential treatment
- Supervisor/worker consultation made for an emergency referral for residential treatment
- Recommendation for residential treatment by a mental health professional or clinician

The flow chart below outlines the process and timeframes following a triggering event. The Residential Care Screening Team (RCST) coordinators are Children’s Division staff responsible for screening the need for an Independent Assessment.



*Residential Treatment Services*

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

During SFY22, 473 children entering the custody of the Children's Division were in a Residential placement. This is a decrease from SFY21 when 487 children entering custody of the Children's Division were in a Residential Care placement. Throughout SFY22, 2618 children in the custody of the Children's Division received service in a Residential Care placement. This is a decrease from SFY21 when 2895 children received residential treatment services. Residential facilities in Missouri have reported that the children entering residential care have an increased need for intensive treatment. There has been a policy in effect to move younger children out of residential treatment and into a less restrictive setting. There has also been an on-going effort to get older youth into specialized foster care settings and reduce the length of stay in residential for all children. Also, there are more foster/relative/kinship homes being developed and utilized due to the foster care case management contracts. With the implementation of Family First Prevention Services Act (FFPSA) in October 2021, children in the custody of the state must receive an Independent Assessment (IA) to determine if the child is in need of residential care. The IA process helps to facilitate less restrictive environments for children not in need of residential care. Residential treatment services provided include: individual, group and family counseling, recreational therapy, educational services, medical and psychiatric services, and a closely supervised, structured place to live. Some residential agencies also provide transitional living and life skill training for older youth, and family focused aftercare services.

In 2022, children received services through 57 licensed residential treatment agencies for children and youth operating at 96 separate sites. Of the 57 RTACYs 44 agencies hold a contract with the Children's Division. In 2022, there was 1 initial RTACY license awarded. Thirty-nine RTACYs renewed their licenses in 2022. In 2022, of the 57 licensed RTACYs, 32 are accredited through nationally recognized accrediting bodies (Council on Accreditation of Services for Children and Families, Inc., Joint Commission on Accreditation of Healthcare Organizations, Commission on Accreditation of Rehabilitation Facilities). One additional RTACY is actively seeking accreditation at this time. Such accreditation in Missouri serves as prima fascia evidence that an accredited agency meets state licensing standards. Licensed RTACY staff are required to have initial orientation and a minimum of 40 hours of on-going training per year. Of the 57 RTACYs 17 agencies have a QRTP (Qualified Residential Treatment Program) designation.

### *Specialized Care Case Management*

The Specialized Care Case Management contract was awarded to Missouri Alliance for Children and Families (MACF) in April 2006 and has been renewed annually since that time. The contract was rebid in 2018 and MACF was awarded their current contract, which began on April 1, 2018. This contract is currently under a one-year extension due to the need to reduce case rates as Rehab dollars were being shifted to the new Show Me Healthy Kids Managed Care plan. The reduction of the case rate took place in October of 2022. This contract is now in the final stage of legal review and will be issued for rebid in the spring of 2023.

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

The contract was amended and is capped to serve a maximum of 375 youth statewide. The areas served are comprised of designated counties within all regions of the state. As of February 2023, there were approximately 314 youth being case managed through this contract.

The contract provides intensive wraparound services and supports by ensuring a maximum case management ratio of one to ten, although some caseloads are below this limit. Children enrolled under the specialized contract may be as young as six years up until the youth's 21st birthday. The median age of active enrollments is 13.83 years.

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

The following outcomes reflect the most recent SFY23 information for the quarter of October-December, 2022.

- Children shall not be the subject of reports of child abuse or neglect where there is a finding of preponderance of evidence and the incident date is later than the enrollment date.
  - Target Goal: 99.43%                      SFY23 Data: 100%
- Children shall not be on/or have been on runaway status in excess of 48 hours.
  - Target Goal: 95%                              SFY23 Data: 93.07%

- Of the 21 clients who were on run, 10 clients had a run placement detail noted as “known”
- Children shall not be or have been arrested or detained.
  - Target Goal: 95%                      SFY23 Data: 96.37%
- Children should remain stable within their community 90 days after disenrollment. It should be noted that this data does not include children who dis-enrolled and because of the child’s age and/or legal status, data could not be gathered regarding their stability in the community.
  - Target Goal: 90%                      SFY23 Data: unavailable
- Youth will not experience a move that is to the same placement type or a more restrictive placement setting.
  - Target Goal: 78%                      SFY23 Data: 73.60%
- Children placed in a residential care facility at the time of enrollment will be moved to a less restrictive setting within 180 days.
  - Target Goal: 50%                      SFY23 Data: 44.44%
- Children enrolled with the contractor for an entire month must have received at least four face-to-face visits with the contractor each month with no more than ten days between visits at any time.
  - Target Goal: 95%                      SFY23 Data: 95%
- Children dis-enrolled or discharged must have had a physical examination within the past 12 months.
  - Target Goal: 90%                      SFY23 Data: 71.43%
- Children must be enrolled in and actively participating in an educational program or have successfully graduated.
  - Target Goal: 90%                      SFY23 Data: 100%

These measures address the commitment by Children’s Division and MACF to ensure youth are safe, stable, and have the opportunity to be successful. Current performance indicates that MACF met, and often exceeded, most outcome measures. Data for the outcome measures is tracked every quarter and outcomes are discussed with the contractor on a regular basis.

Children’s Division and MACF staff continue to reach out to internal and external stakeholders during routine contact to discuss and define this stability service array and factors that distinguish it from other case management services which focus on permanency. In August 2017, CD and MACF staff met to discuss the current state of the Specialized Care program and to review cases where children had been in the program for over 5 years. The review revealed that this contract has significant success in stepping youth down from residential to less restrictive community placement settings including relative placement located through their extreme recruitment services. Periodic meetings between both agencies’ staff continue to occur.

### *Foster Care Case Management*

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

The initial contracts were awarded on June 1, 2005, to seven provider consortiums to serve 1,845 cases across nine Missouri counties. Since then, Foster Care Case Management has experienced substantial growth. The Children's Division now contracts with five provider consortiums to serve 3,435 cases across 32 Missouri counties. Because contractors serve a set caseload, the percentage of children served through the contract is influenced by the number of children entering and exiting care statewide. Contractors currently serve approximately 26% of the children in the care and custody of the Children's Division. This is a decrease from 2009 when approximately 38% were served by the private contractors, and the total number of children in care was lower. Beginning March 2023 CD is expanding the contract by 144 cases in the Kansas City region to assist with staffing shortages in this region.

The contracted providers are evaluated every year using four performance outcome measures. These performance measures are permanency, re-entries into care, safety, and well-being. If a contractor does not meet a performance measure, the division collaborates with them to develop a Performance Improvement Plan which outlines specific strategies the contractor will implement to meet the outcome measure for the coming year. The average permanency rate achieved statewide for 2022 was 32.14%, the safety measure was 99.85%, where only 0.15% of the children had a substantiated CA/N report while in care, 94.6% of the children served did not re-enter care within a 12-month timeframe from achieving permanency and 93.45% percent of the children assigned to the FCCM providers received their Healthy Children and Youth (HCY) exam within the first 30 days of entering care.

The permanency targets for each region over the last 17 years have ranged between 26 to 54 percent. These targets are subject to change with each contract bid and are set based on the permanency rates achieved by the Children's Division in each region.

The Children's Division awarded a new contract, which went into effect on October 1, 2020. This contract will be for five years. All previous contracts for this service have been for three years at a time. The benefit of a five-year contract will reduce the disruption of case management services and assist the providers in stabilizing their workforce. The hope is that both of these benefits will greatly impact the children and families served.

### *Recruitment and Retention Contract*

In August 2013, Cornerstones of Care (COC) Healthy Families Program was awarded the state contract for Recruitment, Licensure, Training, and Retention of Resource Homes. In January 2014, the Northwest Region of Missouri, as well as Jackson County, came under the purview of a contract for Privatization of Recruitment Licensing and Retention of Resource Homes. This two-year pilot project contract included responsibility for recruitment, training, and activities to support licensing/approval of resource homes in the counties of the Northwest Region and Jackson County. COC and their subcontractor manage the cases of resource families, completing activities of licensure and re-licensure as well as support services to retain foster and adoptive resource families. Additionally, the contractor was responsible for identifying placements for children from their pool of resources for placement of children managed by the Children's Division.

The contract was extended for 12 months while revisions were made to the contract and new contract was awarded to COC beginning January 1, 2018. The new contract no longer required the contractor to be responsible for activities to support licensure/approval of requests received through ICPC as that function was absorbed by the Children's Division. The intent of this change was to allow the contractor to focus efforts on recruiting and licensing families willing to accept older youth, youth with elevated needs which include therapeutic or treatment resource homes, in an effort to reduce utilization of residential placements. However, this recruitment has continued to be a challenge for the contractor as it is for the Children's Division and private case management contractors. The contractor, like Children's Division, is more successful in approving and supporting relative providers identified by the case manager and retaining those placements to allow for timely permanency. The contractor participates in the Diligent Recruitment Committee, the Right Size Residential Recruitment subcommittee and the Recruitment and Retention Statewide workgroup. The contractor is also instrumental in the development team for therapeutic care, including relatives. In each of these groups, new recruitment ideas are shared, tried, and tested.

During the second year of the contract, the focus was on the assessment of the pilot and determination of the next step in the privatization of resource development in Missouri. The determination was made to maintain a contract for recruitment, licensure, and retention of foster and adoptive homes in the current regions and not expand to additional regions. Additionally, the Children's Division decided to exercise the option to extend the current contract for another 12 month period with the intent of assessing a full two years of the pilot and approach the new contract request for proposal informed by the assessment. In 2018, Cornerstones of Care was again awarded the Recruitment and Retention Contract. In 2018, the same measures continued to be tracked, but Cornerstones of Care was not held responsible for placements with relatives as those are not controlled by the vendor. In 2019, adoptive home strategies were re-evaluated as the Children's Division began an effort to enlist the assistance of Child Placing agencies to assist with identifying adoptive homes. Cornerstones of Care and their subcontractor continue to

develop resource homes for every level of care and have continued to focus on the support needed to retain quality homes. The contractor also is heavily involved with the Children's Division in determining the appropriate services for relatives to be successful in caring for relative children entering the foster care system and has tested Treatment Foster Care during this period with these relatives achieving permanency for five children through adoption or guardianship. The Missouri Family Focused Treatment Association (FFTA) chapter of which this contractor is a strong partner, has been testing relative treatment foster care to determine what services are necessary at time of placement from the removal home or time of placement from a higher level of care or even residential. The Children's Division is currently working on a standalone Treatment Foster Care Contract and will use the learnings of this group as well as the recruitment and retention contractor to inform that work.

The number of resource homes has continued to be tracked to determine if new alternative care vendors are being developed to allow youth the availability of a family-like setting for alternative care placement as well as determining the increased use of relative placements.

Beginning in January of 2021, the contract was amended to remove the requirement of placement identification by the contractor. The responsibility for identification of placements and knowledge of placements available returned to the Children's Division. In 2021, the Division will be reviewing the efficacy of this approach and determining if additional contract amendments are necessary to adjust placement identification to assure for appropriate placements for waiting children.

Beginning in January of 2022, the rebid process for this contract began. The contract is currently under review and the RFP will be out during the spring of 2023. The contract was extended until June 30, 2023 and will be extended again through December of 2023 while the State of MO reviews the proposals and makes an award. The new contract has an emphasis on targeted recruitment efforts, especially in our most rural areas, for older youth and our elevated needs children.

### **Adoption Promotion and Support Services**

#### *Adoption Services*

Missouri Law identifies the Children's Division as one of the agencies which may place a child for adoption, and establishes time frames for the completion of court required adoption assessments conducted regarding placement of a child in the prospective adoptive home. The court may direct any appropriate individual or agency, including the CD, to complete the assessment.

When it is not possible or in the best interest of the child to return to their biological family, consideration is given to placing the child for adoption. Several factors influence this decision; the attachment of the child to his/her biological family, the parent's ability and willingness to



voluntarily relinquish the child for adoption, the juvenile court's determination of whether or not parental rights will be terminated, and the desire of an older child to be placed in an adoptive family. In a case involving a child under fourteen years of age, the guardian ad litem shall ascertain the child's wishes and feelings about his or her adoption by conducting an interview or interviews with the child, if appropriate based on the child's age and maturity level, which shall be considered by the court as a factor in determining if the adoption is in the child's best interests.

Persons who are interested in becoming adoptive parents currently apply at local CD offices, with the Foster Care Case Management contractors or with the Recruitment, Retention and Licensing of Foster and Adoptive Resources Contractor in Jackson County and the Northwest region of Missouri. All applicants must complete the STARS and Spaulding training provided through the Division or its contractors. Children's Division workers and/or contracted providers, in coordination with the training, complete the family assessment and work with families to determine suitability for adoptive parenting. The family assessment is initiated within 30 days of the receipt of the application and completed within four months for families to be considered for adoptive placements. Children are featured on the national AdoptUSKids website at [www.adoptUSkids.org](http://www.adoptUSkids.org), Raise the Future website at [www.raisethefuture.org](http://www.raisethefuture.org), and the MO Adoption Heart Gallery website at [www.moheartgallery.org](http://www.moheartgallery.org).

Each year youth are featured on the Missouri Adoption Traveling Heart Gallery, including photo presentation in venues around the state and through the Heart Gallery website [www.moheartgallery.org](http://www.moheartgallery.org). Raise the Future partners with the Division to arrange for the photography and photo preparation for the gallery.

#### *Adoption Recruitment Training Support*

The Adoption Recruitment Training Support (ARTS) team serves as a centralized group consisting of regional adoption representatives who meet quarterly with representatives from Central Office to discuss recruitment strategies, training needs, or opportunities for support to staff. Team members share information with one another on regional recruitment events, providing new ideas for all regions to consider for recruitment of resource homes and informing the state recruitment plan.

Plans are to incorporate the Resource and Treatment Foster Care (TFC) staff in these meetings as the program services intertwine with Adoption. The quarterly meeting would be renamed Adoption, Resource, and TFC Supports (ARTS).

The current ARTS serves as a forum to discuss and resolve adoption issues faced by field staff, assist in defining best adoption practice for CD and provide necessary support to staff responsible for identifying and supporting permanent homes for children.

The updated ARTS would continue to serve as a forum to discuss and resolve adoption issues; however, issues that involve the resource and TFC program would also be discussed. Support would be offered to staff in these program areas, too. Many staff cover these crossover programs and the blend of this meeting would eliminate additional meetings for staff.

The continued focus in 2022 was for the ARTS team to coordinate with faith-based partners in helping recruit adoptive homes for children seeking a forever home. Faith-based partners have the passion, capability, and resources to collaborate in this direction. This partnership has successfully moved forward as more of the faith-based partners have joined efforts to help recruit adoptive homes for children, attended the ARTS Statewide meetings, shared the MO Adoption Traveling Heart Gallery displays, and participated in National Adoption Awareness month activities.

