

Missouri Department of Social Services, Children's Division



TITLE IV-B

**ANNUAL PROGRESS AND
SERVICE REPORT**

JUNE 30, 2015

**Submitted to:
Department of Health and Human Services**

**Title IV-B Child and Family Services Plan
2015 Annual Progress and Services Report**

State of Missouri

Department of Social Services

Children's Division

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INTRODUCTION

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

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

GENERAL INFORMATION

Collaboration

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

The CFSR Advisory Committee's centralized focus is to build an advisory resource infrastructure to result in positive outcomes for children, youth and families. A broader collaboration of this kind will benefit families in improved access and service availability, and a reduction of services and funding fragmentation. Standing members include Children's Division managers, representatives of the Department of Elementary and Secondary Education, Department of Mental Health, Office of State Courts Administrator, Department of Health and Senior Services, Children's Trust Fund, private child welfare agencies, a tribal representative, as well as an adoptive parent, foster parent, and foster youth.

As the Division developed the goals and objectives for the 2015 – 2019 Child and Family Services Plan (CFSP), several groups were consulted for assistance. The CFSR Advisory Committee regularly reviews data and practice standards, and provides input and feedback. Their guidance was valuable in the development of the five year plan. This group continues to be a part of the implementation and

monitoring of the CFSP. As the Division's strategic plan was adjusted and amended over the last year, this group was consulted throughout the process.

In addition to the CFSR Advisory Committee, the State Youth Advisory Board (SYAB) and the Foster Parent Advisory Board were asked for input. There is at least one member of the SYAB who is an American Indian youth. Field staff and management were also instrumental in the development and modification of the plan.

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

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

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

Community Based Child Abuse Prevention

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

The Children's Trust Fund has a long history of working with Missouri's Children's Division at the state level, although not specific to CBCAP funded initiatives. Work has primarily centered on the promotion of the Strengthening Families Protective Factors in both agencies' grant programs, collaboration through initiatives such as Early Childhood Comprehensive Systems (ECCS) and the Maternal Infant and Early Childhood Home Visitation (MIECHV). Children's Trust Fund fiscally administers nurse home visitation funding (as pass-through funding from Children's Division). In addition, CTF has discussed with CD staff how information maintained by CD (services and child abuse reports) could be used in relation to the clients served by the CBCAP sites. As a result, CBCAP programs began collecting client DCN numbers last year so information on mutually served families can be compared.

At the local level, the Missouri model promotes collaboration among all community service providers including local Children's Division staff. Representatives from the local Children's Division Circuits participate on the Provider Networks in all five of the CBCAP Lead Agency Sites. Children's Division staff

provide program referrals, participate in family support teams and share information as part of their roles with the CBCAP-funded programs.

Background Information

Over the past 16 years, the Missouri CTF has primarily used CBCAP funding to partner with 18 communities to implement a coordinated services delivery/collaborative models to prevent child abuse and neglect. Efforts have centered on overcoming challenges which have historically diminished the effectiveness of child abuse prevention efforts.

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

While many of Missouri's communities have multiple services that work to reduce risk factors and enhance protective factors, these services are sometimes constricted by funding requirements (and competition), as well as organizational and professional boundaries and defined function. While it is sometime easier for policy makers and providers to address single issues in terms of defining funding and function, the lack of coordination limits the effectiveness of services and does little to assist those with multiple issues. Many Missouri communities lack a framework to build interagency and professional relationships, therefore inhibiting collaboration processes and mechanisms for organizations and professionals to work together in a concerted effort to prevent child abuse and neglect.

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

Each CBCAP site employs a supportive strength-based approach to prevention by engaging the family with an interdisciplinary team of professionals in developing and implementing the family's integrated

service plan. The CBCAP sites use a family strengths inventory tool and work to build protective factors to help the family and family support team identify family strengths, resources and goals.

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

The Missouri Model

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

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

In FY15, CTF continued supporting this model by awarding Community Based Child Abuse Prevention continuation grants (CBCAP) to two continuing sites and three new sites:

- Polk, Dallas, Hickory Counties – Barceda Families “Project Teams – Together for Empowering and Accountability to Maximize Self-Sufficiency”
- Jefferson County – Jefferson County Community Partnership – “Project Cope”
- Stone and Taney Counties – Great Circle – “Growing Healthy Families”
- McDonald County – The Alliance of Southwest Missouri – “McCO Project CARE”
- Adair County – Great Circle – “Project THRIVE”

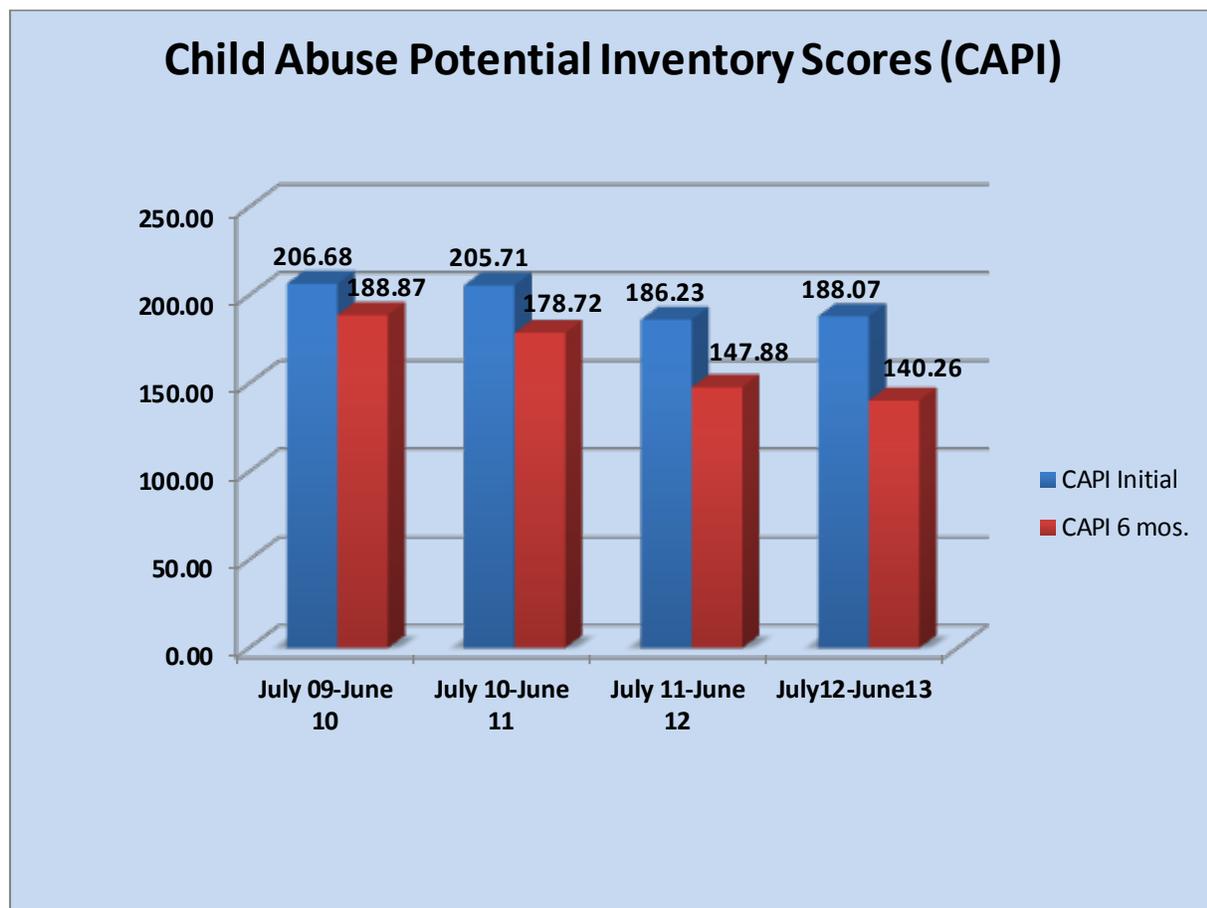
Each CBCAP community is awarded an average of \$100,000 in funding for up to five years. During the first six months of the first year of the project, each site enters a capacity building phase focusing on: 1) developing the CBCAP leadership structure (advisory board and network coordinator), 2) forming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

abuse and neglect, and 3) engaging community stakeholders in joint planning efforts to develop an integrated service delivery model that incorporates the Missouri lead agency/family support team coordination model.

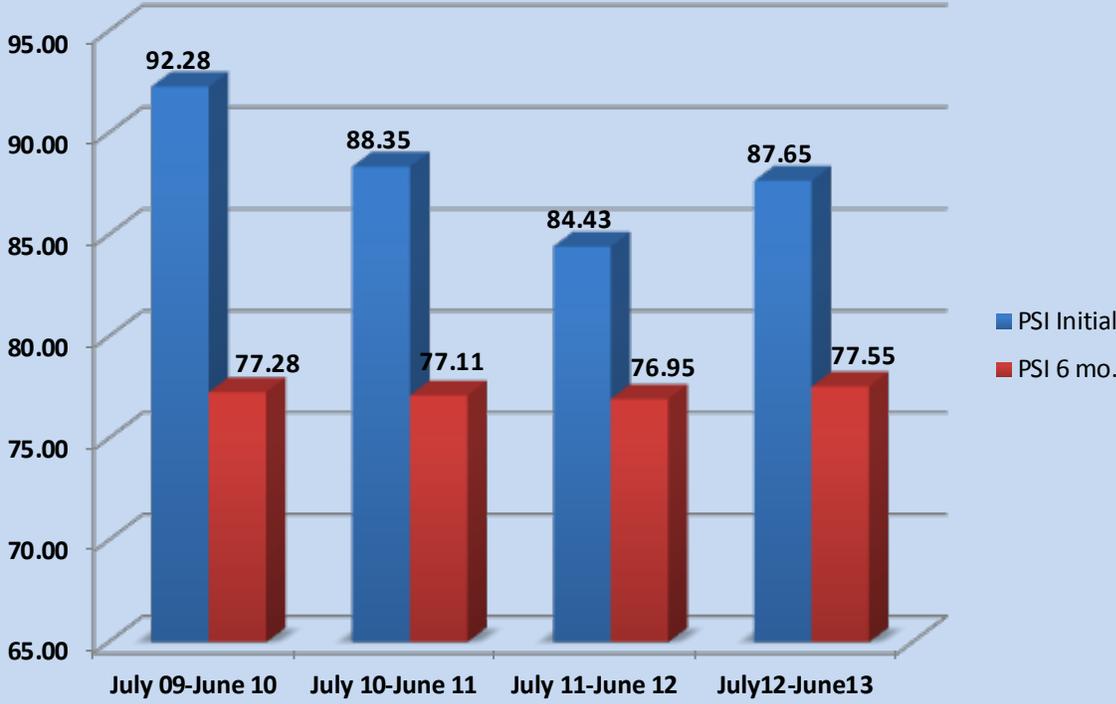
In the second six months of the first year, the sites initiate the operational phase of the project, which includes enrolling and serving families, continuing efforts in developing their provider networks, enhancing provider commitment to the lead agency/family support team model, and augmenting community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