Another continued 2022 focus for the ARTS team has been to increase the number of children being featured on the three adoption websites, Raise the Future, AdoptUSKids, and the MO Adoption Heart Gallery. The amount of children featured on the websites has continued to increase in the past year.

Children's Division has continued to offer quarterly, one-hour, evening adoption information webinars for families to learn about Missouri's adoption process. This virtual class is designed to provide a basic overview of adoption in the state of Missouri. The primary focus is on foster care adoption, but the sessions briefly cover all types of adoption. It provides an opportunity for families interested in adoption to learn more about these processes and led by a professional staff member from Raise the Future.

The ARTS group is a central meeting place and will continue to be for statewide diligent recruitment plan. These meetings review the streamlined approach via Raise the Future, AdoptUSKids, and The Missouri Heart Gallery. The ARTS team will continue to be a sounding board for developing policy, training or any support necessary to field staff.

### *Heart Gallery*

The Missouri Heart Gallery began in 2006 and continues strong today. Children featured in the Heart Gallery are children with the goal of adoption without an identified placement resource. Over the past few years, registrations had declined. As a result, the Division took a closer look at the Heart Gallery process and partnered with Raise the Future and the ARTS team to revise and update the registration process and practice. A list of the volunteer photographers throughout the state who have been through DSS background checks is provided to staff frequently and as requested. A photo session is set up quickly and easily. Children's Division also has a list of volunteer hair stylists throughout the state who have offered their services help make the photo session or special event feel even more special for the children.

Staff can register the child for Raise the Future, the AdoptUSKids and the Missouri Adoption Heart Gallery website with one Child Registration form. This will also give the opportunity to recruit for the child through the DSS Facebook page and DSS Twitter. Raise the Future now writes the media profiles and continues to assign the photographers. As with previous years, photographs will continue to be printed for the traveling Gallery. Each region will receive 8x10 images of children who are featured in the Heart Gallery for display at regional events. This approach will allow for flexibility to feature the Heart Gallery at a moment's notice in smaller venues, i.e. churches, school functions, and community events. In 2022, locations such as libraries, community centers, shopping malls, and health facilities have begun to allow staff to utilize these locations as they have in the past. Prospective adoptive families can also be directed to the online MO Adoption Heart Gallery for a complete list of children featured. Regions will also receive extra images of children from other regions and will have the flexibility to exchange with other regions. The Children's Division is continuing to hold focused grassroots efforts at events such as PTA functions, fairs, and church events.

In 2021, the Division partnered with Raise the Future to create and offer a digital Heart Gallery display to be used in the community as a new recruitment opportunity. This digital Heart Gallery display can be used in the same venues, i.e. churches, school functions, and community events as the Traveling Heart Gallery display. The digital Heart Gallery display has been updated through the year and offers a better user friendly format.

The Missouri Heart Gallery is a joint effort between the Missouri Department of Social Services and Raise the Future.

In 2022, the Division enhanced the MO Adoption Heart Gallery website to offer a better user friendly format.

#### *Subsidized Adoption and Guardianship Program*

Some children placed in out-of-home care will never be able to return to their birth home. Furthermore, many of these children suffer from handicapping conditions and others are older or are members of a sibling group. These factors make it challenging to find adoptive homes. Frequently, these children have special needs such as the need for medical care, counseling, therapy, or special educational services. The cost of caring for these children can be prohibitive for a potential adoptive family, or those wanting to provide permanency through a guardianship arrangement. Adoption and guardianship subsidy provides the child the benefit of a permanent family while assisting with the financial responsibility of adopting or becoming a guardian to a special needs child. The basic subsidy package includes maintenance, childcare for children up to age 13, MO HealthNet, and respite. Additional services may be added as needed and approved. In SFY22 adoption and guardianship expenditures were \$120,940,419, compared to SFY21's expenditure of \$91,229,134. As of June 30, 2022 there were 20,394 children receiving

adoption subsidy and 8,557 children receiving guardianship subsidy, per DSS Research and Evaluation.

FY	Adoptions Finalized
2018	1,747
2019	1,819
2020	1,740
2021	1,513
2022	1,577

Adoption Savings Expenditures for Missouri is the following:

FFY	Cumulative Unexpended Balance of Calculated Adoption Savings
2018	-
2019	\$653,946.00
2020	\$2,967,687
2021	\$6,797,817
2022	\$14,085,156

The amount shown for each year is the accumulated total that has been carried forward.

### *Child Placing Agencies*

The Children’s Division is the licensing body for Missouri child placing agencies pursuant to Chapter 73 of the Children’s Division - Child Placing Agency rules in the Missouri Code of State Regulations. Child placing agencies may be licensed to provide “recommendation of foster homes for licensure,” “placement of children in foster family home,” “foster care services” and “adoption services,” which includes international placements.

In CY 2021 Missouri Children’s Division had 60 licensed child placing. Many of the agencies have multiple operating sites resulting in a total of 106 licensed sites in Missouri. Of the 60 licensed child placing agencies, 33 of these are accredited by a nationally recognized accrediting body (Council on Accreditation, Joint Commission on Accreditation, IAMME or Hague Accreditation). The licensed child placing agencies facilitated placements and adoptions of 81 domestic and 15 international children for adoption. Licensed child placing agencies provided post placement or post finalization adoption services to families. Several of the licensed children placing agencies also are contracted for foster care case management and specialized care contracted services previously described in this report.

### *Inter-Country Adoptions*

The Children’s Division (CD) is the licensing body for all child placing agencies in Missouri. Many of these agencies conduct international adoptions. The rules for licensing child placing

agencies require that such agencies conduct a variety of adoption services. The adoption services provided to families adopting internationally include pre-placement planning, and post-adoptive services, placement supervision, assessment of the child's adjustment into the home, and support services. Adoption disruptions are also assessed by the child placing agency. For calendar year 2022, the Missouri Child Placing agencies reported no international adoption dissolutions or disruptions that resulted in children adopted internationally entering state custody.

#### *Division X Supplemental Funding from the Supporting Foster Youth & Families through the Pandemic Act*

The Division X supplemental funding received from the Supporting Foster Youth and Families through the Pandemic Act is being used to support the Permanency Attorney Initiative described in the Implementation and Program Support section of this report. Specifically, this funding will be used to contract services for attorneys who perform legal work related to permanency for children. The funding will go directly to the billing they submit. The decision to utilize the funding in this manner was made to address permanency delays that may have occurred due to the COVID-19 pandemic.

#### *Service Decision-Making Process for Family Support Services*

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

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

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

Beginning November 2019, the following services have been added to facilitate better outcomes for children and families: Specialized Clinical Assessment (Psychosexual Evaluation), transportation, and transportation behavioral. The contract revisions were a result of multiple requests from the courts to provide a specialized clinical assessment, and as a result of monitoring, to expand services to families. The CTS explanations of services were also updated to reflect more evidence-based curriculums be used when providing parent aide and parent education services to the families and children.

### *Populations at Greatest Risk of Maltreatment*

The primary concern of the Children's Division throughout the continuum of care is always child safety and well-being. The Children's Division utilizes protocols built upon Structured Decision Making (SDM) to assess safety and risk, to address threats of danger, and to focus treatment services on families at the greatest risk of child maltreatment.

### **The Structured Decision Making (SDM) Safety Assessment**

The SDM Safety Assessment tool assists staff in assessing whether a child is likely to be in imminent danger of serious harm that may require protective intervention. The SDM Safety assessment is required for all Investigations, Assessments, Juvenile Assessments, Newborn Crisis Assessments, and Out of Home Investigations (OHI) reports. The SDM Safety Assessment will not be required for Non-caretaker Referrals and Preventative Service Referrals. The SDM Safety Assessment is required to be completed on all victim and non-victim children within 72 hours.

The SDM Safety Assessment defines the following:

- Caregiver: An adult, parent, or guardian in the household who provides care and supervision for the child.
- Family: Parents, adults fulfilling the parental role, guardians, children, and others related by ancestry, adoption, or marriage; or as defined by the family itself.
- Household: All persons who have significant in-home contact with the child, including those who have a familial or intimate relationship with any person in the home. This may include persons who have an intimate relationship with a parent in the household (boyfriend or girlfriend) but may not physically live in the home or a relative where the legal parent allows the relative authority in parenting and child caregiving decisions.

### Types of SDM Safety Assessments

There are three types of SDM Safety Assessments:

- Initial—Every Investigation, Assessment, Newborn Crisis Assessment or OHI report should have at least one initial safety assessment, completed during the first face-to-face contact with at least one child victim in the household where there are allegations. However, if there are allegations in two households within a single report, there may be two initial safety assessments.
- Reassessment--A reassessment of any additional as well as any secondary households. The frequency of safety reassessments is described in Section 1, Ch. 5.4.2. There may be review/update safety assessment completed if the safety of all children was not verified during the initial safety assessment/contact.
- Closing—When the initial safety assessment was determined to be “Unsafe” or “Safe with Plan”, a review/update safety assessment must be completed prior to closing as a case should not be closed if safety threats are still present in a household.

### SDM Safety Assessment Decision Outcomes

There are three outcomes of the SDM Safety Assessment:

1. Safe—No safety threats were identified and there are no children likely to be in imminent danger of serious harm and no safety intervention is needed.
2. Safe with Plan—One or more safety threats are present but based on an assessment of protective capacities, an Immediate Safety Intervention Plan and/or Temporary Alternative Placement Agreement (TAPA) can be used to control the threat.
3. Unsafe—One or more safety threats are present. An Immediate Safety Intervention Plan or TAPA were considered, but would have been insufficient to control the threat(s). Protective custody must be requested. Staff will submit a copy of the “Unsafe” SDM Safety Assessment with the Juvenile Office Referral (CD-235).

### Completing the SDM Safety Assessment

For a new Child Abuse/Neglect Report, the SDM Safety Assessment is completed following the initial face-to-face contact with all child victim(s). The safety assessment should be entered into FACES within seventy-two (72) hours of the report date.

Staff should attempt to see all children (victim and non-victim) per policy timeframes as well as interview the parents within 72 hours of the report being alerted. If all victim and non-victim children are not present upon initial contact and verification of safety, staff must complete a safety reassessment when the other children have been seen and verification of safety has been completed.

The SDM Safety Assessment is completed on households. If a child's parents do not live together, the child may be considered a member of two (2) households. If the alleged perpetrator is not a member of the child's household, but there is a failure to protect allegation of the child's caregiver, complete a safety assessment for the child's caregiver's household.

Workers should always be on the alert to changes in the family, new dynamics, the interaction of multiple threats of danger and other "red flags" that indicate that the threat to the safety of a child is no longer manageable. If such safety threats occur, a new safety assessment should be completed.

### **Family Risk Assessment Tool**

The purpose of the Family Risk Assessment is for the worker and supervisor to gain a better understanding of the demographics and history of the family to assist in informing the worker of potential risks and areas that might warrant further services. Some questions are clearly objective, while others appear subjective and will warrant further discussion between the worker and supervisor to determine what best fits the situation of the family. The investigator will complete the Family Risk Assessment in FACES prior to the closing of the case. The Family Risk Assessment should assist the supervisor and investigator in the collection and analysis of information to determine what key factors are present that increase the likelihood of future abuse or neglect to a child.

The Family Risk Assessment identifies families, which have low, moderate, high, or very high probabilities of future abuse or neglect. By completing the risk assessment, the worker obtains an objective appraisal of the likelihood that a family will abuse or neglect their children in the next 18 to 24 months. High risk families have significantly higher rates of subsequent referral and substantiation than low risk families, and are more often involved in serious abuse or neglect incidents.

Things to consider when discussing and completing the Family Risk Assessment tool in relation to the current report:

- How does the family's past history relate to the current report?
- What services have been previously provided to the family?
- Were the services successful in reducing safety concerns?
- How do the biological and developmental ages of the children affect their ability to protect themselves?
- Does the parent/caretaker(s) exhibit protective capacities consistent with the child(ren)'s needs?
- Is there a history of mental health or substance abuse needs within the family?
- Is mental health or substance abuse a current concern within the family? Is there a history of domestic violence within the family?



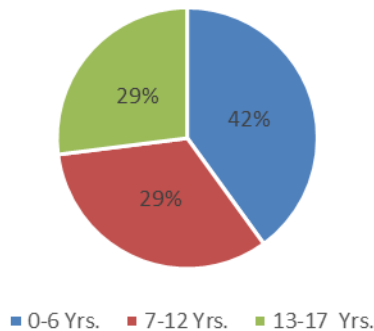
- Is there a current concern for domestic violence within the family?
- What was the parent/caretaker(s) response to the current report?

The Family Risk Assessment tool is a guide to assist staff to make more informed safety decisions about the extent of safety planning that may be required to enhance child safety and decrease risk to children. The Family Risk Assessment Tool (CD14-E) must be completed in FACES as part of the case record. The score calculated from completing the Family Risk Assessment Tool should assist in determining risk to the child and not solely used in decision making on whether to open a case. Children’s Division is currently working with Evident Change to enhance the Risk Assessment tool to lead to the utilization of a SDM validated process to assess risk to a family and drive prevention practice.

Identified Population

Pre-school aged children are typically more vulnerable and at the greatest risk of maltreatment because they are dependent on others to meet their nutritional, physical, and emotional needs. No changes in the population of children at the greatest risk of maltreatment have been identified since the development of Missouri’s Child and Family Services Plan. Young children lack the ability to protect themselves from abuse or neglect. They lack speech capacity and important social, cognitive, and physical skills, which are developed in early childhood. They may also have limited contact with entities outside their immediate families.

Substantiated Victim Children by Age



Based on the chart, children birth through age six constituted 42% of all substantiated victims in SFY22.

During the year, 45,227 children were involved in reports concluded as assessments. Families with children age five and younger were somewhat more likely to be referred to Family Centered Services (FCS) or have an Alternative Case (AC) opened.

For reports concluded as assessments during FY 2022, half were found to have concerns addressed (54.5%) and a third found no concerns (32.7%). Six percent (6.1%) resulted in opening a Family Centered Services (FCS) case or an Alternative Care (AC) case for 2,080 children, and three percent (2.1%) resulted in providing services for 1,074 children.

It is also important to note the most recent Missouri child fatality data indicates that in FY22, the majority (65%) were two years old or younger.

In addition to age, the following were specifically identified as contributing factors:

- Children in families with a prior history of abuse or neglect
- Children in families who have previously received services
- Children who had three or more siblings under the age of eighteen living in their home
- Children who presented a history of delinquency, had a developmental disability, or a concerning characteristic related to their mental or behavioral health
- Children whose primary parent/caretaker had a historical or current substance abuse problem or mental health concern
- Children whose primary parent/caretaker had a history of abuse/neglect as a child

### Services Targeted to this Population

Missouri's early intervention system is known as the First Steps program. The Missouri Department of Elementary and Secondary Education (DESE) is the state's lead agency for the First Steps program and is responsible for ensuring the provision of early intervention services to eligible children and their families consistent with the requirements of Part C of the Individuals with Disabilities Education Act (IDEA). Pursuant to the federal mandate of Child Abuse Prevention and Treatment Act (CAPTA), staff are required to make a referral to First Steps for any child under the age of three who has been determined abused or neglected by a preponderance of evidence in a child abuse/neglect investigation.

In July of 2016, the Comprehensive Addiction and Recovery Act was signed into law. The Comprehensive Addiction and Recovery Act (CARA) established a comprehensive, coordinated, balanced strategy through enhanced grant programs that would expand prevention and education efforts while also promoting treatment and recovery.

The Comprehensive Addiction and Recovery Act (CARA) requires statewide laws, policies, and/or procedures requiring healthcare providers involved in the delivery, or care of infants born and identified as affected by substance abuse, withdrawal symptoms resulting from prenatal drug exposure, or Fetal Alcohol Spectrum Disorder to notify state child protective services for the occurrence of such conditions of infants.

New legislation regarding CARA was introduced during the 2018 Missouri legislative session. Then current law indicated a health care provider may refer a family to the Department of Health and Senior Services (DHSS) when a child may have been exposed to a controlled substance and DHSS was required to offer service coordination services, upon referral, to the family. In August 2018, Senate Bill 819 changed that health care providers may refer to the Children's Division within the Department of Social Services and removed the requirement that the DHSS offer coordination services to the family.

The language of SB 819 did not **require** health care providers involved in the delivery or care of infants born and identified as affected by substance abuse, withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder to notify the Children's Division of the occurrence of such conditions of infants. Rather the language stated that the providers "may" refer to the Children's Division.

Though Missouri has mandated reporter laws, there could be infants that could potentially be missed due to the permissive wording of "may" within the statute. To gain compliance for CAPTA and assure that practitioners specifically "shall" report infants that are affected by substance abuse, withdrawal symptoms resulting from prenatal drug exposure, or "a Fetal Alcohol Spectrum Disorder", in 2019, Senate Bill 514 added the following to Section 191.737 RSMo.:

2. Notwithstanding the physician-patient privilege, any physician or health care provider shall refer to the children's division families in which infants are born and identified as affected by substance abuse, withdrawal symptoms resulting from prenatal drug exposure, or "a Fetal Alcohol Spectrum Disorder" as evidenced by:
  - (1) Medical documentation of signs and symptoms consistent with controlled substances or alcohol exposure in the child at birth; or
  - (2) Results of a confirmed toxicology test for controlled substances performed at birth on the mother or the child.

The statute change went into effect on August 28, 2019. Missouri notified external parties of the statute change as well as internal staff. A letter explaining the statute change and Plans of Safe Care was disseminated to all of the birthing hospitals in Missouri.

CARA amended sections of Child Abuse Prevention Treatment Act (CAPTA) to remove the term "illegal" as applied to substance abuse affecting the identified infant and to specifically require that Plans of Safe Care address the needs of both infants and their families/caretakers. It also added requirements relating to data collection and monitoring. Additions to the Children's Division's policy manual included guidance on recognizing infants affected by substance abuse, withdrawal symptoms, Neonatal Abstinence Syndrome, and Fetal Alcohol Syndrome Disorder (FASD). New manual additions also included things to consider when assessing a family that has been identified as having a child with substance abuse exposure.

When determining if an infant has been “affected” by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder, Children’s Division staff shall assess if the child’s physical, mental, or general well-being is affected by the use of substances by the parent/caretaker and a Plan of Safe Care is needed. Examples include:

- Infant tests positive at birth for a substance but is not exhibiting withdrawal symptoms. After assessment by a physician and/or a Children’s Division staff, it is determined that this exposure will have a probable adverse effect on infant’s physical, mental, or general well-being.
- Infant is displaying withdrawal symptoms due to exposure to substances as determined by a physician.
- Infant is exhibiting Fetal Alcohol Spectrum Disorder symptoms as determined by a physician.
- Infant’s safety could be jeopardized by the continued use of substances by parent/caretaker or other household member.
- Infant tested positive for a substance at birth and did not exhibit withdrawal symptoms, but the parent/caretaker’s continued use may adversely affect the safety and well-being of the infant or other children in the home.
- Infant did not test positive for a substance at birth nor did they exhibit withdrawal symptoms, but parent/caretaker’s continued substance use may adversely affect the safety and well-being of the infant or other children in the home. This could include parent/caretaker’s inability to make coherent decisions in regards to feeding, caring, or transporting the infant or other children in the home.

If during the initial assessment of the family, staff identifies an infant born being affected by substance abuse, withdrawal symptoms, Neonatal Abstinence Syndrome, Neonatal Abstinence Syndrome, or a Fetal Alcohol Spectrum Disorder, a Plan of Safe Care shall be developed with the family. A Plan of Safe Care should address the health and substance use treatment needs of the infant and affected family or caregiver. The plan should be developed with input from the parents or other caregivers as well as any collaborating professional partners and agencies involved in caring for the infant and family. Staff should observe and assess the needs of each member of the family. The Plan of Safe Care should be distinctly reflected in documentation of the record.

A Plan of Safe Care should be inclusive of the following:

- Parents’ or infant’s treatment needs
- Other identified needs that are not determined to be immediate safety concerns
- Involvement of systems outside of child welfare

- Plan that is able to continue beyond the child welfare assessment if a case is not opened for further services

In March 2018, changes to FACES were implemented to reflect if a Plan of Safe Care was developed. The three data reporting criteria that are now captured in FACES are as follows:

- Number of infants identified under the law
- Number of such infants for whom a Plan of Safe Care was developed
- Number of such infants for whom a referral was made for appropriate services including services for the affected family or caregiver.

In May 2018 Missouri Department of Social Services Children’s Division (CD) and Department of Mental Health’s Division of Behavioral Health (DBH) identified mutual interest in collaborating to identify a potential SUD intervention for pregnant and post-partum women with the goal of providing access to treatment and services in their own home and community. DMH-DBH offered their Assertive Community Treatment team (ACT) model for consideration; ACT teams are already planted in 20 sites within Missouri. The ACT team model could provide the foundation for a new community-based SUD treatment project. The ACT model is a nationally recognized evidence-based model supported by SAMHSA that focuses on serving people with serious mental illness within their own homes. The ACT has vetted fidelity tools that help ACT providers follow the model to attain the highest chance of success with clients. ACT teams have rigorous reporting requirements to SAMHSA and DMH in order to receive funding. SUD is not a requirement to participate in the traditional ACT program, although ACT provides SUD services when needed. A decision was made to name the team a Coordinated Specialty Care (CSC) team instead of ACT because a few changes were made in service delivery of the program. There are a few key differences between the ACT and the CSC team. ACT team’s primary focus is on Mental Illness; SUD is not a requirement to participate in the ACT program. Clients who participate in ACT do not have to be pregnant or parenting. The CSC pilot’s primary focus is treatment and services for pregnant and post-partum mothers of children under three, who have SUD and a co-occurring Mental illness, or they are at risk of mental illness. The CSC’s team has more knowledge and competence around SUD treatment and recovery, prenatal care, NAS, MAT during pregnancy, breastfeeding, post-partum depression, parenting, child development, etc. Because the CSC team’s services look a bit different than the traditional ACT, it is not assumed this model is evidence-based even though its foundation was built upon the highly regarded ACT model. This is the reason for the name change to Coordinated Specialty Care Team. This is primary and secondary prevention work, as mothers can be referred who are not involved with the Children’s Division and of course, the Children’s Division can make referrals as well. This pilot if fully funded by DMH-DBH. The program’s title was adopted as IMPART (Infants, Mothers, and Prenatal Assessment Recovery Team).

The IMPART program has now been serving clients for approximately two years. A Memorandum of Understanding (MOU) was completed in 2020 so that Burrell and the Children’s Division can share data to get a better understanding and demographic of those served and success rate.

Burrell has reported that they have completed internal assessments of progress of clientele by using the General Anxiety Disorder-7 (GAD-7), Patient Health Questionnaire (PHQ-9), the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) and the Daily Living Activities Functional Assessment (DLA-20). They found that overall, with the aid of IMPART, clients experienced improvements in their symptoms related to anxiety and depression, as well as reductions in substance use. Additional data indicated progress in community functioning, as related to employment, independence in housing, regaining or keeping custody of children, and personal care. These conclusions are evidenced by improvements in the GAD-7 and PHQ-9 scores indicating improvements in symptoms of both anxiety and depression, as well as reductions in ASSIST scores that are indicative of decreases in substance use among the client population. Finally, the increases in DLA-20 scores show improvements in housing stability, overall communication, alcohol and drug use, leisure and self-care, access to community resources, productivity at work and school, and coping skills. All taken together, there is significant evidence of improved client outcomes through the participation in IMPART over time.

The Children’s Division, in conjunction with the Department of Mental Health, will continue to monitor progress with the IMPART pilot program to see if efforts can be replicated throughout other areas of the state in the future.

### Kinship Navigator Funding

The Children’s Division was awarded funding in the amount of \$298,348 for fiscal year 2022, \$282,892 for fiscal year 2021, \$344,838 for fiscal year 2020, \$347,032 in 2019, and \$329,761 in 2018 to be used to develop, support, and enhance the Kinship Navigator programs. Missouri is continuing the partnership with ParentLink program at the University of Missouri and other essential community partners in advancing the Kinship Navigator program in Missouri. The last five years of funding has been spent by ParentLink to establish, enhance, and begin the evaluation process of Missouri’s Kinship Navigator program. The Missouri program assists relative/kinship caregivers in identifying, locating, and accessing programs and services to meet the physical and emotional needs of the children they are raising as well as any needs of the relative/kinship caregiver. Missouri is accomplishing the work of assisting relative/kinship providers with experiencing successful parenting of relative/kinship children by promoting partnerships to ensure relative/kinship caregivers and the children living in their families are supported in every way possible to ensure the stability of families when a formal court

relationship is necessary as well as when foster care is not warranted, but family crisis requires relative/kinship providers to care for children temporarily to assure child and family well-being.

Missouri Children’s Division and ParentLink, as contractor, collaborate with a number of private and public partners including, Missouri Family Resource Centers, Missouri Community Partnerships, and faith partners, including the Care Portal. This collaboration allows access to services by relative/kinship caregivers utilizing the toll-free number (1-833-KIN-4-KID, 833-546-4543) answered by knowledgeable and equipped ParentLink staff to identify and assist with the immediate needs of relative/kinship caregiver resources in real-time. The toll-free KIN-4-KID line is connected on the 2-1-1 network and allows for maximization of the services currently offered by 2-1-1 throughout the state of Missouri. ParentLink is continuing to work with 2-1-1 and have completed an MOU with Missouri’s 2-1-1 to share resource data bases. In November 2020, ParentLink reached out to the originator and curator of the national 2-1-1 taxonomy in LA and was able to get the term “Kinship Navigator Program” created, defined, and added to the national 2-1-1 taxonomy to allow for kinship caregivers and professionals to search for kinship navigator services.

ParentLink staff ensure kinship families are screened promptly and responsively to assess their needs and inform them of services available through identified programs resulting in a referral or connection to appropriate resources. Kinship families with emergency situations are instructed to call 911, law enforcement, Child Protective Services, or a Crisis Hotline as appropriate. When a caregiver reaches the Missouri Kinship Navigator Program, ParentLink staff are able to provide immediate assistance and refer them to relevant service providers such as senior housing representatives, Family Support Division, Community Action Agencies, Community Mental Health providers and service providers of durable goods for the care of children. Navigators also have the capacity to connect kinship and relative caregivers to other caregivers through support groups. These groups allow relatives/kin to establish relationships and supportive connections with other relative/kinship families.

The target population for these services include relative/kinship providers caring for children in both formal and informal arrangements, i.e., individuals who are caring for children in and outside of the formal foster care system. The geographic service area for Missouri’s Kinship Navigator Program is statewide through statewide referral system and ParentLink is providing full navigator services in 12 counties-counties that include four counties in Missouri’s central region (Boone, Cole, Cooper, and Randolph) and eight counties in the southeast region of the state (Pemiscot, Dunklin, Ripley, Scott, Stoddard, Butler, Mississippi, and New Madrid). ParentLink is also responsible for working with the Missouri Children’s Division to coordinate efforts between programs providing similar services including the Missouri Family Resource Centers and other community agencies across the state to reach families outside their 12 county area.

When caregivers calling the KIN-4KID line are in need of direct one-on-one client support, ParentLink navigators refer the caregiver to one of the three Missouri Family Resource Center agencies. In 2022, the Family Resource Center partners were able to expand their geographic presence and service area to include the entire state of Missouri. Foster & Adoptive Care Coalition (FACC) provides kinship services to relative/kinship caregivers in the St. Louis metro (includes 6 counties) area raising children through the formal child welfare system, providing relative/kinship care training, licensing, and wraparound support services along with numerous other resources for formal relative/kinship care providers. Central Missouri Foster Care & Adoption Association (CMFCAA) provides direct one-on-one kinship navigator services in 24 counties in central Missouri serving both formal and informal relative/kinship caregivers. FosterAdopt Connect (FAC) provides direct one-on-one kinship navigator services to both formal and informal relative/kinship caregivers in 85 counties that includes the Kansas City metro, northwest, northeast, southeast, and southwest areas of Missouri. This expansion has also included an increase in kinship navigator staff and an improved capacity to serve this population, especially in rural areas that have few resources and direct services. These additions were accomplished by accessing funding through various grants and private funding programs from the local communities they serve.

ParentLink continues to seek and support local relative/kinship support groups through partnerships with University Extension county offices, local county resource coalitions, and local county health departments across ParentLink's current 12 county southeast and central Missouri coverage area. Primarily the focus is on connecting kinship caregivers to resources and services they need, but also includes continuing to develop and expand support groups and local and state partnerships, especially in the arena of legal assistance, housing, and government assistance including support systems in the realm of educational advocacy, healthcare, and accessible mental health resources. ParentLink developed weekly virtual support groups in April 2020 as a means to provide needed support and trainings during the pandemic. They have continued to grow and provide an opportunity for not only caregivers to learn and connect, but also professionals serving relative/kinship caregivers.

Dr. Joseph Crumbley, renowned kinship care expert, presented a four-week training and consultation series via the weekly zoom kinship support meeting in June 2020. The support group's training topics are selected to meet the needs of the caregivers and consist of topics such as mental health for children and families, legal information, state benefits, tax information, and self-care. The presenters consist of professors and professionals from the University of Missouri Extension, ParentLink, and local, state and national agencies and organizations.