Data Collection/Evaluation

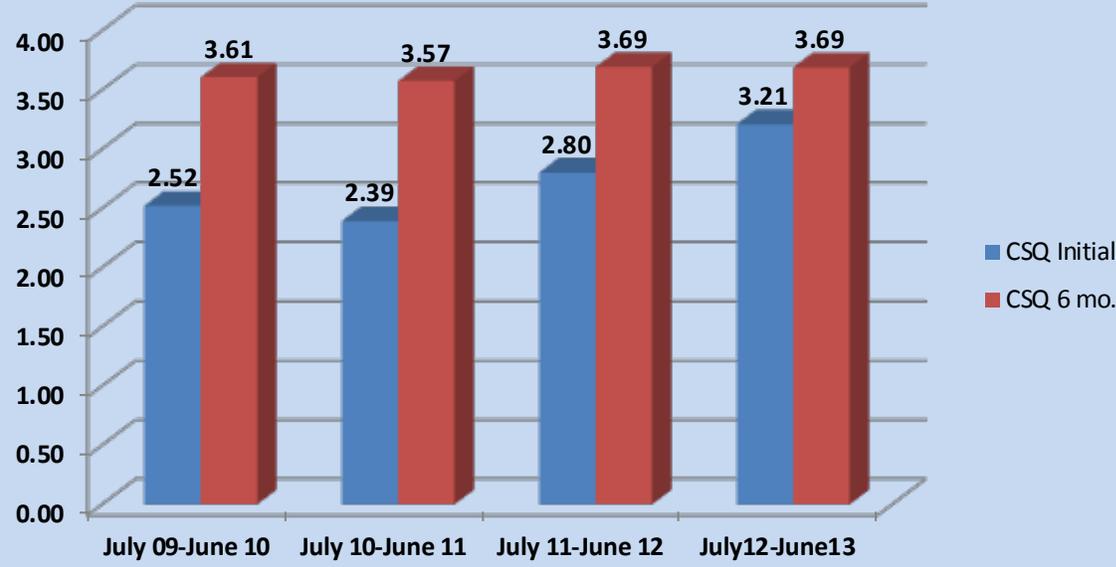
An important part of this grant is the collection of data on outcomes of these services and evaluation of the overall model. In addition to the Client Satisfaction Questionnaire, required assessments include the Parental Stress Index (PSI), the Child Abuse Potential Inventory (CAPI), the Adult Adolescent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



Parent Stress Index Scores



Family Satisfaction Scores



The Missouri CBCAP model is recognized by the federal funding agency as attaining the highest level of program standards and performance indicated by evidenced based outcomes and successful replication of the program in other communities.

Other evidenced-based and/or promising approaches include:

- Community collaboration
- Implementation of a lead agency coordination model
- Development and incorporation of standardized forms
- Payer of last resort flex pool funding for emergency family needs
- Develop partnerships with proven community programs such as Circle of Parents, Parents As Teachers, and Head Start
- Incorporate proven prevention models such as resource mothers, safe crib, infant massage, home visitation, respite care, Circle of Parents, and family development credentialing
- Quarterly review of annual operational plan as part of evaluation process
- The ability for communities and their stakeholders to build long term relationships and work together collaboratively as one unit for the benefit of families and children

Peer Review

Peer review has been an important component critical to the success of the CBCAP program in Missouri. Children's Trust Fund implements a peer review process with the local community sites whereby each of the CBCAP sites review their own performance on a quarterly basis against site-specific goals and objectives, as outlined in their annual operational plan using the logic model. An evaluation panel comprised of CTF staff, board members, grant consultants, and a former community grant recipient meets with and evaluates each site on a quarterly basis. A report card is then issued to each site summarizing their quarterly performance against site-determined goals and objectives. This process allows for optimal, systematic feedback to the sites that can be measured, documented, and reported on an ongoing basis rather than receiving one report at the end the year.

In conjunction with the evaluations, each site is required to attend a statewide CBCAP meeting held three to four times per year in Jefferson City. Each site provides input into the development of the agenda. Time is set aside at each meeting for a specific peer review exercise whereby the sites, both in small work groups and as a whole, critique, provide feedback and share information with each other regarding a predetermined topic, such as the development of care plans for clients, problems and solutions with the coordinated provider network, etc.

In addition, the two most recent sites have been paired with the two existing sites to provide additional opportunities for technical assistance, observation, and peer to peer learning. This adds an important layer of interaction and relationship building to the multiple levels already established in previous and

current groundwork state lead organization to community network sites; community to community, local community to family, and family to family within each community.

Missouri's statewide network has expanded and become stronger as a result of the success of the CBCAP Program and other family support initiatives and programs across the state. Children's Trust Fund is excited to continue and expand this partnership on multiple levels and appreciates the opportunity to develop, support, expand and enhance the network of CBCAP programs within the state in order to more effectively serve Missouri's diverse population and more effectively prevent child abuse and neglect seeking positive outcomes for all children and families.

CTF is committed to the Lead Agency Model for at least the next four years, continuing with the three sites added in state FY15. Looking forward, CTF also plans to use CBCAP funding to support training initiatives, including regional trainings. Preventing child sexual abuse and promoting protective factors are two priority issues for which training will be considered.

School-Based Service Worker Contracts

During the 2014-2015 academic year, Children's Division contracted with 41 school districts throughout the state for 61 school-based service workers. The school-based service workers are employed by the school districts. The primary goals of the school-based service worker agreement include the prevention and early identification of children at risk of child abuse and neglect or other barriers which could limit full potential for success in the school setting, and early intervention and the provision of services to strengthen families.

A monthly tracking form is completed by every school-based service worker and returned to the designated Children's Division liaison by the tenth day of each month while school is in active session to document the school-based service worker's activities for the month. The Children's Division liaison collects the information and documentation for potential future evaluation and quality improvement.

In addition to aggregate data, the school-based service workers provide summary information on child abuse and neglect prevention activities performed for the children and families served and any community collaboration they had during the month. Services provided include referrals for child abuse/neglect, counseling and mental health assessment, attendance or academic issues, classroom behavior, health/medical/dental issues, domestic difficulties, drug and alcohol issues, personal needs (hygiene, clothing, etc), home visits, transportation, and housing assistance. Local community collaboration is documented monthly and includes: speaking/presentations, written materials/workshops/training given or attended, contacts made with the local Children's Division office, and Family Support Team meetings attended.

The Children's Division liaison communicates with school-based service workers on a regular basis through e-mail, phone, and written correspondence and provides information about workshops or conferences, newsletters, and Children's Division policy that may benefit the school-based service worker program.

Restrictions under Family Educational Rights and Privacy Act (FERPA) continue to prohibit providing identifying information on clients from the schools which limits the ability to determine effectiveness of the program. However, workers provide activity accounting in compliance with the state contract.

Crossover Youth Initiative

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

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

An implementation team from Missouri, comprised of a former crossover youth and representatives from the Children's Division, Division of Youth Services, Department of Mental Health, Missouri Supreme Court, Office of the State Courts Administrator (OSCA), and Missouri Juvenile Justice Association attended training with Georgetown University in 2012. A Missouri Supreme Court Judge and a former foster youth also attended the training. At the close of the training, the team completed a Capstone Project outlining their commitment to Missouri's youth including both system level and community level goals as part of the statewide initiative, based on the research-supported values and principles of the Crossover Youth Practice Model (CYPM).

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

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

Progress on Community Level Initiatives

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

Progress: The model communities were selected based on need (data on prevalence of crossover youth), interest (commitment from court and local stakeholders) and capacity (prior history with system change or reform efforts) through an RFI process. The initial sites are the 31st and 23rd Judicial Circuits inclusive of two counties. The cohort two model sites are the 17th and 26th Judicial Circuits inclusive of seven counties.

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

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

- 3. The Crossover Youth focus group coordinator and OSCA researchers conducted focus groups with youth, their parent figures, foster parents, and youth serving professionals in Jefferson and Greene counties to receive feedback on their experiences with the system and increase their engagement in the process.**

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

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

Progress: An assessment and intervention process has been developed for circuits to address the unique needs of Crossover Youth. The Crossover Youth Initiative Coordinator facilitates the assessment and the State Policy Team evaluates the results to make recommendations aimed at making community level changes to improve the experience and outcomes for crossover youth. The assessment and interventions are based on the values and principles of the CYPM. The State Policy team has provided this training and technical assistance to the 2nd and 22nd Judicial Circuits inclusive of four counties.

Progress on System Level Initiatives

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

Progress: Tools were requested from other jurisdictions and evaluated for use in Missouri. The State Team is currently evaluating the assessment tools being used throughout the system to assess whether they sufficiently gather data related to risk.

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

Progress: Through the protocols developed in pilot sites, the State Team is in the process of gathering data to support the development of a statewide protocol. This will be accomplished in 12 to 18 months.

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

Progress: The Missouri Crossover Youth Policy Team coordinated with the Ozark Center in southwest Missouri. Ozark Center received a National Child Traumatic Stress Network grant through the Substance Abuse and Mental Health Services Administration to address child trauma. Through this partnership, trauma training is provided to CYPM model sites, and Children's Division staff statewide. Work toward creating a trauma informed environment among all agencies that serve youth continues.

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

Progress: OSCA staff conducted a site visit in Columbia, SC at the South Carolina data repository. Funding is being sought in this effort.

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

Progress: The State Policy Team is currently assessing which pieces of legislation are critical to system improvement related to Crossover Youth.

Challenges

At both the state and community level, the initiative has engaged many participants from across agencies. With the inclusion of so many people come challenges with multiple, often competing, priorities and initiatives and even with arriving at a common understanding of what is meant by “crossover youth”. Another related challenge involves the inherent tension between this initiative which focuses on a specific population of youth and the general population of youth who could potentially benefit from the actions of the initiative. With Crossover Youth Initiative, everything is related to everything else and at times keeping the focus narrow enough to experience progress is difficult.

As the Crossover Youth Practice Model expands to additional jurisdictions, changes must be sufficiently embedded in the system through a set of best practices. These best practices will have to accommodate variations in community characteristics. The Missouri Crossover Youth Policy Team envisions system-wide implementation of many strategies within three to five years.

Another challenge will be developing data collection systems to support data-driven decision making and results-based accountability. Data silos will have to be broken down and systems developed to integrate data across agencies. This will be a massive undertaking and require unprecedented levels of cooperation.

Practice and culture changes within state agencies, local courts, and communities will be another predominant theme in ensuring the effectiveness of Missouri’s Crossover Youth Initiative. Missouri has a long history of collaboration, with some changes sustained and grown over time, while others produce limited impact or serve as short lived innovations. Philosophy, culture, practice, and financing will all have to align for maximum impact and sustainability.

State Youth Advisory Board

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

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

Members of the SYAB represent all children and youth who have been in or are in out-of-home placements from his/her area of the state. Each member of the board is an outstanding youth in foster care or youth who obtained adoption or guardianship after the age of sixteen. SYAB members are responsible for providing Children's Services policy and procedural input to CD administrative staff/Juvenile Court. The SYAB decides what goals and activities they want to pursue for upcoming meetings and carry those out accordingly. The SYAB also works as a network by bringing back important information to the Area Youth Advisory Board (AYAB). The youth must be ages 15-21, but if a youth turns 21 during the term, or leaves Children's Division custody, he/she can finish the remainder of the term if in good standing. The youth must be an active participant of a Chafee or Transitional Living Program (TLP) and must have a good attendance record for activities in which he/she is involved, such as AYAB meetings, school, work, etc. The SYAB has a Chair, Co-Chair, Scribe, Co-Scribe, and Censor. Officer elections are held annually in the 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 are currently no ex-officio members and have not been for the last six years. Community members are also invited to participate in meetings for topical issues. A community member is a non-voting member with no more than three per meeting in attendance. The community member understands and respects the guidelines that are adopted by state board members. In SFY15, the SYAB had four community members.

In September 2014, Lacy Larsen, Missouri's 2014 FosterClub All-Star, shared about her national leadership internship experience over the summer and encouraged youth to get involved. Lacy participated in the November 2014 meeting and the March 2015 meeting as a peer consultant for conference planning and has committed to this role until the conference is held in July 2015.