In April 2020, ParentLink formed a Kinship Caregiver Advisory Committee made up of ParentLink Kinship staff and seven relative/kinship caregivers across Missouri. ParentLink's Kinship Caregiver Advisory Committee members offer insight regarding their experience with ParentLink and the Kinship Navigator program. Specifically, the committee consults with ParentLink staff regarding how to shape the Kinship Caregiver programming by building on



current strengths and identifying potential gaps in processes, services, and resources. Kinship Caregivers from this Advisory Committee also participate in the Kinship Navigator Steering Committee providing additional representation of current and former kinship caregivers. In response to feedback received from the Kinship Caregiver Advisory Committee members, ParentLink began work during December, 2020 to offer a new monthly virtual kinship peer support group meeting to connect kinship caregivers with other kinship caregivers across the state. The virtual peer support group meetings launched in February 2021.

Missouri Children's Division and its partners are operating a steering committee under the leadership of Children's Division and ParentLink representatives. The committee includes the Family Resource Center representatives, relative/kinship caregivers, youth residing with relatives/kin, community-based organizations, other state agencies, and contracted foster care case management partners. The steering committee continues to be informed by participant's knowledge and experiences to identify service gaps, develop relevant training and supports for relative/kinship providers' support and success, and assure access to those identified service needs. The steering committee members represent both public and private organizations serving kinship providers and children. This provides for collaboration between members in sharing information on their own resources and services as well as other resources available for kinship providers across the state. In December 2021, ParentLink began a 3-year project with the Missouri Foundation of Health (MFH) to dismantle existing systemic policy and resource barriers to allow older adults who provide kinship care (formal and informal) for children equitable access to legal, financial, and health supports needed to maintain their well-being and achieve family stabilization. This new partnership has brought in additional state and local partners with a wealth of experience and expertise in to the Kinship Navigator Steering Committee to assist in advocating for new policies to best serve all kinship caregivers and the children they are raising.

ParentLink and the collaborative partners are continuing to serve kinship caregivers through a program modeled after the Kinship Navigator Model –Family Connections Grantee along with researching and consulting with other established kinship navigator programs such as models used in New York, Utah, and Ohio's formal kinship navigator model. Efforts are also underway to review the Arizona Kinship Support Services model and Colorado Kinnected Kinship Navigator Program with ParentLink and the three Family Resource Centers to review similarity to existing kinship navigator services, areas in which implementation would work well and areas in which there may be needs for implementation. If it is determined the identified models would not work well to meet the needs of kinship families in Missouri, Missouri will develop a defined kinship navigator program model that will be used by ParentLink and the three Family Resource Centers to meet the Title IV-E Clearinghouse criteria and the identified needs of Missouri kinship caregivers. Children Division is collaborating with ParentLink and the Institute for Public Policy (IPP) at the University of Missouri to evaluate the Missouri Kinship Navigator Program. IPP began the evaluation process in 2021 and has started the initial caregiver needs

assessment and other work on the evaluation process. Efforts continue to primarily focus on connecting kinship caregivers to resources and services they need, but also include the continuing development and expansion of support groups and local and state partnerships, especially in the arena of legal assistance, housing, and government assistance including support systems in the realm of educational advocacy, healthcare, and accessible mental health resources.

ParentLink has an established relationship with this population having served kinship caregivers/GrandFamilies since 1992. Through this project and the work of the steering committee, Missouri is continuing to enhance its capacity to serve kinship providers. ParentLink's kinship navigator program offers relative/kinship providers with access to research-based information and resources pertaining to the challenges of raising relative children, the impact of trauma on children and caregivers, parenting strategies, child development information and early childhood developmental screenings through the toll-free 1-833-KIN-4-KID line connecting directly with an equipped Master's-level professional, ParentLink kinship navigator website and ParentLink loan library. ParentLink has been able to continue to expand their lending library collection of adult and children's educational books, DVDs, and curricula specifically related to parenting and other needs relevant to kinship care providers, the children they are raising, and professionals working with kinship families.

The Missouri Kinship Navigator program continues to expand promotion and outreach through both advertising campaigns and distribution of outreach and promotional materials directing kinship caregivers to the established toll-free 1-833-KIN-4-KID line. These materials are being widely distributed as this project expands their social media presence and each of the developed materials, as well as contact numbers and website address, are posted on the ParentLink kinship navigator webpage for ease of access along with relevant articles, videos, and training/support group listings. ParentLink's Kinship Navigator website, <https://education.missouri.edu/navigators/> is fully developed and provides several different options for relative/ kinship caregivers to directly contact a ParentLink trained staff member via the statewide referral line seven days a week or to get connected to kinship navigators in their area. There are also links to the two statewide virtual kinship support groups, two ParentLink Facebook pages along with information on state benefits, housing, legal, and numerous other resources available for kinship families across the state. In recognition of Kinship Caregiver month, ParentLink again contracted with media companies to produce, air, and disseminate advertisements promoting the Missouri Kinship Navigator toll-free 1-833-KIN-4-KID line and kinship navigator staff through targeted radio and social media advertisement campaign during the month of September 2021.

The Missouri Kinship Navigator program is currently managed by the Prevention Unit Manager under Response and Prevention, but will be moving to a Program Specialist under the resource licensing unit in the Missouri Children's Division. The duties include oversight of the kinship navigator programming which includes co-facilitating the steering committee meetings, ensuring the implementation and continuation of media and outreach campaigns, establishing and

monitoring the toll-free phone line and its connection to the Missouri 2-1-1 network, championing the continued collaboration and partnerships between ParentLink, the Family Resource Centers, and public and private community agencies that provide relevant services and resources, along with advocating for continued growth and expansion of direct kinship navigator services across Missouri. The Kinship Navigator program will measure its success by review of relative placements, data captured by the ParentLink database and the Family Resource Centers databases, and the stability rate of those placements as well as a survey of relative placement providers for satisfaction and support outcomes.

### Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits

The Children's Division reported FFY22 monthly caseworker visits as required. Missouri has met the percent of monthly visits with children by caseworkers every year since the new standard was implemented.

In FFY22, 96% of Missouri's children in care had monthly visits based on the data reporting methodology, consistent with the changes in the law made by P.L. 112-34 as explained in ACYF-CB-PI-12-01. Additionally, 96% of the visits conducted during FFY22 were held in the child's placement.

#### Worker Visit Measure #1: Monthly Worker Visit with Child

- Number of Children: 17,988
- Total full months kids were in care during FFY22: 152,396
- Total months with visits: 145,935
- Percent Visited Every Month: 96%

#### Worker Visit Measure #2: Majority of Visits with Child in Placement Location

- Total months with visits: 145,935
- Total number visit months where child was visited in the placement: 140,374
- Percent for Worker Visit Measure #2: 96%

Missouri's strong performance in this area is due to a priority focus by Children's Division leadership, Quality Assurance System team members, and field supervisors reinforcing the importance of this practice on child safety and wellbeing. Successful use of several reports created for monitoring and improving visits has been a key strategy.

Case managers are to have face-to-face contact, individually and jointly, with the child and resource provider, at the placement, the next business day following placement, when possible. The worker must meet face-to-face with the child and resource provider a minimum of one time

per month thereafter. However, the staff is likely to visit with children more than once a month and frequency is to be determined based on the child's need. The majority of the visits must occur in the placement home to assess safety, separation from family, understanding of case plan, adjustment, and sibling/family relationships.

Policy enhancements have been made to require supervisors to observe at least one worker/child interaction per worker each quarter, providing the supervisor the opportunity to offer feedback and coaching around the worker's ability to engage youth in quality interactions. This was listed as a key activity in the Program Improvement Plan to increase the quality of worker with child visits.

Multiple reports used to monitor and improve performance at the State, Region, Circuit, Office, Supervisory Unit, and Frontline Worker Level, continue to be provided.

Continued use of the electronic FACES monthly worker visit report, which drills worker visit data down to the case level and is accessible by the case manager, supervisor, QAS team members and Managers. Contracted Case Management Agencies can also access this report.

The monthly caseworker grant will continue to be used to address any barriers to visitation with children. In SFY22, the grant was used to fund mobility and remote work options for staff. This project provides all frontline staff with iPads and/or iPhones, allowing for data entry and ease of communication. The Children's Division has rolled out WiFi in the offices, expanding where necessary. Data plans are also purchased for the iPhones. This allows iPad users to access the iPhone's hot spot to increase internet connectivity. It is anticipated the caseworker grant will continue to be used in funding mobility options for staff in the future.

The quality of visits with children is addressed through the use of the FACES case review tool.

Federal Fiscal Year 2023 caseworker visit data using the full population will be submitted by December 15, 2023, as required.

### Adoption and Guardianship Incentive Funds

Over the previous 7 years, Missouri has received the following Adoption and Guardianship Incentive Payments:

FY 2015 \$1,395,500

FY 2016 \$3,312,500

FY 2017 \$1,486,000

FY 2018 \$2,232,500

FY 2019 \$995,000 Representative of 61.65% of the Missouri allocation due for 2019

FY2020 \$580,000

FY2021 \$306,000

As cited from Earning History by State:

[Adoption and Legal Guardianship Incentive Payment Program - Earning History by State: FY 1998–FY 2021 \(hhs.gov\)](https://www.hhs.gov/adoptedchildren/financial-support/adopted-child-funding)

These funds have been utilized to support the Missouri Adoption Heart Gallery media site and financial support of the Missouri Family Resource Centers. Each year the Division has been able to expand support of the centers with this funding, and as a result, since FY2022 three additional centers were supported by the Children’s Division/Adoption and Guardianship Incentive Funding. Missouri currently has centers in Northwest Missouri in Chillicothe; Kansas City greater metro; Southwest Missouri in Springfield; Central Missouri in Jefferson City/Columbia, Rolla and Lake Ozark; St. Louis greater metro; Southeast Missouri at Poplar Bluff and Cape Girardeau; and Northeast in Macon and Hannibal. The number of families and children served and increased in services is referenced in the Adoption Resource Center section of this report (See Collaboration section). Payment has also been possible for funding of contracted termination of parental rights (TPR) attorneys to expedite timely TPR and Adoption. With Missouri’s robust Resource Center availability, there have been no challenges with spending the allocated funds.

The Children’s Division will continue to fund the Adoption Resource Centers and their expansion as explained in the Adoption Resource Center section of this report, as well as funding activities identified in the diligent recruitment plan (Attachment D).

## Adoption Savings

Missouri plans to continue to use the Adoption Savings to provide Behavioral Interventionist (BI) programming for adoptive families in 2023 and 2024 as well as providing additional funding to the Family Resource Centers for their Adoption programming and funding Behavioral Personal Assistants for adopted children.

### **Behavioral Interventionist:**

The Behavioral Interventionist program is an intensive, strength-based intervention that replaces the use of or needs for residential treatment. The program is provided in the child’s home and is a therapeutically designed program to meet the individual needs of a child with significant behaviors or mental health conditions. The need for residential placement is replaced with the ability to provide services in a family home with support from community-based resources.

After clinically assessing the child, a team including the behavioral interventionist (BI), in conjunction with a therapist and the parent(s), develop and execute a treatment plan aimed at addressing:

- Trauma
- Abuse and neglect
- Bonding and attachment
- Grief and loss
- Emotional and mental health functioning
- Disruptive, harmful, or unproductive behaviors
- Self-regulation on the part of the child
- Support system for the child and family

The goal of the treatment plan is to modify unproductive or challenging behaviors through positive interventions which rely on all members of the team to implement, monitor, and adjust. Services are provided by the BI but heavily supported by the parent(s) with oversight by the licensed therapist. Ongoing assessments and analysis of the treatment plan by the therapist ensure that modifications are made as needed.

Timeframes for the BI program are dependent upon the improved functioning of the child and their support system and their ability for the child to be successful and safely remain in their home. The intensity of services is intended to diminish over time as the child or youth improves; however, the treatment plan and extent of services should be assessed and documented on a no less than quarterly basis.

**Resource Centers Adoption Programming:**

Missouri adoptive parents have had the benefit of having Resource Center services available since House Bill 11 (2007). Funding is currently being provided for centers located in St. Louis, Kansas City, Springfield, Jefferson City, Rolla, Columbia, Northwest, and Southeast. The Division intends to use adoption savings funding to further support the resource centers as well as support opening of a resource center in the Northeast which is the only remaining region without such service.

Adoption Savings Expenditures for Missouri is the following:

FFY	Cumulative Unexpended Balance of Calculated Adoption Savings
2017	\$242,204.00
2018	-
2019	\$653,946.00
2020	\$2,967,687
2021	\$6,797,817

2022	\$14,085,156
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The amount shown for each year is the accumulated total that has been carried forward.

**Family First Prevention and Services Act (FFPSA) Transition Grants**

Missouri has begun initial utilization of funds awarded through FFPSA Transition Grants, which provide financial assistance to states for FFPSA implementation costs for FFY 2020-2025. In addition to initial utilization surrounding residential facility readiness, Missouri has also identified planned areas for utilization of funds. The identified planned areas for utilization of funds were included as a New Decision Item in proposed budget to the Legislature, which included transition funds in addition to general revenue.

- Assist with Residential Facility Readiness– Many residential facilities will have to change their current operations to meet the new requirements of FFPSA. These include being trauma-informed, being licensed and accredited, providing discharge and aftercare planning, and providing registered or licensed nursing staff 24/7. Funding has been utilized to assist facilities with transitioning their current practice to meet the new requirements. Focus areas for assistance addressed agency accreditation, agency training (trauma specific), and program development/implementation associated with FFPSA implementation. Funding utilized for this support occurred through the release of two New Funding Opportunity solicitations. These awards were for up to \$10,000 upon award. Solicitation of the New Funding Opportunities resulted in submission of proposals from respondents, which were thoroughly evaluated. Contracts were awarded in accordance with applicable statute, policies, and guidelines. The procurement process will occur through the Missouri Office of Administration. To date, \$87,303.76 has been awarded.
- Prevention- Efforts to support development and start-up of prevention programs have been included for planning. Currently, planning efforts are taking place surrounding support for ongoing service provision, expansion, and evaluation of an existing program in Missouri. Exploration is also occurring for other prevention programs. In addition, initial conversation has occurred surrounding potential support and assistance in exploration and development of community pathways for prevention efforts.
- Development of Community Settings – To further reduce the number of youth placed in residential placements, Missouri has identified a need for continued development and expansion of additional community settings for youth in care, with a focus on Therapeutic Foster Homes. FFPSA Transition Grant utilization planning has been inclusive of development of such settings, including funding for grants for providers to

develop community settings and funding for a contractor to coordinate, train, and monitor the development of these community settings.

- Collaborative Efforts with Another State Agency – Cross systems collaboration is occurring with the Department of Mental Health, Managed Care, residential licensing, and MOHealthnet in the development of community setting contracts. In addition, there is planned utilization to support a Children’s 1115 Waiver Initiative in partnership with the Department of Mental Health and Department of Social Services as a mechanism to work on moving kids out of residential as well as supporting placements and parental/caregiver capacity in respect to placements and prevention focus. This anticipated program will have dual focus in crisis focus and prevention focus.

The aforementioned plans for FFPSA Transition Grant funding will not fully utilize the total amount awarded to Missouri. Additional planning for appropriate use of the funds will occur to address support of implementation needs in Missouri.

Family First Transition Act Funding Certainty Grants - The grants were only available to states that operated a title IV-E child welfare waiver demonstration project through the end of the waiver authority on September 30, 2019. Missouri did not apply for or receive any of this funding.

## Chafee Foster Care Program for Successful Transition to Adulthood

Accomplishments and planned activities for each of the purposes of the Chafee Foster Care Program for Successful Transition to Adulthood (CFCP) are included in this section.

Organization of this section is based on the program purposes set forth in the 2020-2024 Child and Family Service Plan.

### Staff –

- **Older Youth Program Coordinator:**

The Older Youth Program Coordinator (OYPC) will continue to be responsible for program development and coordination, implementation, resource development, training, administrative oversight, technical assistance, and policy development. The coordinator will also be responsible for management and oversight of the Chafee, ETV/Missouri Reach, and Transitional Living Program (TLP) contracts, and National Youth in Transition Database (NYTD). The OYPC directly supervises six Older Youth Transition Specialists.

The OYPC is a member of the Child and Family Services Review Advisory Committee and the Healthcare Coordination Committee.

- **Older Youth Transition Specialists:**



The Children's Division continues to use CFCP funds to staff four of the six Older Youth Transition Specialist (OYTS) positions. These four specialists cover the regions of St. Louis, Kansas City, Northeast, and the Southwest. The Older Youth Transition Specialists in the Northwest and Southeast regions are not supported through CFCP funding.

The OYTS will continue to assist with quality improvement and quality assurance for the Older Youth Program (OYP) in each of the regions. The OYTS are members of various community groups such as Teens in Transition, Coalition of Homeless Youth Provider Services, Greater Kansas City Coalition to End Homelessness, St. Louis Older Youth Resource Network, SPOT-Coach Project, Homeless Adolescent Task Force, MICH-Missouri Initiative to End Homelessness, Missouri Interagency Transition Team, Pilot Peer Mentoring, and Indian Child Welfare Association (ICWA) Roundtables. OYTS report many of the same challenges for SFY23 that include staff turnover, high caseloads, limited opportunities for youth to participate in life skills classes, as well as local youth advisory boards and state youth advisory boards due to continued concerns for COVID-19, and difficulty in obtaining youth personal documents. *Regional Older Youth Transition Specialists individual reports are available upon request. The reports contain information on specific workgroups, presentations, trainings, partnerships, challenges and successes, and support provided.*

### **CFCP Purpose #1:**

The Children's Division Older Youth Program encompasses all the services and programs which are offered to foster and former foster youth, including youth who obtained guardianship or adoption after the age of sixteen, to achieve positive outcomes in their transition to self-sufficiency. This program encompasses Chafee services to youth ages 14-21, as well as the Transitional Living Program, Education and Training Voucher and Missouri Reach Program, and Independent Living Arrangements. In March 2023, there were 3,944 youth in the Chafee eligibility age range. Missouri's criteria are youth in the care, custody, and control of the Children's Division regardless of case plan; however, youth with extreme special needs are excluded from being referred for services upon consideration and agreement by the Family Support Team. Youth in detention, hospitalized, and on run status are not referred for services until the circumstances change for the youth.

The CFCP is contracted to private agencies to administer and deliver services and funding to older youth in foster care, adopted youth, or youth who have obtained legal guardianship after the age of sixteen, as well as former foster youth. Services have been contracted since January 2008. In SFY19, the contract was rebid and awarded to three agencies to provide services in five regions of the state. Two providers are Community Partnership agencies and do not bid on the contract, but rather sign an agreement. This contract has the option of four annual renewals.

Missouri follows federal requirements of serving youth with special needs, youth who exited care in another state residing in Missouri, youth who are residing out of state in Missouri's custody, and youth who move to another state for the sole purpose of education (ETV only).

Missouri has provided supervision of youth over the age of 18 who are in foster care from another state, but placed in Missouri for the purpose of attending college, living in an Independent Living Arrangement (ILA), or a Transitional Living Arrangement (TLA) since SFY14.

Children's Division continues to work to ensure youth are referred for Older Youth Program services. The referral status information for Chafee services was added to a Tableau dashboard in SFY22 so management staff have the ability to see this data at any time. As of March 2023, per Tableau, 96% of Foster Care Case Management eligible youth are referred for Chafee services and 93% of Children's Division case managed youth are referred.

The Older Youth Program serves youth in transitional and independent living placement settings. As of March 2023:

- 215 youth are in Independent Living Arrangements
- 3 youth are in the Transitional Living Advocate Program
- 92 youth are in Transitional Living Scattered Site Placements
- 78 youth are in Transitional Living Group Homes

- **Transitional Living Program:**

The Transitional Living Program contract was awarded in SFY22 to ten agencies in six regions.

On-going communication occurs with the providers of Chafee and TLP services via electronic mail from the Older Youth Program Coordinator, as well as quarterly visits from the OYTS. Annual statewide provider meetings are held as needed and topical presentations are provided. Upon contract award, a meeting was held with the new Transitional Living Program providers to review the contractual requirements.

- **Independent Living Arrangement:**

Another placement option for youth in care is an Independent Living Arrangement (ILA). The Independent Living Arrangement Checklist (CD-282) and the Self-Developed Case Plan for Independent Living Arrangement (CD-283) are used to ensure youth readiness and eligibility. The ILA Checklist was developed for use with all youth being considered for an ILA placement and is completed each time the youth moves to a new ILA to ensure the living environment is safe and meets ILA requirements. The checklist is reviewed quarterly by the case manager and the supervisor during case consultation. The Self-Developed Case Plan for Independent Living Arrangement is used to assist with preparation and budgeting for an initial ILA placement. Prior to placement being made, the Social Service Specialist sends the completed ILA Checklist and

the Self-Developed Case Plan for Independent Living Arrangement to the Circuit Manager (CM) for review.

After reviewing, the CM will indicate whether the placement constitutes an ILA per the criteria in the Child Welfare Policy Manual. A decision as to whether the placement meets ILA criteria is determined within 30 days after the checklist is initially received. This process ensures the placement is planned and evaluated. One of the Regional Older Youth Transition Specialists monitors ILA placements to ensure youth are receiving visits and contacts and notifies Regional Directors of any concerns.

- **Tools:**

There were no changes to the tools utilized in SFY23.

- **Transition Planning:**

The Children's Division policy currently requires staff to begin transition planning for all youth ages 14 and older. To prepare youth for their exit from the foster care system, the Social Service Specialist meets with their youth to coordinate exit planning 90 days prior to release from custody. The Adolescent FST Guide and Individualized Action Plan Goals are used to capture the transition plan for the youth and are intended to be a proactive, youth-driven case planning tool. This tool should be discussed and utilized, at least every six months, during Family Support Team meetings with youth ages 14-21. A critical alert is received notifying the Social Service Specialist that a youth's transition plan needs to be updated per the federal requirement within 90 days of turning 18 and 21.

Exit packets are also provided to youth upon discharge from foster care. Exit packets contain information on ETV, MO Reach, MoHealthNet, Chafee Aftercare Services, National Youth in Transition Database (NYTD), Healthcare Treatment Decisions, options for re-entry, and local community resources. A verification letter indicating the youth's time in care is provided to aid the youth in receiving assistance for services which require eligibility verification.

An exit information checklist is housed in FACES and displays at case closing for older youth. The screen/checklist allows date entry for documentation when exit packet information was provided for youth. It displays for youth who leave care after age 17.5.

There is an Exit Packet and Personal Documentation Checklist available to staff on the intranet. Information on transition/exit planning is available in the Child Welfare Manual and as a resource on the intranet. Documentation of youth receiving exit packet material is completed in FACES on the youth's transition plan, the Adolescent FST Guide, and Individualized Action Plan Goals. Chafee and TL providers note possession of youth's personal documents on a quarterly basis on youth outcome reports. Providers are to attend the exit meeting (when invited) with youth who are aging out of care and share information regarding the contractor's aftercare program with the youth. OYTS attend these meetings if they are able.

- **National Youth in Transition Database:**

The Children's Division implemented the requirements of the National Youth in Transition Database (NYTD) in October 2010. A handout is included in the exit packet and a poster is available to be displayed where visible to youth. The Children's Division website has a section on NYTD. Step-by-step instructions regarding service reporting, youth surveys, and an online tracking screen in the FACES system of survey completion has been provided to staff. Missouri has designated the OYTS to locate and survey youth no longer in care. Social Service Specialists continue to follow up with youth in care. A Social Service Specialist receives an email when a youth on his/her caseload with an active Alternative Care function, care and custody with CD, turns 17 or 19. The email is sent only on youth who are in the NYTD survey population as a reminder that the youth needs to complete the NYTD survey. It is an ongoing challenge to locate youth formerly in care and engagement is critical.

A one page information sheet is included in the mailings with NYTD surveys as an outreach to keep youth informed of services they are eligible for and information youth may find interesting. The sheet has information on how to access the Children's Division website, the Older Youth Program's Facebook page, and the "What's It All About?" guidebook for youth.

Missouri has been compliant with NYTD reporting for SFY23. During the period of April 1, 2022 to September 30, 2022, Missouri was surveying a cohort of 19 year old youth; 73% of youth participated. From October 1, 2022 to March 31, 2023 Missouri surveyed the first cohort of 17 year old youth; 65% of youth participated. Missouri is currently surveying the second cohort of 17 year old youth; this cohort just began on April 1, 2023 and will conclude on September 30, 2023.

- **Regional Older Youth Advancement of Life Skills Unit (ROYALS) Case Management Program:**

In SFY21-22, Children's Division implemented the ROYALS unit in each region of the state. The ROYALS unit is a specialized, intensive case management service which prepares older youth in foster care for their transition to adulthood and independence. The ROYALS provide comprehensive support to older youth to ensure they have stable housing, employment, a support network, and other important life skills before they transition from Children's Division custody. The ROYALS outcome data focuses on youth enrolled in an educational program/trade school, percentage of youth employed full or part-time, percentage of youth who have bank accounts, percentage of youth with a Permanency Pact Agreement with at least one supportive adult, and percentage of youth with a permit or driver's license.

The ROYALS Unit eligibility criteria includes youth ages 17-20. As services are limited, due to the number of specialists, priority is given to pregnant and parenting youth, youth preparing to discharge from congregate care within 3 months, youth exiting care in the next 12 months, youth in independent and transitional living placements, and youth who have re-entered care under the

re-entry legislation. The ROYALS Unit Social Service Specialists are available to the young adults 24/7.

Youth need to be ready for intense case management services as the ROYALS Specialist meets with the youth 2-4 times each month. A youth's judicial situation should be post-permanency and they should not have a goal of reunification when referred. Youth must be ready to work intensely on independent living skills.

There are two units comprised of 11 Specialists and two Supervisors, with each region of the state having at least one Specialist.

- **Older Youth Efforts:**

Youth continue to receive information about available Chafee services through their Social Service Specialist, OYTS, youth boards, Children's Division website, and Facebook page. Youth are involved in their case planning to address the development of skills and resources needed to facilitate the transition to self-sufficiency. Portfolio Assessment and Performance Assessment are used to establish goals and monitor progress and achievement. The Adolescent Family Support Team Guide and Individualized Action Plan Goals are utilized by Children's Division workers for development and documentation of the youth's transition plan.

The use of technology as a means to stay connected to youth will continue in SFY24 via a Facebook page entitled "Missouri's Older Youth Program". Events, web resources, leadership opportunities, NYTD information, and general information pertaining to older youth are posted to this page. As of March 27, 2023, 540 people "like" the page and 559 people "follow" the page. Several of the OYTS have a Facebook page through work and have used this as a means to connect and contact youth to complete the NYTD survey. The Department of Social Services maintains a Facebook page and publishes resource information for older youth.

Quarterly Older Youth Executive Team meetings continued in SF23. These meetings are held with the Regional Directors. The goal of the meetings is to improve services and outcomes for Older Youth through case management and regional efforts from the state lens.

**CFCP Purpose #2:**

*To help children who have experienced foster care at age 14 or older achieve meaningful, permanent connections with a caring adult; Young people transitioning out of or who have exited foster care need to develop a support network. The influence of informal role models to serve as mentors in a support network is critical.*

Missouri currently offers personal and emotional support to young people through job placement, extracurricular activities, community involvement, and formal and informal mentors.

Committed and caring adults are essential in guiding young people and helping them maneuver in their community.

The Adolescent FST Guide assists Social Service Specialist's and the Family Support Team to become aware of available services to the youth. The youth is aware and fully engaged in this process. This tool requires up to three adult supports be identified by the youth and this is an integral part of the NYTD requirements.

Contracted Chafee staff communicate by phone calls, voicemails, texting, emailing, virtual videos, giving youth rides home from school, meeting at sports events, and/or meeting during youth's work breaks to ensure that all youth are seen as often as possible.

Youth were connected with community supports such as Peer Mentoring through Vocational Rehabilitation as well as Pre-Employment Transition Services through the University of Missouri Extension Centers. Youth were connected to Family Counseling Centers, Boys and Girls Club, FosterAdopt Connect, I Pour Life, local churches, and community action agencies. Community groups/individuals were also sought and introduced to youth in order to build relationships and act as natural supports for the youth as they transition from the foster care system.

- **Permanency Pact:**

Children's Division utilizes the Permanency Pact for the permanency options of Placement with a Fit and Willing Relative or Another Planned Permanent Living Arrangement (APPLA). The purpose of the Permanency Pact is to identify permanent supports for the youth who will continue to play a permanent role in the youth's life. The Permanency Pact is a tool to be used for the ongoing conversation regarding permanency planning. It is a pledge by a supportive adult to provide specific supports to a young person in foster care. Developed by FosterClub, the Pact provides the structure needed to help both youth and adults establish a positive, kin-like relationship. It is important that both the youth and the identified permanent connection understands their involvement with the youth.

- **Other Supports:**

Community service or volunteering is a critical component in life skills training. Youth who volunteer in community service programs have an opportunity to develop work skills and to meet and develop relationships with adults and other youth who are involved in the same projects. The State Youth Advisory Board's strategic plan states that local boards complete at least one community service activity per year. Youth regularly report about community activities with which the local boards are involved.