In September 2014, Bennie Williams, Alumni Youth, Former SYAB Chair, and member from July 2008 to June 2011 attended. Bennie spoke of his involvement in the SYAB and what it meant to him. He shared his success as an educator in order to encourage youth to continue their education and have goals.

In November 2014, Clark Peters, Associate Professor, University of Missouri – Columbia, spoke about research work he is doing on dental hygiene as well as a grant he received to share youth's experiences in foster care.

In March 2015, Keri Talken, Out-of-Home Care Program Development Specialist, attended and facilitated a focus group on the clothing voucher process.

Tim Decker, Children's Division Director, attended several of the meetings in SFY15 and consequently was named an honorary member versus a special guest. The Director seeks opinions from the youth at each meeting on various topics.

The Chafee contract contains language requiring each region to nominate up to three youth for potential membership on the board. Regions are allowed to have additional youth as well but membership overall is kept at approximately thirty youth 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. As a regional delegate/SYAB member, the youth is expected to attend or otherwise participate in the SYAB meetings for 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 provide chaperoning throughout the attendance at SYAB meetings and activities. As of February 2015, there are 42 members on the SYAB. This number is higher than normal and new members are not being accepted at this time unless a region does not have three delegates. The high number has been allowed due to this being a conference planning year and additional help being needed. It is thought that more youth are interested in participating because of wanting to be involved in the conference as well.

The Transitional Living Program contract contains language for youth to participate in a local board as well. Contracts for Chafee and Transitional Living Program will be rebid in SFY16 and SFY17 however there will be no changes to the requirements and process regarding SYAB.

The SYAB did not make any changes to the handbook in SFY15. The handbook will be reviewed and revised as needed in SFY16.

The SYAB met on a quarterly basis for SFY15 and will continue to meet quarterly in SFY16.

The SYAB as well as other older foster youth and alumni youth have been active in participating in speaking engagements and workgroups to promote youth in foster care needs:

In SFY15:

- An alumni SYAB youth is a member of the Missouri Task Force on Children's Justice. The task force is a Citizen Review Panel that reviews the Children's Division's compliance with the State Child Abuse Prevention and Treatment Act (CAPTA) Plan, assists the Children's Division in the coordination of foster care/adoption program, the review of child fatalities and near fatalities, examines policies, procedures, specific cases, and generates an annual report to be released to the public.
- Two SYAB youth are members of the Health Care Oversight and Coordination Committee. The purpose of the group is to develop a plan to coordinate and provide oversight of health care services for foster youth.
- Two SYAB youth are members of the Children and Family Service Review (CFSR) Advisory Committee.
- An SYAB member is available on an as needed basis for participation in the Continuous Quality Improvement (CQI) Statewide meetings. CQI is a process by which all staff looks at the agency as a whole and develop plans for improvement. However, in SFY15, input was not needed.
- SYAB members participate ongoing in STARS training.
- Two Missouri youth participated in Congressional Youth Shadow Day in Washington, D.C. in May 2014.

- Youth were recommended to participate in a workgroup on residential reviews. The purpose of the workgroup is to conduct residential reviews and develop alternative approaches to safely decrease number of children in traditional residential care.
- In July, two SYAB youth participated in a luncheon roundtable discussion with Honorary Host Congresswoman Vicky Hartzler as community speaker on child welfare issues. The event was sponsored by the National Foster Care Institute and the Congressional Caucus on Foster Youth.
- Four youth participated in the National Youth in Transition Pilot Assessment Review in August.
- Three youth participated in a meeting regarding foster family group homes by the Missouri State Foster Care and Adoption Board and the Children's Division in August. Youth shared their perspective for an in-depth conversation about the provision of large family foster care services in Missouri.
- Several youth participated in the Family and Community Trust (FACT) Board of Directors meeting in September. A table topic dinner was held discussing two to three things that attendees thought could help improve the child welfare system and encourage community involvement. A youth panel discussion was held the following day. This was a new group in which youth had not spoken to before and the youth received a very positive response. The Family and Community Trust (FACT) is a non-profit corporation, comprised of state department heads and leaders from the corporate and civic arenas. This 19 member board provides guidance and direction to the 20 partnerships. The board meets regularly each year and most of the Community Partnerships are represented at those meetings.
- Numerous St. Louis and Northeast youth participated in an Older Youth Summit held in St. Louis in December. All of the SYAB youth from this region were involved as well as many of the local youth and youth participating in Chafee and TL services. The event was youth facilitated and a panel discussion as well as several presentations and small group discussions were held. The Older Youth Summits are an extension of the Youth Independence Interdepartmental Initiative that began in April 2010. Missouri plans to continue summits throughout the state and youth will be an integral part of these events.
- Two SYAB youth were nominated in February for the National Youth/Alumni Policy Council.
- In February, youth applied for the FosterClub All-Star internship.
- Youth were nominated for FosterClub's Outstanding Young Leaders.
- Youth have and will participate in the Aim High Fellows Program through Foster Care 2 Success.
- Missouri encourages youth to apply for the Congressional Coalition on Adoption Institute internship but it is not always known if a Missouri youth was selected.
- Youth are being sought for a video for the Crossover Youth Initiative. The video will be shared with professionals who work with older youth with the goal of improving the system.

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 SFY16.

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

The SYAB provided youth input on several different topics in SFY15:

- Members developed talking points and a brochure for Child Advocacy Day;
- Members continued to support CASA with their VISTA Grant as an advisory council. This will be a function of SYAB for the term of the grant;
- Members shared what they liked and disliked about the clothing voucher process, how it works for them, and what could be improved in written and verbal responses;
- The SYAB's thoughts were asked for inclusion for the In-Focus Continuous Quality Improvement quarterly newsletters throughout SFY15:
 - April 2014 – Voices of youth on case planning
 - July 2014 – Voices of youth on suicide prevention
 - October 2014 – Voice of youth on FosterClub All-Star by Lacy Larsen, FosterClub All-Star 2014
 - January 2015 – Voices of youth on what services in their community were helpful and what service would have been beneficial in reaching goal of permanency
- The SYAB provided input on case planning in December 2014 for the CFSR Advisory Committee; and
- The SYAB will assist with improvements to the National Youth in Transition Database. In March 2015, the survey instrument will be reviewed.

Input will continue to be provided as needed in SFY16.

In April 2015, SYAB members and youth from regional boards will participate in Child Advocacy Day. Missouri's annual Child Advocacy Day is an opportunity for parents, providers, youth, and community members to speak up and ask lawmakers to make the health, safety, and education of Missouri's children a top priority for the state. The SYAB developed talking points and will meet with legislators from their area. The youth will advocate for continued tuition and fee waiver funding. They will participate in a rally at the Capital. An educational workshop on advocacy will be provided. Lunch is hosted by the State Youth Advisory Board which allows all youth in attendance to meet one another, talk about their experiences during the day, and hear what is happening with the State Youth Advisory Board.

In SFY15, youth advocated for the ability to contract for automobile insurance. In the 2014 legislative session, HB1092 was passed which allows youth 16 and older in Children's Division custody to contract for the purposes of automobile insurance with the consent of the Children's Division or Juvenile Court. Prior to this legislation, Missouri youth under the age of 18 were not allowed to enter into a contract, such as automobile insurance, on an individual basis. The SYAB also supported the Children's Division and Missouri KidsFirst in their legislative priorities in SFY15, including increasing funding for Children's Division to address turnover and improve child abuse investigations. The youth advocated for continued tuition waiver funding which is dependent on annual appropriation. Youth were able to hear remarks from Governor Jay Nixon on the importance of youth in the State of Missouri. Sixty-two youth and adults were in attendance. Participation in Child Advocacy Day will continue in SFY16.

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

It is the philosophy of the agency that by providing this type of leadership training and national exposure that this one youth will be able to directly impact the lives of many youth within the state of Missouri. This youth will also be a trained leader in which he/she can better advocate within the system on behalf of youth in foster care. Since 2006, Missouri has sponsored an All-Star participant and will again sponsor a participant in SFY15-16. Each of these youth has and is expected to participate in CD workgroups, state agency advisory boards and various speaking engagements.

In SFY15, the All-Star selected became a peer consultant for the State Youth Advisory Board and has assisted in conference planning. She has attended every State Youth Advisory Board Meeting since September 2014. She shared her experiences and has advised the youth on workshop topics. In March 2015 she will provide workshop presentation skills training to SYAB members. She is also assisting Missouri in statewide train-the-trainer training on the Permanency Pact along with other FosterClub All-Stars in March 2015. Three sessions with 45 participants each will be provided.

In SFY15, interviews will be held and a youth will be selected to represent Missouri as a FosterClub All-Star in Seaside, Oregon for the summer. It is anticipated that participation in the FosterClub All-Star program will continue in SFY16.

Each year, in addition to the FosterClub All-Star internship, FosterClub, the national network for youth in foster care, recognizes 100 outstanding youth who have been in foster care across the nation in celebration of National Foster Care Month. The recipients were honored by FosterClub for their demonstrated resilience, leadership, accomplishments, educational achievement, and community service. In SFY15, staff and providers were encouraged to nominate youth, but as of February 2015 it is

unknown if any Missouri youth were selected for this honor. Missouri will continue to nominate youth for this honor in SFY16.

The SYAB will host an Adult and Youth Leadership and Empowerment conference in July 2015. The theme of the conference is "It's Not Over." The conference will be held over three days in Jefferson City with over 200 youth and adult slots from throughout the state. The event is planned and hosted by members of the SYAB. This biannual conference has workshops and presentations geared toward topics related to transitioning and life skills, including NYTD, Chafee, and ETV. The event will continue to be fun, educational, and allow youth to interact with other youth and supportive adults throughout the state. The five workshops presented are designed to empower and educate youth on subjects relating to their independence. The workshop topic areas include: Permanency Pact, self-esteem, boundaries, transitioning, and bullying/suicide. Additional presentations will be held such as a scavenger hunt, alumni motivational speaker, and Independence City from Foster Club. Independence City is a "life on your own" simulation game. The activity is designed to teach young people how to access community resources to help overcome obstacles they will encounter as they transition into adulthood.

Independence City is set up in a large room in the layout of a city. Arranged around the perimeter of the room are Resource Stations that represent community organizations and agencies that a youth could access. The resources are presented as a means to solve obstacles that arise in everyday life; they are available to the population and provide information necessary to handle situations. Youth get to "cash in" their "earnings" for real prizes. Informational brochures will be made available on various topics/resources.

The SYAB feels it will be a great opportunity to bring together youth and adults to share what they have in common and to empower them on leadership and self advocacy. Youth in attendance will be between the ages of 15 to 20 and youth of Native American descent were specifically asked to be considered for attendance. Department and Division Directors are invited as the opening speakers. Fun activities include a dance, carnival, and talent show.

The majority of meeting time for SFY15 has been devoted to planning for the conference.

The SYAB attempted to join with the Department of Mental Health in hosting a conference but due to funding, this was not able to happen. Initially, the Department of Mental Health had applied for grant funding to expand the transition services for youth involved with the Department of Mental Health for services. The Department of Mental Health had a transition services grant and a youth board where these services were provided. The additional funding was to expand these services to another region in the state. They were not accepted for this expansion funding and therefore, did not feel they could commit to youth assisting or the agency financially assisting with the conference. However, the Department of Mental Health is a resource if a guest speaker is needed and it is hoped that some representatives will be able to participate as key people.

The SYAB has a Facebook page. The Independent Living Coordinator manages the acceptance of friends. The page is primarily used to communicate events, seek input and to correspond outside of meetings on tasks for planned events.

The SYAB developed a strategic plan in SFY12 to direct their work after the youth conference and no changes have been made to the plan as work continues on each of the goals. This will be reevaluated in SFY16 as time allows after the conference.

They have three goals:

1. SYAB will plan and facilitate a conference for youth in summer 2015 – including developing workshops, eligibility for attendance, and seeking donations.
2. SYAB and regional boards will continue to make a difference in communities by establishing annual or bi-annual goals, maintaining consistent communication and completing a community project.
3. SYAB will be an effective, educated, and productive board by receiving training as deemed necessary, advocating, providing input, attending local advisory board meetings, and staying informed on policy updates.

Although the SYAB has grown and been stable throughout the last six years, some local regional boards struggle with implementation and development in some parts of the state and work on this issue will continue in SFY16. In an effort to understand what is happening at the local level, the State Independent Living Coordinator, who is the SYAB liaison, began attending some of the local meetings and will continue to do so in SFY16 until each region is visited.

In SFY15, the St. Louis and Kansas City local boards were visited. Both boards had structure in place and worked on meaningful topics throughout the meeting. Transportation to events is a struggle for Kansas City as youth are living distances throughout the city and members consist only of SYAB youth. The Chafee provider uses a transporter to bring youth to the meetings. In St. Louis, cab services are used to transport youth to the meetings. Both of these groups are strong in the sense that they do meet once a month and are only required to have quarterly meetings. They also have consistent and solid representatives to the SYAB. Although participation is small in Kansas City, efforts are being made to increase participation.

In SFY15, an increased effort was made to address the frequent turnover on SYAB. The Independent Living Coordinator (ILC) communicates on a regular basis with members between meetings sending personal emails to each member after each meeting as well as sending a personal note on a youth's birthday to keep youth engaged. The ILC began following up with the Chafee provider on youth who were not at the meeting and reasons for this as well as discussing with members the importance of commitment and asking the right questions related to this in the interview process. Time has also been spent discussing the need to make all youth feel welcome by other youth and seniority youth have been paired up as roommates with new attendees. The fluctuation is in part due to the nature of youth moves and other obligations, but work will continue to maintain stable board members.

As of February 2015, there are three youth with two and a half years of membership and two youth with two years of membership. For the most part, regions have remained stable but there has been one region with high turnover. With the addition of a new Older Youth Transition Specialist in this region to

locally monitor the boards in this region, it is anticipated that this issue will work itself out. Communication has already improved.

The board uses a creed to assist with conduct at meetings. The board has had minimal conduct issues but this was thought to be another step of solidifying expectations of youth leaders on the board and was modeled after 4-H.

The Children's Division will continue efforts to include Native American youth participation in leadership activities. In years past, Native American youth have primarily been in the Southwest Region of the state; however, there is now youth in every region of Native American descent. There is one youth of Native American descent on the SYAB at this time. She has been a member since September 2013. The Children's Division will continue efforts to include Native American youth participation in leadership activities in SFY16 as well as incorporate diversity of all cultures. Older Youth Transition Specialists receive a monthly listing of all youth's information and monitor these youth for referrals for Chafee services. Chafee and Transitional Living providers are asked to extend leadership activities invitations to youth as appropriate.

The SYAB will continue to provide input for programs and policies and advocate for youth in out-of-home care.

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

The SYAB will continue to be the voice of youth in care and increase their visibility and participation in communities in SFY16.

The Children's Division is always looking at ways to improve practice with older youth. The youth voice is powerful and when possible and feasible, the CD acknowledges the needs of the youth with programmatic and practice changes and will continue to do so in SFY16.

Five Domains of Well-being

With the support of Casey Family Programs, the Full Frame Initiative (FFI) and Missouri's Children's Division hosted seven Community Conversations between September and December 2014. The conversations' goals were to:

- Introduce The Full Frame Initiative's Five Domains of Well-being to staff and stakeholders, a lens which helps us understand children and families in the "full frame" of their lives, and has potential to amplify the impact of other strengths-based, trauma-informed practices and models.

- Identify opportunities and readiness for applying this wellbeing framework within Children’s Division and other agencies, organizations, and the community.
- Nurture collaboration and connection across programs, agencies, and systems.
- Signal the commitment of Children’s Division’s leadership to cross-system learning and making fundamental changes in organizational culture and practice.

These conversations contained collaboration at all levels from the participant types who attended the meeting to the overall collaboration between Casey Family programs, Children’s Division and the Full Frame Initiative. Roughly half of the participants for each Community Conversation were drawn from Children’s Division and half were from community organizations and other stakeholders in systems charged with the wellbeing of children and families (e.g., representatives from courts, behavioral health, schools, domestic violence, housing, law enforcement, juvenile justice, and more).

The day included the following:

- Introduction by Regional Director and Tim Decker, Director of Children’s Division “If you want to change your destination, sometimes you have to start from a different place”,
- Overview of the Five Domains of Well-being: social connections, mastery, access to meaningful resources, safety, and stability,
- Screening of the documentary Rich Hill,
- Discussion around the families in the film through the lens of the Five Domains with a focus on social connections and mastery, and
- FFI and Tim Decker facilitated a conversation about, “What would be possible if we were to see families involved in child welfare in the ‘full frame’ of their lives?”

During these conversations the division learned as a child welfare community, and there was a common goal to move away from compliance and into a more family solution-based approach. Across sites, people acknowledged shared language is needed to communicate effectively across systems. Children’s Division has begun and will continue to incorporate the Five Domains of Well-being approach as the foundation to the Child Welfare Practice in Missouri. Several opportunities are unfolding either in the local areas where the conversations were held or on a statewide level. For example, the redesign of the Family Centered Service model as discussed later in this document was a result of these conversations, which has a statewide impact. New training for staff is being developed and piloted in the Kansas City area due to the conversation held in the local area. The Five Domains of Well-being have also been incorporated in the Division’s strategic plan.

Child Assessment Centers

Child Assessment Centers (CACs) are a safe and neutral place where children can go to receive specialized forensic, medical, and therapeutic services necessary to investigate and respond to the effects of physical, sexual, emotional, and psychological trauma caused by abuse. Child Assessment Centers are safe and child-friendly facilities where law enforcement, prosecutors, and CD investigators

can work together to explore abuse allegations in a manner sensitive to the needs of young victims and their families. The CACs bring together highly trained forensic interviewers and child advocates with multidisciplinary team investigators. This limits trauma to the child and facilitates a more effective investigation. Child Assessment Centers also provide access to full forensic medical examinations by specially trained medical professionals and access to mental health services.

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

All CACs in Missouri are accredited by the National Children's Alliance. Child Assessment Centers go through an extensive accreditation process which requires they meet eleven areas of criteria for providing services. All CACs are reaccredited every five years.

According to data collected by Missouri KidsFirst, during SFY14, 7,612 children received full forensic services compared to 6,707 children in SFY13, and 6,409 in SFY12. The reason for the increase in total number of forensic interviews in SFY14 is not perfectly clear. However, the number of forensic interviews conducted by Child Advocacy Centers historically has increased every year. In SFY13, the Child Abuse/Neglect hotline received 61,765 reports involving 91,812 children as compared to SFY14 numbers of 68,234 reports involving 102,100 children. This breaks down to be 6,469 more reports involving 10,288 more children. The increase in these numbers would presumably account for some, if not all, of the increase in the number of forensic interviews conducted in SFY14.

The Child Assessment Centers (CACs) are members of Missouri KidsFirst. Missouri KidsFirst is a not-for-profit organization that provides advocacy and support services to Missouri's Child Advocacy Centers. Directors of each of Missouri's Regional CACs serve as the Program Board for the Missouri Network of Child Advocacy Centers under Missouri KidsFirst. The Board of Directors of Missouri KidsFirst is made up of a diverse group of professionals and leaders which include businessmen and community and civic leaders from across Missouri. The Board oversees and directs the management of Missouri KidsFirst which also includes the program Prevent Child Abuse Missouri, a Chapter of Prevent Child Abuse America, and administration of a contract creating Medical Resource Centers for training and support of Medical Professionals working with child abuse victims statewide. The Board will continue to work to address on-going issues relating to training, coordination and program development within the CAC Network. More information can be found in the Missouri KidsFirst section of this document. The CACs are very involved in facilitating the multidisciplinary team collaboration effort by conducting case reviews, assisting in the coordination of the multidisciplinary team response to child abuse and neglect in their respective regions, and providing training for multidisciplinary team members.

Program Development Specialists (PDS) and Administrators from Children's Division Central Office have continued to work with Child Advocacy Centers statewide to develop best practice models and protocols

for multi-disciplinary team (MDT) investigations. In addition, PDS have partnered with staff from the Missouri Office of Prosecutorial Services (MOPS) and CACs to offer twenty-one (21) POST-certified MDT trainings around the state during SFY14. Trainings included, but were not limited to the following general subjects: Mandated Reporting, Child Abuse/Neglect Intake and the Differential Response, Beyond Protocols, Recognizing the Symptoms of Child Abuse, Tactics in Collaboration, and Turning Data Into Information Peer-to-Peer Group: Recurrence of Child Abuse and Neglect. The Children's Division plans to continue the partnership with MOPS in 2015, and offer these or similar trainings on an ongoing basis.

In addition to the collaboration with CACs, MDTs, and MOPS, PDS from Central Office engaged with CD staff and community partners by traveling to field offices to meet with front line workers to "walk in their shoes" and offer support. This provided Central Office staff the firsthand opportunity to listen, observe, and assist staff in efforts to coordinate the investigative response with multi-disciplinary team members. In 2015, PDS plan to spend more time shadowing, observing multi-disciplinary functioning statewide, visiting child advocacy centers, meeting with directors, observing forensic interviews, and gaining feedback from front line workers with the goal of strengthening collaborative efforts and achieving better results.

Foster Care Case Management Partnerships

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

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

Though Missouri is now in the tenth year of a performance based case management contract, time continues to be set aside at the CQI meetings for quality assurance/best practice discussions. As such, invitations for the regional CQI meetings are sent to the public and private Quality Assurance (QA) and Quality Improvement (QI) Specialists.

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

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

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

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

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

In February 2009, Children's Division and contracted QA staff attended a two day training sponsored by Kids Hope United. This provided an opportunity for private and public staff to collaborate, share ideas for quality assurance and best practice, and share tools. Summits in 2013 and 2014 focused on the importance of effective messaging when relaying data and were sponsored by Casey Family Programs.

Juvenile Court Improvement Project

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

Appointed members include:

- Honorable Elizabeth Swann, Associate Circuit Judge, 11th Judicial Circuit. Judge Swann is also the liaison to the Family Court Committee.
- Honorable H. Mark Preyer, Associate Circuit Judge, 35th Judicial Circuit
- Honorable Anne-Marie Clarke, Family Court Commissioner, 22nd Judicial Circuit
- Ms. Beth Dessem, Executive Director, Missouri CASA
- Ms. Bettie Haug, Director of Child Protection/Family Court, 23rd Judicial Circuit

- Mr. Phil McIntosh, Guardian ad Litem, 2nd Judicial Circuit
- Mr. Aaron Martin, Attorney at Law, 19th Judicial Circuit
- Ms. Cindy Garrett, Deputy Court Administrator, 13th Judicial Circuit
- Mr. Robert Prue, Assistant Professor, University of Missouri-Kansas City, School of Social Work
- Mr. Dean Aye, Foster Parent
- Ms. Susan Savage, Deputy Director, Children's Division, Missouri Department of Social Services
- Ms. Teri Armistead, Legal Aspects Trainer, Children's Division, Missouri Department of Social Services

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 caseload management with development, collection and analysis of Missouri specific court performance measures and integration and utilization of this information with the data available through the AFCARS website and other sources within the Children's Division and the courts. Other data sources from CD Quality Assurance (QA) staff assist circuit court staff to identify trends and develop plans for improvement. The QA Specialists provide information to the local FCI teams.