Children's Division promotes interaction between youth and dedicated adults through the Transitional Living Advocate program. Through this program youth are connected with adults who become their advocate or mentor. These adults receive 18 hours of training from Children's

Division staff on adolescent issues, including three hours each in cultural/race sensitivity, Older Youth Program life skills training overview, adolescent development with an emphasis on what to expect from adolescent behavior, emotional obstacles out-of-home care youth must overcome, adolescent sexuality, and behavior management via natural consequences. The adult advocates provide the youth a safe place to stay, continued life skills training, encouragement and guidance with regard to employment, education and/or training, and preparation for successful transition from CD custody.

Missouri Court Appointed Special Advocates play a vital role in mentoring Older Youth. These volunteers, as a statewide organization, have assisted youth throughout the state in advocating for their needs and providing emotional support as well as teaching life skills in some areas of the state.

The Missouri Mentoring Partnership (MMP) continues to provide resource coordination for youth and volunteer mentors recruited from the community. These mentors provide positive role modeling, friendship and guidance around employment and parenting issues to youth who are entering the workplace or have become parents. MMP helps prepare youth for success and self-sufficiency. The hallmark of MMP is the support youth receive from volunteer community mentors and committed local businesses.

The Young Parent Program provides parenting classes, mentor recruitment and training, support groups and resources such as books, diapers and car seats. Both programs stress continued education and many youth advance to post-secondary educational programs. Participants are provided with the necessary tools to achieve outcomes promoting self-sufficiency and helping them become productive members of their communities.

Local and State Youth Advisory Boards are a means for youth to have peer mentorship opportunities.

Youth participating in ETV/Missouri Reach have a virtual mentor through Foster Care to Success (FC2S). The Academic Success Program partners the dedication of trained, supported volunteer coaches with the resources of FC2S's experienced staff to provide students with the encouragement and guidance they need to do well academically and personally. Coaches make a one-year commitment to support three to four students with at least weekly communication. Coaches generally dedicate from one to three hours a week to the Academic Success Program. Coaches can text, email, phone, Skype, or use postal mail to talk with their students. This is not a face-to-face communication program.

### **CFCP Purpose #3:**

*To help children who have experienced foster care at age 14 or older engage in age or developmentally appropriate activities, positive youth development, and experiential learning that reflects what their peers in intact families experience; To ensure children who are likely to remain in foster care until 18 years of age have regular, on-going opportunities to engage in age or developmentally-appropriate activities (as those terms are defined in section 475(11) of the Act.*

- **Supporting Healthy Development and Normalization for Foster Children**

Children's Division has policy, procedure, and practice to ensure that young people have the opportunity for 'normal' life experience. In SFY23, there were no changes on Missouri's practice or policy on normalization supports for youth.

Both Chafee and TL contracted providers were able to assist youth with purchasing items needed to participate in extra-curricular activities such as sports, camps, and leisure activities during SFY23. Assistance has also been given to youth to attend college events and other events hosted throughout communities. Prom attire and financial support for tickets were provided to youth. Further, Chafee has assisted youth in paying for dual enrollment classes.

### **CFCP Purpose #4:**

*To support all youth who have experienced foster care at age 14 or older in their transition to adulthood through transitional services such as assistance in obtaining a high school diploma and post-secondary education, career exploration, vocational training, job placement and retention, training and opportunities to practice daily living skills (such as financial literacy training and driving instruction), substance abuse prevention, and preventive health activities (including smoking avoidance, nutrition education, and pregnancy prevention); and*

### **CFCP Purpose #5:**

*To provide financial, housing, counseling, employment, education, and other appropriate support and services to former foster care recipients between 18 and 21 years of age (or 23 years of age, in the case of a state with a certification under subsection 477(b)(3)(A)(ii)14 to provide assistance and services to youths who have aged out of foster care and have not attained such age, in accordance with such subsection) to complement their own efforts to achieve self-sufficiency and to assure that program participants recognize and accept their personal responsibility for preparing for and then making the transition from adolescence to adulthood:*

See Educational Training Voucher Section for additional information on the Missouri Reach Credential Completion and Employment Financial Assistance Program, Education Training Vouchers, and Missouri Reach Tuition Waiver Program.



Social Service Specialists provide an exit packet to youth that are getting ready to exit custody. The contracted Chafee providers present these packets to all referred youth ages 17.5 and up. Through the exit packets, youth are able to obtain information about services available to them and resources that they are eligible for in the future.

In order to ensure that youth are able to move toward self-sufficiency, youth have the opportunity to participate in employment services through local agencies.

Life skills classes are arranged and taught by contracted Chafee and TL providers throughout the state. These classes include an array of topics such as resume building, interviewing, college exploration, career exploration, daily living tasks, vehicle maintenance, budgeting, as well as other items that youth will need in order to be successful as an adult. Local businesses are also often partnered with to simulate real life experiences. Life skills are taught based on the youth's need and individual goals and can also be provided in a one-on-one setting.

Driver's education is a need for the youth as it is not taught in most Missouri schools. Chafee contractors have helped numerous youth with the funding needed to participate in community driver's education programs. Footsteps Transitional Living Program in the Southwest Region has vehicles designated for driver's education purposes so that youth may practice this skill to work toward obtaining their license.

In March 2023, the GHSA/Ford Driving Skills for Life grant was awarded to MoDOT. \$94,000 in funding will support teen traffic safety programs. With this grant opportunity, the Missouri Department of Transportation is sponsoring driver education training opportunities for teens in foster care.

Post-secondary visits take place frequently in all areas of the state. Youth have the opportunity to tour both colleges/universities, trade schools, and military to assist them in making a more informed decision about their educational future. Not only do youth have the opportunity for financial assistance through ETV, but The Community Partnership and Steppingstone have several scholarships that they award through their agencies. Missouri Baptist Children's Home TL program has partnered with Southwest Baptist University and Hannibal LaGrange University to assist youth with their college education as well as free room and board.

- **Housing:**

In 2019, Children's Division began collaboration with the Department of Mental Health, Public Housing Authorities (PHA), and the Continuum of Care/Balance of State to procure the Foster Youth to Independence (FYI) Tenant Protection Vouchers released by the U.S. Department of Housing and Urban Development (HUD). These housing vouchers are designed specifically for youth ages 18-24 who have exited foster care after the age of 16 or are preparing to exit care to

independence and are facing homelessness. Applications for each Public Housing Authority require a Memorandum of Understanding (MOU) and a protocol plan between the Public Housing Authority, Continuum of Care/Balance of State, Public Child Welfare Agency, and Supportive Service Agency. As of March 2023, seventeen MOU's inclusive of 55 counties and six cities have been fully executed. Information on these services has been placed on the Children's Division internet and shared via GovDelivery to all staff. A brochure was added to the exit packet for youth leaving care. Missouri participates in calls throughout the year with HUD leadership and Administration for Children and Families leadership regarding this project. To date:

- 92 youth have requested the services since SFY22
- In SFY23, 60 youth have completed applications for FYI Housing Vouchers

- **Employment:**

Children's Division, Foster Care Case Management staff, and Chafee and TLP contracted providers continue to assist youth in resume development, interviewing skills, time management skills, employment aptitude testing and preparation for work and work life. They provide career planning which consists of job shadowing, internships, and job site tours. Career center information has been shared and is utilized across the state. Contracted providers are required to assist youth in developing these skills.

Children's Division staff continues to refer youth to Job Corps, AmeriCorps, and all branches of the military, as well as utilize the Missouri Mentoring Partnership (MMP), Workforce Investment job opportunities, and Vocational Rehabilitation services.

The Workforce Development Unit of the Department of Social Services contacts youth in foster care to discuss resources available to them. They are available to assist specific youth as needs arise.

Missouri plans to continue to support and sponsor national internship opportunities for youth through FosterClub All-Stars and Foster Care to Success as well as other opportunities that present themselves for Older Youth in SFY24.

The Workforce Investment Opportunities Act (WIOA) Committee has met regularly throughout SFY23.

- **Education:**

The Children's Division utilizes the Adolescent FST Guide and Individualized Action Plan to assess and plan for positive educational outcomes. Chafee and TLP contracted providers are required to assist youth participating in their programs with academic achievement by providing an array of services. These include, but are not limited to, advocating, planning, and coordinating for education needs, goals, and aspirations, assisting youth in assessing financial aid

opportunities, ensuring the development of technology skills, and preparing the youth to make the transition from high school to post-secondary education or employment.

As a result of state legislation, youth age 15 or older, who are in the foster care system within the Children's Division, are to receive a visit to a state university, community or technical college, or an armed services recruiter before being adopted or exiting from foster care. The visit includes an entry application process, financial support application and availability, career options with academic or technical training, a campus tour, and other information and experience desired by the youth. As of March 2023, 144 youth in care have a documented visit.

The legislation allows for this requirement to be waived by the Family Support Team for youth who are disabled and will not be attending college due to the severity of needs. The visit information was added to the Older Youth Data Dashboard in SFY22. The Children's Division plans to continue providing ETV and Missouri Reach services to youth as well as providing support and training to staff who work with older youth.

- **Health:**

Since 2012, the Department of Health and Senior Services (DHSS) has collaborated with the Children's Division on implementing Missouri's Personal Responsibility Education Program (PREP) in some capacity. The services are still viewed as an extension of the Chafee services as the program is for youth in foster care and the training is provided by Chafee providers. However, the agreement is directly between DHSS and the Chafee agencies with invoicing and reporting going to a DHSS staff person. This greatly expanded these services for youth in foster care in Missouri.

Youth in the providers' referral base, who receive the service, are reported for life skills services in CD's database. "Making Proud Choices (MPC): A Safer-Sex Approach to Reducing Sexually Transmitted Diseases (STD), Human Immunodeficiency Virus (HIV), and Pregnancy", is an eight-module curriculum designed to empower adolescents to change their behavior in ways which will reduce the risk of becoming infected with HIV and other STIs, and significantly decrease their chances of unintended pregnancies. The funding comes as a result of the Patient Protection and Affordable Care Act which amended Title V of the Social Security Act to include PREP. The Administration of Children and Families and the Family and Youth Services Bureau (FYSB) jointly oversee the program. DHSS was named as the designated state agency to administer and coordinate PREP, including DHSS and DSS collaborative efforts to serve youth in and aging out of foster care.

- **Financial Capacity/Trust Fund Program:**

Missouri has not established a trust fund program for youth receiving independent living services or transition assistance. However, to encourage financial responsibility and capacity among youth, the Chafee and Transitional Living Providers are to work to establish Individual Development Accounts (IDA) for youth.

Some of the Transitional Living Providers and Chafee Providers have been able to initiate Individual Development Accounts within their regions through their own funds, private donors, and the United Way. Epworth has partnered their IDA program with Frank Leta Charitable Foundation (a used car dealership) in order for youth to get their funds matched to purchase a reliable vehicle.

Transitional Living Providers are required, contractually, to help youth transition to all aspects of independence, including financial stability. Per the TL contract, each contractor shall have a savings account for each youth. When the contractor requires the youth to be independent and pay bills that the contractor is receiving funding for, the monies the contractor is receiving from the state agency for these bills shall be deposited in the youth's savings account for future use. The funds shall be used for the youth such as aging out expenses, transportation expenses, or other needed services specifically for the youth. This is usually done by developing a savings account to be used when the youth exits care, with the agency and youth both contributing.

- **KIDS Account:**

Children's Division has a KIDS Account – Children's Income Disbursement System. A youth who is placed in Alternative Care and has an independent source of income (i.e., Social Security Income (SSI), Old Age Survivor Disability Income (OASDI), Veteran's Affairs benefits (VA), and/or Railroad benefits, [excludes the child's personal income, inheritance, or settlement income] etc.) have a KIDS account established. A KIDS account is a type of savings account for youth who receive benefits. Expenses are paid towards the youth's care from their KIDS account. For youth receiving income from SSI, the maximum amount that a youth can have in the account and still qualify for this benefit is \$2,000. Child support, however, is placed in a separate account. Child support funds collected on behalf of youth under age 16 while in custody are utilized for the cost of the child's care.

At age 16, a savings of up to \$999.00 of the money deposited into the KIDS Account will begin to accrue to assist youth when they leave care. Regardless of age, there may be a balance of funds in the KIDS account once the youth leaves care. Any back state debt from the previous five years that could have been paid from this account but was not, will be recouped to other funding sources. However, if a youth leaves care after age 16, the savings (up to \$999.00) will be released to the youth's guardian, adoptive parent, or released directly to emancipated minors. For youth no longer in care, KIDS account funding is dispersed with help from the OYTS via a withdrawal request. Any remaining funds from social security benefits will be returned to the Social Security Administration.

- **Credit Reports:**

Per the provisions of the Child and Family Services Improvement and Innovation Act and the Preventing Sex Trafficking and Strengthening Families Act, each child age 14 and older in foster care receives a copy of their consumer credit report each year until discharged from foster care;

the youth is assisted in interpreting the credit report and resolving any inconsistencies. The Division of Legal Service assists in resolving any inconsistencies or identity fraud. If there is a need to further educate youth regarding credit, Social Service Specialists are to document this on the Adolescent Family Support Team Guide in the credit report section and on the Individualized Action Plan Goals, submitting the new goals to the Chafee provider. The Chafee provider will assist with the identified tasks related to the new goals. All documentation pertaining to the credit checks is filed in the Older Youth Section of the youth's case record. Supervisors are to monitor completion of credit reports on a yearly basis during case consultations. Documentation of this service is also to be included on the NYTD Older Youth Services and Financial Expenditures Screen in FACES and entered by the Social Service Specialist.

Missouri has an agreement with TransUnion to use a web-based portal for 14-17 year olds in a batch process. A designated OYTS runs the process and sends information via email to staff regarding the credit checks. TransUnion will assist with children under the age of 14 if there is a reason to believe that the child's identity may have been compromised. This has been a request of staff and allows for proactivity beyond the requirements of Child and Family Services Improvement and Innovation Act and H.R. 4980.

Information on credit report documentation is contained on the Older Youth Data Dashboard. The discussion of these checks and increased documentation is discussed quarterly with the Regional Directors and Foster Care Case Management Program Managers.

- **Aftercare:**

Missouri continues to provide services and support for youth in foster care, youth adopted or who have obtained legal guardianship after the age of 16, and former foster care youth between 18 and 23 years of age. Aftercare services are flexible, short term and used as a safety net to meet the needs of the youth after they have exited Children's Division custody and are provided by Chafee contracted providers. The array of services varies depending on the need of the former foster youth. Aftercare services may include emergency/crisis intervention services, housing/room and board, educational/job training/employment assistance, and other support services. Room and board services are only available to youth who exited custody at age 18 or after. Room and board may include security and utility deposits, rent, utilities, food, start-up kits, basic necessities, and basic furniture. Support services provided include life skills training, transportation, child care, clothing, and other expenses as needed. Housing assistance through the FYI Housing Program, extended Medicaid, and post-secondary supports are available to assist youth who exited care after age 18.

As of March 2023, there are 56 youth in the aftercare service population. This is a slight increase of youth from SFY22.

- **Re-Entry:**

Missouri has had re-entry legislation since 2013. Youth who left care and are over age 18, but are not yet 21, may elect to come back into care, if it is deemed to be in the best interest of the youth. The youth may have his/her custody returned to the Children’s Division through a petition to the Court from the youth, Children’s Division, or Juvenile Officer regardless of where the youth lives or which Circuit originally had jurisdiction. Youth are expected to participate in the case plan, meet with his/her Social Service Specialist, Juvenile Officer, and Chafee provider, and go to school and/or work to demonstrate his/her own efforts towards independence.

Frequently Asked Questions are on the CD internet and a re-entry brochure is incorporated in the exit packet.

As of March 2023, point in time, there are twelve youth in care who have come back into care under this legislation from the Southeast, Southwest, Northeast, Kansas City, and St. Louis Regions.

- **Extended Medicaid:**

Missouri has extended medical and behavioral health coverage through MO HealthNet Division (MHD) for youth who are “in foster care under the responsibility of the state of Missouri on the date such persons attain the age of eighteen years, or at any time during the thirty-day period preceding their eighteenth birthday, without regard to income or assets, if such persons:

- Are under 26 years of age;
- Are not eligible for coverage under another mandatory coverage group; and
- Were covered by Medicaid while they were in foster care.”

Youth who are “not eligible under another mandatory coverage group” are those who are disabled, receiving Supplemental Security Income (SSI), or receiving Medicare.

If a youth moves out of the state of Missouri, coverage can still be provided in another state if a provider is willing to participate in that state’s MHD program. This is not typically the case as most providers have not been willing to do so.

One barrier to MoHealthnet services is that youth who return to care under re-entry legislation are not eligible for this service if the last time they exited care was prior to 30 days before their 18<sup>th</sup> birthday. While in “re-entry” status youth are eligible for MoHealthNet services, but do not have this service upon exit from care up to age 26.

- **Out of State Former Foster Care Youth Extended Medicaid:**

Coverage is provided up to age 26 for youth who were in foster care under the responsibility of another state for at least six months, are currently residing in Missouri, are at least 18 years of age, are not eligible for coverage under another mandatory coverage group, and were covered by

Medicaid when they were in foster care. Memorandum CD20-24, effective July 9, 2020, introduced this.

#### Eligibility and Application:

- When case management staff learn a former foster care youth from out-of-state is under age 26 and uninsured, a referral is made to the Older Youth Transition Specialist in the appropriate region. The OYTS verifies residence, eligibility, and coordinates with the former state and Family Support Division (FSD) Central Office for FSD to begin the application and approval process.
- If FSD determines the youth does not qualify for a mandatory category of coverage and the youth meets the criteria for former foster care health care coverage, FSD will make the approval for the youth's eligibility. This is reflected in the FACES Health Care for Former Foster Care Youth screen.

The Children's Division website contains the MoHealthNet Exit Pamphlet and MoHealthNet Outreach Poster. The intranet has a PowerPoint presentation on exit planning for older youth. The pamphlet is part of the exit packet for youth transitioning from care and case managers, Chafee providers, and Transitional Living Program providers assist with providing information to youth. Information is contained in the youth guidebook "What's It All About? A Guide for Youth in Out-of-Home Care". The Children's Division maintains a separate email account questions and is managed by a Program Specialist in Central Office. Older Youth Transition Specialists educate staff regarding youth benefits.

- **Youth Future Career Program**

The Youth Future Career Program is intended to build upon the assistance provided by the Chafee providers by offering young people age 16 and over intensive career planning, coaching and case management. This program is intended to reduce the poverty rate, curb the intergenerational poverty cycle, and reduce dependency on government benefits. The Youth Future Career Program promotes positive outcomes by providing opportunities, fostering relationships and offering support that is needed to develop young people, reduce risky behaviors and increase their capability to live economically independent lives. The program provides a life coach to train participants to cope and thrive in spite of certain conditions. Individual career plans are developed for each participant, complete with goals, timelines, and steps for reaching goals. Through this evidence-based program, youth are prepared and empowered to live independent, healthy and dignified lives. Life skills, supportive services, and employment and training opportunities will aid in building a foundation of skills that serve to increase employability and positively impact any career choice.

This program is administered by staff from the Missouri Work Assistance Program in the Department of Social Services. The Older Youth Program Coordinator has assisted with implementation as requested in regard to reporting for NYTD services and Chafee requirements.

Thirteen Community Partnership agencies have entered into agreements as of February 2022.

- **LifeStrengths Program**

I Pour Life's LifeStrengths Youth Development Program was offered, starting in September 2021, through an agreement with the Community Partnership of the Ozarks (CPO). I Pour Life's mission is to assist youth ages 15-24 through its LifeStrengths positive youth development and social capital program by helping youth identify and apply their unique strengths to experience a successful, self-sufficient transition into adulthood.

Throughout the LifeStrengths program, 367 youth referred to I Pour Life received varying degrees of service in the LifeStrengths coaching program. During this Contract, 138/367 (37%) of the youth served were 18 years old or older. Through the one-on-one work with their LifeCoach and involvement in SCC activities, a total of 194 positive relationships were gained by the youth during the Contract with I Pour Life. Of those positive relationships gained, 106 were adult relationships, and 88 were peer relationships. On average, 3 positive new relationships were gained by each youth while participating in the LifeStrengths program. 297/367 (81%) retained the job they had or obtained their first job while participating in I Pour Life's LifeStrengths program. 248/367 (68%) youth reported being actively enrolled in an educational institution. 25 youths graduated high school or obtained their GED/HiSET while participating in the LifeStrengths program. Lastly, of the 367 youth served, 203 were age sixteen (16) or older. 56 of those youth eligible (28%) tested for and received their driver's license or permit while participating in the LifeStrengths program.

The agreement with I Pour Life ended in September 2022 and is no longer a contracted service.

**Activities Undertaken to Involve Youth in State Agency Efforts, such as the CFSR/PIP Process:**

(See State Youth Advisory Board in the Collaboration section of this report for more information)

*Local Youth Advisory Boards contribute to efforts at the community level and this information can be provided if requested.*



## Access to Medicaid for Former Foster Youth

Please refer to the Extended Medicaid and Out of State Former Foster Youth Extended Medicaid information in the previous section.

## Education and Training Vouchers

For review of data and service information reported by the contracted provider on the Missouri State Education and Training Voucher Program, please refer to: ETV Annual Report for Academic Year 2022-2023 (Attachment I).

Missouri uses grants, scholarships, state funding, tuition waiver and the Education and Training Voucher (ETV) funding to assist youth with costs of attendance for post-secondary educational and training programs. Missouri's ETV program is implemented through the contracted provider, Foster Care 2 Success. Children's Division has contracted with Foster Care to Success since 2006 to provide ETV services, allowing consistency and familiarity. Foster Care to Success' current contract was awarded on July 1, 2018 through June 30, 2019 with the option to renew for three additional one-year periods. The contract expired June 30, 2022 and Children's Division rebid this contract as a Single Feasible Source contract. Missouri is able to pursue a Single Feasible Source contract as Foster Care to Success is the only vendor that responded to the last four procurements and Foster Care to Success has had a longstanding agreement with the State of Missouri.

Funds provided under the ETV program may be used for expenses related to the cost of attendance as defined in section 472 of the Higher Education Act. Missouri has many different types of post-secondary, accredited institutions which provide education and/or training beyond the high school level.

The Children's Division, through specific contract requirements, plans to utilize all of the ETV funding received and to continue collaboration with Foster Care to Success to provide these services. Missouri has utilized all of its ETV funds for the past 14 years contractually. The contracting of services has allowed for a central application method as well as provided a database and access to evaluative reports. As part of the contract, Foster Care to Success is also required to provide community outreach and awareness to identify eligible youth and the organizations that work with youth such as high schools, colleges, etc. Foster Care to Success provides promotional brochures and posters and has a website. As long as Foster Care 2 Success is able to contact youth, they continue to reach out to youth who do not start school after application and eligibility determination to offer suggestions about how they can develop a plan

for on-going education. Foster Care to Success continues to send e-mails and texts to youth who correspond with them, even when no longer receiving assistance.

Educational Training Vouchers may also be used for advanced degrees to assist young people in attending law school, a Master's Degree, Ph.D., or other doctoral programs.

In addition to ETV, there are two components to MO Reach which are distinct but complementary:

- 1) The Reach Tuition Waiver, which is a full tuition waiver program available since 2011-12, and
- 2) Credential Completion and Employment (CCE), launched in fall 2016, which is a short-term, targeted assistance program to help youth earn a recognized certificate and/or specialized training that leads to employment.

### **Missouri Reach Tuition Waiver:**

In the 2009 legislative session, House Bill 481, Section 173.270, Tuition and Fee Waiver for Children who have been in Foster Care, passed. This legislation requires the Coordinating Board for Higher Institutions to make provisions for institutions under the board's jurisdiction to award tuition and fee waivers for undergraduate courses at state institutions of higher education for any incoming freshman beginning with the 2010 fall semester or term. This funding is dependent on annual budget appropriations. Funding appropriations were provided for this program in the amount of \$188,000. Implementation of the program fully began in fall of 2011.

Missouri has utilized the funding since the inception of the program and will continue to do so. It is anticipated that the number of students funded will remain relatively the same. There were no changes to this program in SFY23.

### **Missouri Reach CCE:**

In SFY17, additional funding was provided as a line item in the budget to assist youth to obtain post-secondary education. With the additional funding of \$450,000, the Missouri Reach Credential Completion and Employment Financial Assistance Program (CCE) was developed and implemented. The program was designed in coordination with the expertise of Foster Care to Success. The program compliments but does not duplicate existing education and training funding and assistance. The funding fills the gap between the more traditional funding available for youth enrolling in higher education after high school and the reality that many young people are not on a linear path and do not earn a credential within the traditional college experience.

The CCE is a program to help youth successfully pursue an education or training pathway that leads to a recognized credential and entry into the workforce. Changes were made in SFY22 to this program after analysis determined the program was not fully utilized. Changes include:

ensuring services are not duplicated with ETV or Missouri Reach programs, the age of eligibility will be lowered from 19 to 18, and funding for post-secondary supports are broader in scope. In addition, post-secondary expenses, such as tuition, books, fees, and room and board qualify unless covered by the Missouri Education Training Voucher Program or the Missouri Reach Tuition Waiver Program.

### **Outreach:**

A brochure and description of the ETV/Missouri Reach programing is on the Children's Division internet and intranet. The brochures have also been provided to the local CD field offices and providers via the Older Youth Transition Specialists. Information is included in "What's It All About? A Guide for Youth in Out-of-Home Care". Information regarding FAFSA, PowerPoint presentations on ETV/Missouri Reach, and other educational resources are on the website as well. Information regarding ETV and Missouri Reach is in the Child Welfare Manual. The brochures are included in the exit packet information. The Older Youth Program Coordinator also shares information on Facebook via "Missouri's Older Youth Program" page. The Department of Social Services shares information on Facebook. The Department of Elementary and Secondary Education has also provided links for ETV/Missouri Reach on their agency's website. FAFSA has the Older Youth Program Coordinator's contact information available to individuals who apply and the OYPC responds to these inquiries. Most of these inquiries are not eligible, but it is an added measure of outreach and assurance. Missouri Children's Division has a scholarship listing for youth and this handout is shared with all those who inquire.

In addition to financial assistance, Foster Care to Success has been able to offer academic success coaching and two care packages a year to eligible youth. Scholarships and internships are also provided through Foster Care to Success. Although Foster Care to Success is not headquartered in Missouri and the work with students is completed through technology, the employees have established good working relationships with foster care case management staff and youth.

Foster Care to Success has developed a portal for Missouri Public Colleges and Universities to make the process easier for schools reporting on financial aid for ETV and for MO Reach students. The process allows for online reporting as soon as the student applies versus faxing paperwork. The student's digital signature meets the FERPA requirement that the student authorizes the school to release data to Foster Care to Success and then the financial aid office is able to print a PDF copy of the digital signature for school records. The financial aid office is able to download a single report for the semester, listing all students and award amounts for both programs. Foster Care to Success continually trains/retrains the colleges on the technicalities such as updating records when youth declines/accepts a student loan or drops to part-time. Prior to the start of new semesters, registered users are invited to a brief discussion on trends. It is reiterated that the timely entering of correct information is critical to students' success. Foster Care to Success answers any questions and asks for feedback on form recommendations, etc.

Children’s Division will continue outreach and education efforts to youth, staff, and community partners on the ETV and Missouri Reach program. Missouri will continue to use different formats such as focus groups, webinars, and summits to share information and train staff on educational resources to improve outcomes for older youth.

For SFY24, Missouri plans to continue providing ETV and Missouri Reach services and to continue education and outreach efforts to youth and stakeholders regarding the program.

## Chafee Training

All new Children’s Division employees are trained on a statewide curriculum which provides information on working with older youth.

The Older Youth Program training includes information on the tools used in working with older youth such as the Adolescent FST Guide and Individualized Action Plan Goals. Other topics include positive youth development, permanency issues specific to older youth, cultural competency, and community collaboration. Professional Development and Training Unit staff have on-going processes for adjusting training as needed to meet current policy. They seek input from the Older Youth Program Coordinator and Older Youth Transition Specialists to ensure it is meeting the needs of the local agency. In addition to the formal training provided, the Older Youth Transition Specialists provide coaching on the use of the tools and forms to Children’s Division workers, contracted staff, and supervisors in their respective regions as concerns are identified or requested.

The Casey Family Programs “Ready, Set, Fly” curriculum is an in-service training for foster parents. It provides foster parents and youth with hands on activities to develop independent living skills. Foster parents licensed for older youth are required to receive the training, as are Transitional Living Advocates. The training is conducted by Children’s Division training staff.

Since 2011, 4-H and the University of Missouri Extension have offered the “Youth Development Academy”. The program’s goal is to provide youth development professionals with the knowledge and skill necessary for work with youth in public, private, or civic sectors. Topics include enhancing diversity, relationships in youth development, youth/adult partnerships, experiential learning, engaging volunteers, community partnerships, ages and stages, managing risk, and evaluation. Although there is a cost associated with this academy, it is a training resource available to those working with older youth in Missouri. Participants may receive three hours of college credit.

The Fostering Futures Initiative is a specialized curriculum for CASA volunteers who specifically focus on older youth and its goal is to help volunteers more effectively advocate for

older youth based on their unique needs. The curriculum is based on the possible selves' theory. It is available to all of the 21 Missouri CASA programs.

A financial capacity training video has been recorded in coordination with the Professional Development and Training Unit and the Attorney General's Office, Assistant Attorney General, Consumer Protection Division. This video has a series of topics staff can view via a YouTube link and addresses such issues as how to build and maintain good credit, how to interpret a credit score, and how to dispute a negative credit history. The training is generic and appropriate for anyone working with older youth.