Fostering Court Improvement was initially implemented in four judicial circuits: Circuit 13 (Boone and Callaway Counties); Circuit 22 (St. Louis City); Circuit 31 (Greene County); and Circuit 35 (Dunklin and Stoddard Counties). These circuits were among those with the highest populations of children in out-of-home placement. They received training in October 2006. Over the next several years, the project expanded to include the following nine circuits: Circuit 23 (Jefferson County), Circuit 25 (Pulaski, Maries, Phelps, and Texas Counties), Circuit 26 (Camden, Laclede, Miller, Moniteau, and Morgan Counties), Circuit 2 (Adair, Know, and Lewis Counties), Circuit 5 (Andrew and Buchanan Counties), Circuit 45 (Pike and Lincoln Counties), Circuit 19 (Cole County), Circuit 42 (Crawford, Dent, Iron, Reynolds, and Wayne counties), Circuit 11 (St. Charles County) and Circuit 12 (Audrain, Montgomery and Warren Counties). The 32nd Circuit (Cape Girardeau, Perry and Bollinger Counties) was added in January 2015. Currently, 15 of Missouri's 45 circuits participate in the FCI project.

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

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

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

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

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

The future of the FCI Project continues to grow as additional circuits continue to request to participate. Utilizing a judicial engagement project will be a way to increase participation and enhance existing locations. The goal of FCI is that every circuit will adopt these practices and it will no longer be a project but a common practice statewide.

Adoption Resource Centers

Missouri adoptive parents have had the benefit having Adoption Resource Center (ARC) services available since House Bill 11 (2007) provided funding for establishing centers in Kansas City and St. Louis. The motivation for these centers was the prevention of adoption disruption. The centers were developed to create and utilize local and regional partnerships with other agencies providing similar services to maximize the funds available and avoid duplication or gaps in services. These centers in effect served the eastern and western portions of Missouri and were staffed by Midwest Foster Care and Adoption Association in Kansas City and Foster and Adoptive Care Coalition in St. Louis. During the 2013 legislative session, funding was increased by \$150,000 to fund two new ARCs in southwest and central Missouri as well as \$300,000 to support the existing ARCs in western and eastern Missouri.

5 Year History of Service Provided by Adoption Resource Centers

Fiscal Year	Number of Families Served	Number of Children Served	Number of Adoption Disruptions Avoided
2010	2,180	3,399	258
2011	517	437	103
2012	1,425	1,390	213
2013	1,922	1,712	326
2014	1,842	3,161	624

As the ARCs expanded in SFY14, the four groups met to develop common goals for succinct reporting of outcomes to the Missouri legislature regarding efficacy of the program.

To assist with the expansion and build collaboration with the four ARCs, Children’s Division enlisted the assistance of the National Resource Center for Adoption. As a result of that assistance the four ARCs decided to meet quarterly, once per year in each of the ARC locations, with the intent of sharing the activities occurring at each of the ARCs as well as reviewing the outcome measurements established in the quarterly reporting form which captures numbers served in the following areas:

- Older Youth Support Group
- Parent Support Group
- Parents Trained
- Activities/events offered to foster/adopt families
- Planned Respite Activities
- Case based intervention
- Adoption and trauma informed training for mental health and child welfare professionals
- Crisis Intervention
- (Re)FRESH: Supporting Families with Clothing
- General recruitment

In addition to post adoption supports being provided by the Adoption Resource Centers, the Eastern and Western Centers were awarded funding in the SFY14 budget 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 include family finders as well as a private investigator who mine the records of waiting children and identify and then locate relatives and kin to be explored

for potential placement. In addition to ER, the Adoption Resource Center on the eastern side of the state is using 30 Days Family™ which focuses on family search, engagement, and placement efforts for youth entering out-of-home care.

The Children's Division anticipates additional funding will be allocated for Adoption Resource Centers in the FY16 state budget which will allow for further expansion and service to more families.

Missouri CD, as well as the ARC's, are anxiously awaiting notification of the selection of projects by the Quality Improvement Center for Adoption and Guardianship. Missouri was chosen in the first round of the selection process and awaits the next phase to be announced in May.

State Technical Assistance Team

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

STAT is supervised by the DSS Deputy Director and is available 24 hours a day to respond to requests for assistance. STAT's investigative responsibilities are considerably different than those of the CD. During CY14, STAT opened 195 investigative cases, up from 191 cases in CY13 and up from 162 cases that were active in CY12. Of the 195 cases, 69 (35%) were sexual abuse, 94 (48%) were exploitation, 13 (6.6%) were child fatality, nine (4.6%) were physical abuse, zero were neglect related and ten (5%) were listed as other. Prosecutors filed 132 felony charges on STAT investigations during 2014. It should be noted that additional felony charges may have been filed by other investigative agencies, but if STAT was not the primary investigative agency, they would not be included in these totals. In 2014, there were an additional 14 cases of sexual abuse which resulted in high technology forensic examinations. Over 24 individuals were arrested and charged with more than 100 felonies as a result of the High Technology Unit investigating the 94 exploitation cases.

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

The Missouri Child Fatality Review Program (CFRP) State Panel, consisting of members from various child protection professional disciplines, meets bi-annually to review topics of concern and identified trends and patterns of risk. The State Panel continues to recommend prevention efforts related to child deaths from same surface sleeping, unsafe bedding and abusive head trauma involving infants, among other types of child deaths. The Children's Division and STAT continue to promote safe sleep for infants with the use of brochures and materials provided by the Missouri Children's Trust Fund and the Department of Health and Senior Services. The CFRP Annual Reports from 2002 to 2013 are available for review at the following website: <http://www.dss.mo.gov/re/cfrar.htm>.

As a result of the reviews of individual child fatality cases, local CFRP panels made other specific recommendations for prevention during CY14. Some of these included adequate prenatal care during pregnancy; appropriate safe sleep arrangements for infants; traffic safety, proper restraints and following traffic laws; appropriate parenting techniques and adequate supervision of young children; suicide prevention; firearm safety; when to seek medical care; fire safety; never leave a child alone or unattended in or around a vehicle; signs of child abuse and when to report; water safety; outdoor weather safety; ATV and bike safety; farm equipment safety; illegal drugs and prescription abuse; recognition of mental health concerns; and road signage and maintenance.

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

Missouri Prevention Partners

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

Goals for this group are:

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

The agencies involved in the Missouri Prevention Partners include: Department of Social Services, Department of Health and Senior Services, Department of Mental Health, Department of Corrections,

Department of Public Safety, Children's Trust Fund, Kids Hope United, Practical Parenting Partnership, Head Start State Collaboration Project, ParentLink, Missouri Juvenile Justice Association, State Technical Assistance Team, and Missouri KidsFirst.

Head Start

During FY13 the Missouri Department of Social Services, Missouri Head Start State Collaboration Office, and the Missouri Head Start Association came together to develop a Memorandum of Agreement (MOA). The MOA presents a framework for the local Children's Division offices and Head Start agencies to work together to develop local collaboration plans. For the MOA, Head Start includes both Early Head Start and Head Start.

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

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

Missouri's Community Partnerships

Each of Missouri's twenty partnerships is governed by their own broad-based, representative board and they are all non-profit corporations. With the exception of some of the most rural counties in Missouri, the Community Partnerships make an effort to provide services to all of the counties in the state. The most concentrated service delivery area would be in those counties in closest proximity to their base county. The well being of Missouri's families and children is at the heart of every initiative on which the network of private/public partnerships focus.

The Family and Community Trust (FACT), also a non-profit corporation, is comprised of state department heads and leaders from the corporate and civic arenas. This 19 member board provides guidance and direction to the 20 partnerships. The board meets regularly each year and most of the Community Partnerships are represented at those meetings. The FACT web site is www.mofact.org.

The ability to address each community's unique needs is greatly enhanced by the large source of local volunteerism. During this fiscal year the partnerships have generated over 250,000 hours of volunteer service to their respective communities. In addition to the many service hours generated by the partnerships, they leveraged over \$7 for every \$1 of state funding provided them in FY14. They continue to be a good return on investment.

The main focus of the Community Partnerships is the wellbeing of Missouri's children and families. The prevention of maltreatment of children and the safety of families are paramount within the Missouri Community Partnership initiatives. The Mississippi County Community Interagency Council in East Prairie has served Mississippi County for 16 years. This Community Partnership conducts an Anti-Child Abuse and Neglect Campaign. The Mississippi County Community Interagency Council, along with local partners, works to address the concerns around child abuse and neglect. Over the past several years, Mississippi County has seen a drop in families participating in the foster parent program. Local school administration, Children's Division and the Community Partnership along with the local Baptist Association have partnered to address this issue. A large media outreach has been the first goal of this group along with providing foster parent training classes locally.

The Pettis County Community Partnership is the Community Partnership providing services to Pettis, Morgan and Benton counties. On an average day within this service area, around 100-120 people are unsheltered homeless. Those that are unsheltered reside on the streets, under bridges, in cars, in storage units or in other unsafe areas. One-third of this group of individuals is children. In order to assist these families and children, the Pettis County Community Partnership has the Putting Roofs Over People (PROP) initiative. Pettis County Community Partnership was awarded state and federal funding to provide rent, mortgage and utility assistance to Morgan, Benton and Pettis County residents. From November 1, 2013 to November 1, 2014, the Pettis County Community Partnership had over 20,640 clients request services, with 920+ households served (nearly 600 unduplicated households). These families/individuals were assisted with rent/deposits, mortgage payments, utility payments, transportation, food, books and materials, paper products, diapers, dishes and counseling.

The Community Partnership of the Ozarks, Inc. located in Springfield has worked with partners and agencies in the Springfield area to address the lack of decent affordable housing for Springfield residents. The link between safe, decent housing and an individual's well-being demonstrates the role housing plays in influencing the lives and life chances of children and families. Research indicates children with residential stability demonstrate better academic and social outcomes, such as vocabulary skills, positive behaviors, grade retention, lower high school dropout rates, and higher educational attainment than their residentially unstable peers. Together with the City of Springfield and the Community Partnership's vision, a Community Housing Center was established. The Community Housing Center accommodates multiple housing and homeless prevention service provider

representatives and provides a centralized access point for available affordable housing units. The Community Housing Center houses eight key partners which makes it possible for services to be provided on site. Over the last year, the Springfield Affordable Housing Center received over 15,000 phone calls for assistance. The Springfield Community Land Trust has sold 10 homes and has leased 11 more at an affordable rental rate. Through the One Door Crisis Shelter, 132 families have received hotel/motel assistance.

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

CFSR Advisory Committee

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

The responsibilities of the CFSR Advisory Committee are as follows:

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

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

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

During recent quarterly meetings, the committee has been encouraged to expand their role as an advisory body. While there will continue to be opportunities to educate the committee on child welfare

issues, the Division appreciates the wealth of knowledge available from the members of this group. The committee has been asked for input on a variety of topics, including strategies to improve parent involvement, assessing the state's quality assurance system, discussing the state's strengths and challenges in meeting ICWA requirements, and providing input on the function of the case review system.

Missouri KidsFirst

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

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

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

Missouri KidsFirst contracts with medical resource centers to provide training and support to medical professionals working with children who are suspected victims of child maltreatment. Missouri Child Advocacy Center's provide access to qualified trained SAFE-CARE providers. Quality SAFE-CARE evaluations are an integral part of the response to child maltreatment. The primary objective of the SAFE-CARE Network is to provide comprehensive, state-of-the-art medical evaluations to alleged child victims in their own communities. The Network includes medical professionals from a wide range of experience, from urban to rural, small private practice to large children's hospitals. Each plays a valuable role in providing a coordinated multidisciplinary response to child maltreatment in Missouri.

Supervision Advisory Committee

The Division continues to receive recommendations from the Supervision Advisory Committee (SAC). The SAC consists of twelve supervisors representing all regions of the Missouri Children's Division. Additionally serving on the committee are the Children's Division Quality Improvement Unit Manager, Training Manager, CFSR State Lead and a University School of Social Work faculty member. The membership and activities of the SAC are conducted in accordance with the group's Charter. The agency provides support to ensure the implementation of the SAC's strategic plan. The SAC provides formal recommendations to the Director following each quarterly meeting in an effort to influence Children's Division leadership in moving forward the agenda of continually improving supervision in the state of Missouri.

During 2014, the SAC reviewed their strategic plan, which had been in place for five years, 2009-2014, and determined that most goals and objectives had been achieved or if not met, then needed to be refreshed with new strategies developed. The SAC discussed and reviewed their interests, priorities and the continuing work to be done from the previous strategic plan. A new strategic plan, more short-term, with goals to be achieved within two years, was developed.

The SAC strategic plan continues to include the goal of improving communication at the Children's Division. The group has always advocated for information to be provided to supervisors in a timely manner before releasing the information to staff. In 2014, a new process was developed to communicate, via Adobe Connect or conference call, with supervisors, specialists and managers about upcoming program and policy changes. The intent is to provide awareness, solicit feedback and answer questions. These calls also give supervisors early notification prior to implementation.

There are also intentional efforts to resolve communication issues between Children's Division inter-departmental partners, such as Family Support Division and other departments, with whom Children's Division is actively engaged, such as Department of Mental Health.

SAC continues to be an advocate for the review process and the use of the data within case consultations. The current committee members are supportive of a standardized caseload analysis tool, universal case review process, and enhanced supervisor education and communication of how to use data effectively and where to find useful, relevant data. The strategic plan reflects activities in which the committee members can integrate themselves into workgroups tasked with making improvements in these aforementioned areas.

The SAC strategic plan identifies goals to enhance supervisory-specific skills, increase leadership and peer networking opportunities and create career ladder for supervisors. Professional development within the Children's Division become de-centralized in 2015, with the intent that management at the regional level will allow development of skills to be targeted to the unique workforce needs of that region. SAC's involvement in the restructure of the regionalization of professional development has been utilized through ongoing updates and feedback on this process.

There are upcoming efforts in 2015 to increase leadership development of supervisors through the National Child Welfare Institute's Leadership Academy for Supervisors. The first cohort of supervisors will begin in July 2015 and include approximately 38 participants. With this leadership development comes peer learning sessions and coaching provided by middle managers and quality assurance and quality improvement specialist. The SAC will be integral in providing feedback during the initial roll-out, which will be obtained through discussions at committee meeting, and on-going efforts to sustain this project, through inclusion of SAC members in advisory/workgroup membership.

Career Ladder for front-line staff, specific to Children's Service Workers, has been a recent achievement in 2014 for the Children's Division. It is this precedence that is now established for the Supervision Advisory Committee to promote and advocate for supervisors to have a career ladder track. Much work needs to occur, beginning with research to gather data and information to begin to define priorities within this goal. This SAC goal is in the initial phases of development and is in tangent with another goal within the strategic plan of having PERforM evaluations and Employee Development Plans that are objective, based on child welfare practitioner competencies, and have measurable outcomes. It will be these evaluations and plans that any career progression must be based on.

For the 2015 PERforM evaluation year, new objectives were created across job classifications, including Children's Service Workers, Specialist, and Supervisors, with future intent to complete more objectives for other job classifications, including Program Managers, Circuit Managers, Field Support Managers, and Administrative Office Support Assistants within 2015. SAC was solicited for feedback throughout the process: initially input was sought on the proposed objectives; during implementation of these new objectives SAC feedback was requested; and after implementation feedback for improvement was requested from all supervisors, specialists and management through the process of the policy and practice conference call.

Increasing recruitment and retention of employees is another on-going priority of the Supervision Advisory Committee. Within the strategic plan there are efforts identified in which supervisors can participate in regular, on-going tasks at their local level, such as outreach and presentations in the community at colleges and job fairs. There are also more systemic activities identified by the SAC, which are in the initial phase of exploration and research such as enhancement of hiring processes and personality testing. Other activities involve engagement and coordination with the Children's Division's newly created Management Analysis Specialist II position dedicated to recruitment and retention efforts. The SAC members will have their first report and chance to engage with this person in the May 2015 SAC meeting. The Management Analysis Specialist will bring important data and information to the SAC, such as turnover rates, demographic information on degree background, location, and years of experience, so that they will be well-informed as they develop strategies to increase retention and enhance recruitment efforts.

Other SAC strategic plan items that are of importance, however, only in initial phases of exploration and gathering of data and information include: determining service gaps and service array needs and communicating and partnering with community to address these needs; and determining how to utilize Division of Legal Services effectively to increase timeliness to permanency for children and families. The

SAC is aware these are statewide, systemic issues and wants to offer specific and unique strategies in which supervisors can contribute and make a positive impact.

Regional Collaborations

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

Northern Region:

- All 23 circuits in the Northern Region are expected to provide and work with schools on mandated reporting for child abuse/neglect reporting. The trainings are typically provided before the school year to ensure all schools are aware of reporting and signs of abuse and neglect.
- Adopt a Children’s Division Worker (ACDW) has been implemented in two circuits in the northwest. This consists of churches being matched with FCS and CAN workers to provide support to families, including material items, as well as skill based support to include: mentoring, job preparation skills, tutoring, organization, cleaning assistance, etc. The goal of the program is to support prevention of abuse/neglect by creating supports for families where none or little exists, and by also providing basic necessities families need. Two examples of recent support provided by this program include: churches arranging and providing a taxi service for a child to attend an after school program and a retired school teacher providing mentoring to parents and tutoring to a child. Both these cases are high risk, Family Centered Services cases.
- Two Circuits are working with local churches and community organizations to provide Strengthening Families, a skill based intervention program for the entire family. The local churches and community “wrap around” the program to ensure no barriers are present and that the family has a positive experience. Childcare, meals, and transportation are provided. “Table hosts” will be present during meal time to sit with families and at a minimum, provide modeling and healthy conversation. The hope is through these relationships, more informal supports can be developed for the families. The main components of the curriculum are: Nurturing, Improving Communication, and Boundary Setting. The vision is in five years to see faith partners and community agencies providing this evidence based intervention program to families. Currently the involvement for this includes a few Children’s Division staff from each office, several local faith partners, a few non-for-profit agencies, and the local Juvenile Offices.
- Bright Futures works with the Mexico Public School in Audrain County to identify needs of the youth who attend the school and connect them with local resources. The thought is when a community invests in the youth and meets their needs, they can focus on education. In return the results will be higher self-worth, staying in school, achieving a higher education, and being successful. The group meets monthly over lunch. In attendance at the meeting is the principal, school counselor, numerous faith based community partners, Juvenile Officer, Children’s Division, and a youth from the school (high school level).

- The 14th Circuit Children’s Division is collaborating with the City of Moberly and the Moberly Police Department. The City has obtained grants to purchase buckets full of cleaning supplies for families. The buckets contain anything from trash bags and laundry detergent to lice removal kits. This is a program the City plans to continue and the local office is excited to work with them on it.
- The 13th Circuit Children’s Division has been working with the Child Advocacy Center, Rainbow House, in Columbia for the past two years to develop a protocol on how to address, investigate, and provide services to children who have been Commercially Sexually Exploited. The core group working on a protocol has been the Circuit Manager, Central Office program specialist, the Rainbow House, Boone County Sheriff’s Department, Columbia Police Department representative, an emergency room SAFE nurse from University of Missouri, and at times a representative from True North Domestic Violence Shelter, as well as the Juvenile Office. A memorandum of understanding was signed by each discipline. The group has developed a protocol for the community and how to pull the multi-disciplinary team together in the case of human trafficking. Since the protocol has been developed, trainings in the community have occurred to educate the different disciplines about human trafficking and the protocol.

Jackson County:

- Jackson County is fortunate to have workers co-located with several community partners to support wellbeing and decrease the need for foster care in the community. Jackson County has memorandums of agreement with five municipal jurisdictions to have workers co-located at a local law enforcement station. There are two workers located with Kansas City, Independence and Grandview law enforcement agencies and one worker co-located with Blue Springs, Lee’s Summit and Sugar Creek police departments. For nearly three years, one or two specialists work from an office within The Children’s Place, a therapeutic day treatment child care center and for nearly two years, there has been a Children’s Division specialist co-located within the Social Work Department at Children’s Mercy Hospital. The presence at The Children’s Place amplifies treatment coordination and seamless service delivery, and an office at Children’s Mercy Hospital augments health and safety planning collaboration and supports discharge planning for children in families who may be involved with the agency and extraordinary medical needs. In addition, Jackson County has collaborative efforts with workers on site as needed at one of the state’s largest child care centers, Operation Breakthrough and Amethyst Place, a transitional housing program for families facing issues of recovery in substance abuse. Finally, Synergy Youth Resiliency Center provides space 3-4 times a year at no cost to the county for adoption recruitment/ family funfest activities, providing a natural festive arts and recreation venue for children and families to get to know each other and make a possible permanent connection.
- In the past three years, Jackson County’s collaborative efforts alongside the faith community have blossomed. A terrific partnership with Global Orphan Project in Kansas City via Tate Williams has provided a ministry connection to several local congregations for a variety of services that support positive wellbeing: King’s Church provides new toys and books for teams

to give to children entering care to help reduce trauma; the downtown campus of the Church of Resurrection provides meeting space once a month at no charge for Permanency Planning Review Team (PPRT) meetings and the congregation coordinates the community partner (third party) attendance for these meetings. Congregations volunteer to provide snacks and drinks for adoption recruitment/family funfest activities and each spring, there is coordination by a local church for prom dress boutique which provides prom dresses at no cost to youth in care. Several congregations called out to their congregations to develop or support new foster and adoptive parents. Jackson County is fortunate to be a launch county in Missouri for the Care Portal, which is an on line request system that connects state workers with congregations who may be able to fulfill needs of a family - such as concrete goods.