Missouri is preliminary exploring participation in the Quality Improvement Center on Engaging Youth in Finding Permanency (QIC-EY) pilot program to implement a youth engagement model, a training and coaching model for the child welfare workforce and a training on youth engagement for courts. Missouri is in communication with the program lead of the project.

### Chafee – Consultation with Tribes

All benefits and services under the Older Youth Program, which includes Chafee and ETV services, are made available to indigenous 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/TLP support and services. As of March 30, 2023, 19 of 23 youth with indicators of race, Native American, or tribal affiliation have been referred for services and all youth have been referred that are eligible or due for a referral. Two youth will have referrals due in April 2023 and two youth have referral due in May 2023.

There are 14 youth identified with tribal affiliation. Of these 14 youth, 11 are receiving Chafee services either through the Chafee or TLG provider. Two youth have a referral due in May 2023.

The Older Youth Program Coordinator and Older Youth Transition Specialists monitor referral status and services for indigenous youth throughout the year to ensure referral and service equity.

### Consultation and Coordination between States and Tribes

As of January 31, 2023, there were 90 foster children in Missouri who have been identified as American Indian/Alaska Native or who have AI/AN heritage, per DSS Research and Evaluation. This information comes from the Case Member screen in FACES, which requires the case manager to select a "yes" or "no" as to whether the child has Native American Heritage. This information may come from self-disclosure by parents, family members or, if appropriate, the child. This information is also obtained based on the race code provided by the caregiver or child when a Departmental Client Number (DCN) is assigned to a child.

Out of those 90 children mentioned above, 42 of them are from southwest Missouri, 17 of them are from southeast Missouri, 11 of them are from northeast Missouri, 13 of them are from northwest Missouri, 6 of them are from Kansas City Missouri, and 1 of them is from St. Louis Missouri. As of the July 1, 2021 Quick Facts Missouri (United States Census Bureau), the population estimates was 6,169,823 with 0.6% being AI/AN alone. Our southwest Missouri region continues to have the highest documented population of AI/AN children.

Although, there are currently no federally recognized tribes in the state of Missouri. Staff report working with Tribes in Kansas, Arizona, Oklahoma, Alaska, and South Dakota.

The Division is fortunate to have American Indian foster parents who are willing to help facilitate communication between the CD and Tribes as well as partnerships developed in the community with other native people. The southwest region uses the Southwest Missouri Indian Center, located in Springfield, the Kansas City Indian Center and the American Indian Council, both located in Kansas City, for consultation and mediation services. Coordination and consultation continues to be maintained with WebEx meetings, phone and email conversations. Another partnership the Division has is with Dr. Bob Prue through UMKC, School of Social Work. He assists with partnerships with other universities and professional Native Americans that can work with us through resources for our families.

To more thoroughly capture the AI/AN population who are served by the Child Welfare system, beginning in 2018, the Child Abuse and Neglect Hotline Unit added the question in the intake process to ask the reporter if a child identified as an American Indian/Alaska Native or who has AI/AN heritage. Early identification allows culturally competent services to be provided throughout CD involvement and be ICWA compliant.

When a referral for protective custody is made on a child, contact is made with the parent or custodian of the child by the Children's Division to inquire if the child and/or family is enrolled or eligible to be enrolled in a Tribe, as well as if they have any American Indian/Alaska Native (AI/AN) heritage. This inquiry is made again when the child is placed in out-of-home care by the child's Children's Service Worker at the 24 hour meeting with the family. During this meeting, the Children's Service Worker gives the family the Indian Ancestry Questionnaire, CD-116, to document if the child does or does not have American Indian/Alaska Native heritage. The worker also completes the ICWA Checklist, CD-123, to ensure ICWA compliance throughout the life of the case.

Per policy, phone contact to the appropriate ICWA representative of the Tribe, if known, is made within 48 hours of the child being taken into protective custody and the worker learning of the child's heritage.

Children's Division ensures notification is provided to the parents, custodian, Tribe and BIA Regional Director by certified mail with return receipt requested of the pending proceedings and

of their right to intervention, either through direct notification or by providing information for the notification to the juvenile court.

Missouri received Technical Assistance from the Capacity Building Center for States to work on enhancing the Division's identification of ICWA eligible youth as well as coordination with Tribes. Through their website, Missouri began working with them to link some of their on line training modules to our ELC system so staff will be able to received training credit and supervisors will be able to track this training for their staff. In the interim, staff has been encouraged to complete these training modules through the Capacity Building Center for States website. The Department of Legal Services developed an ICWA Legal Aspects training for staff to complete within their first 12 months of employment.

Missouri has partnered with the Research Project Director, from The University of Kansas School of Social Welfare to provide our families with free virtual Strengthening Families Program training through the Kansas Services Native American Families initiative. This opportunity serves our Jackson CO area children and families.

Beginning in 2018, quarterly Roundtable meetings formed with participation from CD staff, contracted agencies, and Native American partners to increase the communication, partnership, and planning efforts to expand the knowledge of services available to our AI/AN families and children. This has been a successful endeavor and has gain more awareness and resources for our staff as they serve children and families. This is just another way CD consult with tribal representatives to coordinate services for our children and families.

In November 2017, the Capacity Building Center for States provided an ICWA Learning Experience starting in Joplin, MO. Additional Learning Experiences continued in Jackson CO in 2018 and was roll-out in SE in 2019. This two day training provides child welfare staff with knowledge to help them understand, engage with, and support children and families who are AI/AN through their work. The training provides a historical view of Sate-Tribal relations, history of ICWA, and the historical trauma. The training helps staff understand the culturally responsive engagement with AI/AN children, youth families and Tribes. Discussions are held on establishing a State-Tribal partnership protocol, how to work effectively with Tribal government and principles that guide good working relationships. This training provides resources for staff to help when questions arise regarding ICWA or Tribal law policy.

One of many goals of this experience is to develop at least one staff from every region of the state as a trainer in the ICWA Learning Experience. Using the same curriculum and materials, staff with help from an AI/AN co-trainer, would be able to present to field staff on an as-needed basis. Training objectives include:

- Expand the knowledge on AI/AN children and families
- Know the requirements for serving AI/AN
- Help community partners understand their role in serving AI/AN

- Ensure staff understand the importance of AI/AN and ICWA
- Engage the courts, provide knowledge to courts
- Locate and provide resources AI/AN families
- Remove the “fear” staff sometimes have when they hear ICWA

Other goals from the work already underway include:

- As best practice, ask grandparents and any family historian if the family has any Indian heritage when the child is first removed from the home
- Strengthen relationships with our Native American partners and Tribes by engaging with them on our quarterly Roundtable meetings
- Plan ICWA training for all staff across the state to encompass the culture of AI/AN, the history of ICWA and the importance of this work
- Have foster/adoptive parent recruitment events in combination with Tribal events
- Identify AI/AN homes among existing resource homes

A Best Practice Reviews (BPR) case review tool was developed in FACES that captured the following:

- Was a sufficient inquiry conducted with the parent, child, custodian, or other interested party to determine whether the child may be a member of, or eligible for membership in, a federally recognized Indian Tribe?
- If the child may be a member of, or eligible for membership in, a federally recognized Indian Tribe, during the period under review, was the Tribe provided timely notification of its right to intervene in any state court proceedings seeking an involuntary foster care placement or termination of parental rights?
- If the child is a member of, or eligible for membership in, a federally recognized Indian Tribe, was the child placed in foster care in accordance with Indian Child Welfare Act placement preferences or were concerted efforts made to place the child in accordance with the Act’s placement preferences?

Practice improvements are also addressed through on-going CQI processes at the local circuit level.

All benefits and services under the programs are made available to American Indian/Alaska Native youth in the state on the same basis as other youth. All youth, ages 14 and older, regardless of descent, per policy, are to be referred to the Older Youth Transition Specialists for Chafee/ILP support and services.

Missouri’s APSR is posted on the Children’s Division website and available to all Tribes. Additionally, the CFSR Advisory Committee has a standing member representing the Kansas



City Native American Indian Center. The annual APSR is reviewed by this committee each year.

In order to accurately gather and record the whole picture that ensures our ICWA protocol and policy meet federal standards, our FACES system now allows staff to enter additional information. This additional information allows the agency to make informed decisions on programs at every level. Additional information collected:

- Native American Heritage options for Case Members
- Additional questions around membership eligibility with Tribe
- Documentation of Indian Child Welfare Act (ICWA) discussions with family
- Documentation of Responses from Tribes

### Targeted Plans

As specified in ACYF-CB-PI-20-02, the following plans are being submitted as discreet sections:

- Health Care Oversight and Coordination Plan (Attachment A)
- Foster and Adoptive Parent Diligent Recruitment Plan (Attachment C)
- Disaster Plans
  - CD Emergency Operations Plan (Attachment D)
  - CAN Emergency Plan (Attachment E)
  - Out-of-Home Care Emergency Plan (Attachment F)
- Training Plan (Attachment G) and Training Plan Matrix (Attachment H)

### **Disaster Planning**

When disaster or emergency events occur in Missouri, such as tornadoes, damaging winds, flooding and power outages, and local assistance such as shelters and feeding operations or Multi Agency Resource Centers (MARC)s need to be opened, Department of Social Services (DSS) Central Office Emergency Management staff report to the Missouri State Emergency Management Agency (SEMA) State Emergency Operations Center (SEOC). At the SEOC, they staff the Emergency Support Function (ESF) desk along with SEMA Emergency Human Services staff and partner organizations. If the scope of the event does not require SEOC activation, Central Office staff responds to the event remotely. DSS staff working in a response role, whether at the SEOC or remotely, provides information to Children’s Division staff regarding mass care activities, including situational information throughout the event. This allows Children’s Division staff to be aware of the area(s) of the state affected and the seriousness of the event.

Children’s Division staff follow pre-established disaster response procedures, pursuant to the Division’s Emergency Plans, to begin assessing the well-being and potential needs of children,

families, and resource providers. Activities include making contact with all resource providers caring for children in Children's Division custody to assess needs and provide assistance. Initiating contact with resource providers to ensure that they, along with the child(ren) in their care, are safe and do not have unmet needs related to the disaster is an expectation of field staff for all disaster and emergency events.

Resource providers and residential care facilities that serve children under state care or supervision are required to have an emergency plan. Resource providers' plans are to address various disasters and include a plan for what will happen if disaster strikes when the resource provider is away from the child. The plan is to display contact telephone numbers, including a number for local and regional Children's Division staff and a toll free number to contact Children's Division administration if other communication channels are not available. The family disaster plan, which is documented in the resource provider's record, is to be reviewed with foster youth in the home every six months.

The Children's Division has a statewide Emergency Operations Plan. The Children's Division Emergency Operations Plan includes direction and considerations in the accounting for, and responding to the needs of, children under state care or supervision. In addition, plans to continue essential agency functions, such as responding to new reports of child abuse or neglect and providing services, are incorporated into the statewide plan. During Calendar Year 2022, there was one disaster that required implementation of the Children's Division's Emergency Operations Plan-flooding in the St. Louis region. There are no known required changes or additions to the plan.

The Children's Division Emergency Operations Plan recognizes that following a disaster, it is likely children under the care or supervision of the agency may be relocated out of state. If the child remains out of state longer than 28 days, Interstate Compact for the Placement of Children (ICPC) protocols should be followed. Missouri Children's Division ICPC staff members have an established relationship with ICPC staff in other states throughout the country.

Each Children's Division office is required to have a local emergency plan that is regularly reviewed with staff and can be shared with stakeholders. The local emergency plan is an all-hazards plan that describes the local response with considerations for agency and community resources. Each circuit maintains emergency contact information for staff and managers, so essential Children's Division personnel are able to be located following a disaster. The Child Abuse and Neglect Hotline Unit also maintains contact information for staff and managers.

Essential program records are maintained electronically in Missouri's Family and Children Electronic System (FACES.) The records are accessible to Children's Division staff throughout the state. The records are backed up and efforts are made to ensure they would continue to be accessible immediately following a disaster. The Information and Technology Services Division (ITSD) maintains and provides technical support for FACES and has an established disaster

recovery plan. In addition, ITSD staff members are to have a presence at the State Emergency Management Agency if needed following a disaster to help maintain essential operations.

**Preparedness Activities**

In 2022, trainings and exercises within the Children’s Division returned to normal operations after two years of tailored virtual trainings due to COVID. The Statewide Tornado Drill was held on March 8, 2022, during Severe Weather Preparedness Week. The Great Central U.S. “Shake Out” was held on October 20, 2022. Preparedness information was distributed to Children’s Division staff prior to both events. In March 2021, information was distributed to Children’s Division staff regarding storm safety and inclement weather preparedness. For Children’s Division, in accordance with accreditation compliance, each of Missouri’s 46 circuits is in the process of updating their circuit emergency operations plan prior to October 1, 2023.

**Supplemental Appropriations for Disaster Relief Act**

The Children’s Division expended no funds from the Supplemental Appropriations for disaster Relief Act funds for FY2022.

**Statistical and Supporting Information**

**CAPTA Data Items** – Please refer to the Annual CAPTA Report Update

**Education and Training Voucher Statistical Information**

In 2020-2021, there were 242 youth funded from ETV. Of those, 98 (40%) were first time recipients.

Final information for 2022-2023 is not available at this time. As of March 13, 2023, Missouri’s totals based on the information available at Foster Care to Success’s web portal are:

Total Applications	Applications In Progress	Total Funded Students	Total Funding	Unable to Fund
437	59	200	\$ 794,310.00	174

- Applications in Progress:
  - Within 14 days of applying, every student is contacted three times to discuss the program; each time they are encouraged to complete their ETV paperwork.

Every 21 days, a list is sent to the appropriate State/IL/County-Regional liaison updating them on the status of new applicants and asking them to contact students who are missing ETV paperwork. Fourteen days after the initial list is sent to the appropriate worker (five weeks after application), nonparticipating applicants are moved to the category "Unable to Fund."

- **Unable to Fund:**

These are students who:

- Are ineligible according to state eligibility criteria, or
- Do not submit the required paperwork within five weeks of applying.

In most cases, "unable to fund" are those who do not enroll in school or who have adequate funding from other sources and choose not to participate in ETV. Further, some applicants do not meet the age eligibility requirement or foster care status requirement.

Missouri will continue to monitor for fluctuations in youth receiving these funds. If there is a significant change, Children's Division will evaluate with service providers. There is little change in numbers from SFY22 to SFY23.

**Monthly Caseworker Visit Data** – Please refer to the Caseworker Visit Formula Grants and Standards for Caseworker Visits section of this report for details of the FFY22 submission. Data for FFY23 will be submitted by December 15, 2023.

## Financial Information

Please see the following attachments:

Attachment K – FFY2024 Financial Information  
Missouri FY2024 CFS-101