Southwest Region:

- The 40th Circuit currently engages with the Friends of Newton/McDonald Counties to increase the health and wellbeing of children and families. Friends provides monetary assistance for preventative services (gas vouchers, prescription assistance, utility assistance, furniture, etc) as well as assists with the wellbeing of children in foster care by sponsoring school supply drives, toy drives, and the foster kids Christmas parties. Friends has enabled foster children to attend camps, Boys State, and proms/dances they may not have been able to attend without this assistance.
- Dade County has a monthly meeting – County Connections – which includes individuals from Health Department, Work Force Development, Emergency Management, Ministerial Alliance, OACAC, Conservation Department, CD, schools, County Commissioners, BARCEDA Families, Community Partnership, and other individuals who have an interest in service to the community. The group has been involved in Drug-Take Back programs, school back pack weekend food projects, domestic violence prevention, child abuse/neglect prevention discussions, foster parent recruitment opportunities and other activities.
- In the 31st Circuit, the Child Abuse and Neglect Collaborative began meeting in January 2013. Five sub-committees were created to focus on supporting children in child welfare, family support, marketing, bringing in the faith community, and mental health issues. Membership includes representatives from many areas including: mental health, schools, child advocacy, BACA, childcare, victim’s services, health/medical services, and public and private child welfare agencies. The Child Abuse and Neglect Collaborative has created six priorities with 19 tasks:
 - Priority # 1: Prevent Child Abuse and Neglect
 - Priority # 2: Develop a state of the art child welfare system in Greene County, ensuring all children, families, and caseworkers will have the necessary resources and services needed for successful outcomes
 - Priority # 3: All abused children will be reported into the system
 - Priority # 4: Enhance the competencies of child protection professionals called on to investigate and repair families damaged by abuse

- Priority # 5: Springfield and Greene County will have a quality understanding of child abuse and neglect and will know how to respond to the needs of the community. (This is a modified goal from the State Task Force on Preventing Child Sexual Abuse)
 - Priority # 6: All businesses, civic, and faith-based organizations in Greene County that work with children will be prepared to prevent and respond to child abuse and neglect
- The 27th Circuit Children’s Division has developed a strong relationship and works collaboratively with the 27th Circuit Juvenile Office. The 27th Circuit Juvenile Officers are involved with open investigations when necessary, attend Family Support Team meetings on Family Centered Service families, attend home visits with Children’s Division staff, etc. The 27th Circuit holds monthly court staffings between the Juvenile Office, GAL and CD staff for all three counties to better prepare for each month’s juvenile court hearings. Normally, these court staffings are held the Monday prior to the scheduled Juvenile Law Day. These court staffings allow for CD, the Juvenile Office and GALs to review the CD’s court reports and discuss if further information will be needed for the Juvenile Court Hearing. The 27th Circuit CD and JO managers also meet every other month to discuss upcoming statute and practice changes for each agency and how those changes will affect the circuit.
- The 27th Circuit, through the Community Organization for Drug Elimination (CODE), has partnered with Pathways (mental health administrative agent), law enforcement, schools, local attorneys, faith based community members, and other community members to develop prevention awareness activities. The team is dedicated to promoting safe, drug-free and healthy lifestyles for the youth and adults of Henry County. The team has been involved with the Henry County schools and community for several years and support activities such as Red Ribbon Week and Henry County Sheriff’s Office Drug Take Back boxes.
- Bright Futures of Clinton - Since September 2014, the Clinton Community has partnered with other Bright Future Initiatives to be able to provide for children’s needs in the Clinton School District. Bright Futures is a grassroots-type effort made up of all community groups (business, churches, parents, civic and human services groups) who come together sharing their time, talent and/or treasure to support Clinton school children. The goal is to meet needs that may go unmet, and to also provide mentoring and other programs and efforts to help nurture local children into the thriving, successful, contributing adults the community knows they can be. Children who are hungry, cold, tired, humiliated, etc. cannot learn and succeed. It is the goal of Bright Futures Clinton to combat these barriers to success by forming relationships, connecting, and working together. Currently, CD has a staff serving on the Advisory Board. Examples of their projects including the following: community book drive, Monday with Mom, Back to School Fair, mentoring program, adopt a class/school, meeting individual students’ needs, etc.
- Fostering Hope, in the 29th Circuit, is a faith-based, nonprofit organization founded to provide support to children in foster care, raise awareness of child abuse and neglect, recruit and support foster families, and support CD staff. Fostering Hope is primarily made up of foster parents but they have a wide network of faith and non-faith-based connections which contribute to their overall mission. Within the last few months, they opened The Caring Closet,

where foster children can go to get clothes and some other needs met, above and beyond what the state can and does provide. They also partnered with CD to hold a community child abuse prevention and awareness event. Also, they are important partners in holding foster parent appreciation dinner and employee recognition events. Fostering Hope helps agency staff connect children's needs with actual goods and services the youth need, which many times cannot be met in any other manner.

Southeast Region:

- In the 33rd Circuit, the Area Resource Council meets monthly to discuss new and existing resources. Participants include Probation and Parole, Division of Youth Services, Department of Health and Senior Services, SEMO Council on Aging, Health Department, ministers, Mission MO (drug rehab program), SEMO Food Bank, directors from area nursing homes, Bootheel Counseling, Experience Works, MO Career Center, Mississippi County Caring Committee, New Madrid Family Resource Center, Family Assistance Specialist with the National Guard, Catholic Charities, Red Cross, representative with Hospice, and people working with those who have been incarcerated.
- We Can Be Drug Free Coalition, 36th Circuit – This group meets monthly with various community partners including Probation and Parole, schools, Department of Mental Health, Family Counseling Center and Southeast Behavioral Health. Their goal is to lower the incidence of drug and alcohol use and abuse in their young population. Activities include putting up billboard and yard signs, and promoting responsible beverage service.
- Meetings are held quarterly in Dunklin County with all area school superintendents, Juvenile Office, the juvenile judge, and CD supervisor and Circuit manager. Various topics are discussed including mandated reporters, SAFE exams and the procedure, legislation and how all agencies can work more closely together.
- The 37th has a strong working partnership with the Oregon County faith based group. The group arranges for a monthly food distribution. The group tries to reach out to families who are working and do not qualify for the SNAP program. Churches donate money and food is purchased at area food harvest centers. Church workers transport, package and distribute the food. The faith based group is working to reestablish the soup kitchen on a monthly basis. In addition, the group loans DVDs of The parenting Skills Program 123 Magic to families and discusses them with parents in individual parenting need. The group is looking into the feasibility of establishing a homeless shelter for families in the area. They have a site donated. On an ongoing basis, the Division will contact the employee who is involved with the faith based group to let the group know of specific needs of families, such as furniture and bedding.
- Pemiscot County has the worst outcome data for adult and child health, infant mortality, socioeconomic status, etc., in the state. As such, the local hospital, Pemiscot County Memorial Health Systems, sponsors a monthly meeting of community partners (law enforcement, CD, hospital staff, school staff, community resource providers, city government staff, etc.). Discussions are about how to improve the community and to learn about different community

resources that are available. Out of this meeting has grown the Grants Meeting which is a smaller group of community representatives who have just begun looking into writing grants for needs identified by various disciplines at the meetings.

- The Delta Area Economic Opportunity Corporation (DAEOC) is based in New Madrid County. DAEOC is a community action agency which serves the six counties which comprise the Bootheel. They offer the Headstart, Early Head Start, and MIECHV programs. CD has had a great working relationship with DAEOC for many years. Headstart and Early Head Start has a Policy Council Board which includes parents from each Headstart and Early Head Start facility in the program area. Bylaws state that there are two community representatives present at each Policy Council Board meeting. The 34th Circuit Manager served as a community representative for a three year term and now the CD supervisor is finishing her first year as a community representative. The Division is able to find out information at these meetings which is relative to CD staff and the families and children served.

St Louis Region:

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

children ages 0–8 and allows them to thrive in safe, supportive environments and enter school with the social, emotional, cognitive, and physical skills they need to succeed. Through education and awareness efforts, Missouri Project LAUNCH is charged with connecting and strengthening the supports for parents, pediatricians, educators, social service agencies and child care providers so that children ages 0–8 can thrive in safe, supportive environments and enter school with the social, emotional, cognitive, and physical skills they need to succeed. This program is specific to limited zip codes within St. Louis City.

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

ASSESSMENT OF PERFORMANCE

In 2015, the Children’s Division made the determination that a universal case review tool was needed, instead of separate tools for various purposes. At this time, the Quality Improvement/ Quality Assurance units are involved in preliminary planning meetings to decide on the overall outline of the case review questions. Currently, the QA/QI units have reviewed and discussed the utilization of the case review questions from the CFSR On-Site Review Instrument (OSRI). The Division is considering maintaining the categorization of each group of questions in the domains of safety, permanency or well-

being as they are currently presented on the OSRI. The purpose of the tool is to meet standards for agency best practice as well as federal and SACWIS compliance standards. Moreover, the development of an online, consistent case review process for use by all agency staff members who participate in the case review process is top priority.

The QA/QI teams will meet in September 2015 and split into work groups to focus on assessing the current case review questions as it relates to best practice standards, safety, trauma and five domains of well-being. Each team will begin developing a plan to restructure the case review questions with the consideration of each focal point mentioned above. Each team will be requested to consult with a Program Development Specialist or other individual who is knowledgeable in the category which they have been assigned. The teams will provide a summary of recommended changes to the Q teams and all teams will work together to finalize the review questions based on the feedback from each group. The teams will also discuss the development of interview questions to incorporate during the case review process as well as discuss case review test sites to utilize the tool and provide feedback to the Q team regarding functionality and ease of use. The Q team will follow up with making needed changes to the case review tool and developing a plan to integrate the case review tool into the FACES electronic, online system.

It is anticipated the Q teams will have developed a high level design plan for the case review tool by January 2016. At that time, staff will begin preparing a PAQ for contractors to bid on incorporating the tool into the FACES system.

The revised tool should capture data for all of Items 1 – 18, as well as Items 20, 23, and 24.

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

The Maltreatment in Foster Care federal data indicator shows an observed performance of 1.41 victimizations per 100,000 days in foster care. Although this increases to 2.10 with the risk adjustment, Missouri is well below the national standard of 8.04 or less.

Item 1: Timeliness of initiating investigations of reports of child maltreatment

The Safety Data Profile dated April 18, 2014, indicates the average time to investigation is 24.8 hours for FFY13. The State records the date of the first actual face-to-face contact with an alleged victim as the start date of the investigation. Therefore, the response time indicated is based on the time from the log-in of the call to the time of the first actual face-to-face contact with the victim for all report and response types, recorded in hours. State policy allows multidisciplinary team members to make the initial face-to-face contact for safety assurance. The multidisciplinary teams include law enforcement, local public school liaisons, juvenile officers, juvenile court officials, or other service agencies. CPS staff will contact the multidisciplinary person if appropriate to help with assuring safety. Once safety is assured the multidisciplinary person such as law enforcement official will contact the worker assigned. The worker is then required to follow up with the family and see all household children within 72 hours. Data provided for 2013 includes contacts made by multidisciplinary team members.

In Round 2 of the CFSR, Missouri entered into a PIP for Timeliness of Investigations with a negotiated improvement goal of 83.5%. Missouri was determined to have met the goal for Item 1 with the submission of the May 2012 data. The State continues to meet and exceed this goal. The most recent PERforM report shows 87% of all reports from January - December 2014 were initiated in a timely manner. Data for this report is pulled from the SACWIS system and is used in the field for circuit improvement planning and monitoring of worker performance. Reliability issues were addressed when the report was initially developed in 2011. Data from the PERforM report is now generally considered accurate and reliable.

The Division continues to encounter challenges in timely initial contact due to legislation passed in 2012. The law prohibits Children's Division from calling prior to a home visit or leaving a business card or other documentation when responding to or investigating a child abuse or neglect report if:

- No person is present in the home,
- The alleged perpetrator resides in the home and the child's safety may be compromised if the alleged perpetrator becomes aware of the attempted visit,
- The alleged perpetrator will be alerted regarding the attempted visit, or
- The family has a history of domestic violence or fleeing the community

There are many times when a Children's Service Worker will attempt to make contact, but no one is home. Without the ability to let the family know we would like to speak to them, the worker must go back out to the home, possibly during a time not conducive to the family. This law has a significant impact on CD's ability to make timely contact. The Division plans to propose legislation for the 2016 legislative session to provide improved language for this statute.

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

The State of Missouri has several preventive service programs to help prevent children's removal from their homes by providing the family with services to ensure the child's safety while in the home. One of the program areas is Family Centered Services. According to the 2014 Child Welfare Outcome report, of the number of families served in the program (10,241), only 1.73% had a substantiated report within the same time period. The FCS program provides different types of services to intact families and is discussed in the Service Description, Promoting Safe and Stable Families section of this document. Furthermore, Missouri offers Intensive in-home services for families with children at risk of being removed from the home. Of the total families served by IIS (1,918) zero percent had a substantiated report within three months of exiting the program.

The Missouri Child Welfare Outcomes Report also reflects the State's positive performance in preventing the recurrence of maltreatment. In SFY14, 4.20% of children with a substantiated report of abuse or neglect had a prior substantiated report within six months. This includes children experiencing an investigation or an assessment, regardless of conclusion, prior to the substantiated event.

The Recurrence of Maltreatment federal data indicator is currently not available due to a data quality issue. This issue has been resolved, and the NCANDS data was re-submitted in April 2015. Internal data reviewed shows of the children reunified in FY14, only .67% experienced a substantiated report within three months of returning home.

Item 2: Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care

The question of whether concerted efforts were made to provide or arrange for appropriate services for the family, to protect the child(ren), and prevent their entry into foster care was asked in a Best Practice Review (BPR) of 3,090 intake cases during 2014. Agency reviewers found in 91% of the applicable reviews concerted efforts were made. Re-entry cases were not excluded from this review; however, they were not separated out as a subset. For more information regarding the process of BPRs, see the Quality Assurance System section.

In CY14, the Division began the process of completely revamping the Family-Centered Services model for working with intact families. Part of this initiative includes thoroughly assessing the family, identifying services to meet their needs, preventing future maltreatment and preventing entry into foster care. For more information about the development of a new model, please see the Promoting Safe and Stable Families, Family Support Services section of this document.

Item 3: Risk and safety assessment and management

Missouri is required to assess safety and reduce risk of harm to children in their homes and while in foster care. During child abuse and neglect investigations and assessments, a chief investigator is required to assure safety with the worker by reviewing the case file, conferencing with the worker and reviewing the safety plan. Missouri monitors this information through performance measures. During 2014, Missouri was at 82% of investigations and assessments during the same time period being documented as having been reviewed in the FACES system.

Risk and safety assessments are conducted throughout the life of a case. Best Practice Review (BPR) results for intact families show that initial safety assessments were completed in 90% of the cases reviewed during 2014. Ongoing safety assessments (every 90 days) were completed in 61% of the cases reviewed. At this time, the Division does not conduct interviews with workers as part of the BPR process. When interviews are conducted in future reviews, it may be determined safety assessments are occurring more frequently on an informal basis. Until such time, regional QI Specialists can target this area on local improvement plans.

One intervention of the Children's Division Five-Year Plan 2015-2019 is to create a more skilled workforce. An identified activity to accomplish this is to provide comprehensive investigative training. Funding has been provided through a budgetary increase to support this intervention. The Children's Division has contracted with Missouri KidsFirst to provide Gunderson National Child Protection and Training Center *ChildFirst* curriculum to all investigation and supervisory staff. Division staff will receive this training in CY15.

In October 2014, in partnership with Casey Family Programs, a select group of managers from across the state were trained on Signs of Safety. This is a child protection framework built upon solution-focused therapy which stresses the importance of relationships, critical thinking, and workers as change agents. This framework is similar to the Framework for Safety currently being utilized by Children's Division staff however the Signs of Safety approach is simple and stresses getting the answers to three important questions:

- What are we worried about?
- What is working well?
- What needs to happen?

After being given an overview of Signs of Safety, the management group discussed structural considerations, training, and organizational commitment. The Division is currently in the exploration phase of piloting Signs of Safety in Jackson County. If the pilot is successful, the Division will consider statewide implementation of the practice model. Signs of Safety provides a framework for continuous focus on the reasons the Division became involved and on assessment of safety throughout the life of a case. Signs of Safety also emphasizes building families' natural support systems. By piloting Signs of Safety, the Division believes there will be a reduction in repeat maltreatment rates, a reduction in the amount of time children spend in care, and a reduction in re-entry rates compared to non-pilot sites.

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

Missouri evaluated several aspects including prevention of foster care reentry, placement stability, timely and appropriate permanency goals, and timely and appropriate termination of parental rights hearings for this outcome measure. Missouri reviewed the concerted efforts required to meet permanency goals as well as requirements for youth with goals of Another Planned Permanent Living Arrangement. In regards to reentry, Missouri meets the National standard as described below.

Placement Stability continues to be a struggle for the state of Missouri. Missouri has the ability to monitor placement stability in both the Results Oriented Management (ROM) System and the Children's Division Outcomes Report. In 2015, Missouri will have the new federal data indicators in ROM to further analyze this data.

In an effort to develop foster homes that meet the needs of the children in care, each Circuit Manager will develop, implement and maintain a year round written recruitment plan as well as develop printed and other informational materials and tools, with approval from the Department of Social Services (DSS) Communications. All local staff and contiguous counties should know the plan.

In Missouri, the Family Support Team Meeting (FST) is the practice used to engage families in making key decisions and goals to achieve improved outcomes. Outcomes can include assured safety, decreased risk, service provision, reunification and permanency. This practice applies to both intact families and families with children in foster care. Family Support Team Meetings can be difficult to conduct and Missouri has been focusing intently on improving family engagement in this process.

There is a possibility there could be other models and practices which would aid in increasing family engagement, improving outcomes and be a more effective tool for workers to utilize. Other evidence informed meetings to be explored and compared include Family Group Conferencing, Team Decision Making and Permanency Roundtables.

These models will be explored and compared to the current Family Support Team practice to see if implementation of a different practice would be beneficial to the families served. There is a workgroup which previously worked on improving Written Service Agreements (WSA); this group will be reconvened to further explore the team meeting process and the potential for changes. This group, which includes workers, supervisors and policy/program staff, is an excellent venue to explore and discuss the possibility of change in the area of meetings for the future.

Following is the performance on the federal data permanency indicators (with risk adjustment) as of October 2014:

- Permanency in 12 months for children entering foster care – 35.7% (National Standard not met)
- Permanency in 12 months for children in care 12-23 months – 44.2% (National Standard met)
- Permanency in 12 months for children in care 24 months or more – 29.8% (National Standard met)
- Re-entry in 12 months – 7.5% (National Standard met)
- Placement Stability – 4.71 moves per 1,000 days in care (National Standard not met)

Following each Item below is applicable case review data.

Item 4: Stability of foster care placement

Family Support Team (FST) meetings are required by policy prior to a placement change, or within 72 hours in the case of an emergency move. Best Practice Reviews of 431 applicable cases in 2014 indicate the FSTs were held in 43% of the cases.

As a result of the Round Two CFSR, the Division developed a workgroup to develop strategies to increase placement stability. According to Outcome Measure 13a from the Child Welfare Outcomes Report, the percentage of children with two or fewer placements in the last three years, in care less than 12 months, has remained relatively stable with 82.17% in SFY10, 83.18% in SFY11, 82.60% in SFY12, 81.84% in SFY13 and 80.64% in SFY14. Case review results and AFCARS composite data indicate outcomes have remained fairly stable from 2010 to 2014. Some of the strategies that were explored and/or implemented by the placement stability workgroup and the sub-committees included expanded utilization of IIS Consultation. Currently, the Intensive In-Home Services (IIS) contract has language which allows the contractors to provide consultation services to high-risk families not enrolled in Intensive In-home Services. A Practice Point was posted for staff to encourage the use of this consultation. The IIS specialists can provide additional support to resource providers and family support team members during times of placement instability by attending team meetings and/or providing strategies to help families.

Missouri recognizes the rate of placement change FSTs remain low, despite efforts since Round Two CFSR, and has a direct impact on best practice. As a result, Missouri has committed to refining the Family Support Team policy to require more frequent FST meetings, as well as adherence to the current policy requiring these FST meetings occur prior to a placement change or following an emergency move. Additionally, Missouri has committed to a statewide roll out of Team Decision Making (TDM). The focus of TDM is to have a meeting at every placement or placement change. It is believed through these two efforts, improvement in cases reviewed will be seen.

Item 5: Permanency goal for child

To ensure timely establishment of permanency goals and timely concerted efforts, Missouri implemented a Performance Outcome Measure based on the frequency of PPRT's, shortly after the last CFSR review. Missouri is currently at 90% of children in foster care having timely PPRT meetings. Concerted efforts are also measured by case reviews. Of 876 cases reviewed in 2014, 92% indicated concerted efforts were made to achieve the permanency goal in a timely manner.

Workers receive an alert when a goal has not been entered prior to 30 days from custody. Missouri also has the ability to monitor the establishment of permanency goals through a data request as needed.

Termination of Parental Rights occurred for 1,144 children in FFY14. Of those, the total average days from entry in care to TPR finalization was 785 days. The state does not currently measure number of days from entry to filing of TPR. Nor does this number account for those children in care without a TPR. Information on this item will be captured from case reviews in 2016.

Item 6: Achieving reunification, guardianship, adoption, or other planned permanent living arrangement

Best Practice Reviews of 876 cases in 2014 indicate concerted efforts were made to achieve the permanency goal in a timely manner in 92% of the cases.

Missouri provides independent living services statewide through contracted providers. Examples of services provided include life skills classes, banking and money management, assistance with resumes, practice job interviewing, assistance obtaining driver's licenses, and classes on self-esteem, conflict resolution and nutrition. Missouri also provides contracted oversight to ensure services are in place; this is discussed in the Chafee section later in this document. The Division ensures youth are referred to the Older Youth program through case reviews.

During 2014, 197 Older Youth cases were reviewed, finding 53% of the youth were referred timely. Recognizing this number is below an acceptable level, regional efforts have been undertaken to improve the timeliness of referrals. For example, in the Northern Region, older youth referrals are discussed at quarterly meetings. The referral listing is broken out by age for circuits with overdue referrals. Referrals have been highlighted in the regional Q Tips Newsletter. In the Southeast, older youth referrals and other related issues are included as goals on their Circuit Enhancement Plans. As of June 2015, three of the nine SE circuits had reached 100% on timely referrals.

Additionally, the Older Youth Transition Specialists (OYTS) receive a monthly listing with the dates of when tools have been completed/updated. Throughout FFY15, there was some difficulty with the correct dates/data being extracted; but as of June 2015, the specialists are receiving accurate reports and information requested. One of the OYTS, who has 92% of youth in the region referred, is sharing with the other OYTS what the region's plan has been to get this accomplished.

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

Missouri continues to increase its performance in placement in close proximity, placement with relatives, and placement with siblings. Missouri finds challenges in data collection regarding visitation with parents, children and siblings as well as preserving connections. Visitation between the parent and the child is found in the narrative section of the case file. This information is reviewed during Best Practice Reads. However, visitation is often reviewed during targeted case reviews. Missouri will explore with the new case review tool how to capture preserving connections.

Item 7: Placement with siblings

As demonstrated in 2014 case reviews, in 567 applicable cases, siblings were placed together 60% of the time. In those cases siblings were not placed together, reviewers found ongoing discussions regarding concerted efforts to place the children together occurred in 57% of the cases. If the reviewer notes siblings are not placed together, additional questions are answered to determine if the separation is necessary. This aids in local improvement planning.

Item 8: Visiting with parents and siblings in foster care

The BPR results indicate siblings placed separately were able to visit each other weekly in 39% of the cases. A Systems Change Request has been submitted to enhance the FACES system to better track siblings, allowing for the number of siblings visits to be monitored. The quality of sibling visits will continue to be monitored through case reviews. The ability to collect this information will allow CD to monitor outcomes of siblings in care, as well as informing improvement planning.

Item 9: Preserving connections

The Division does not currently have case review data to demonstrate whether concerted efforts were made to maintain the child's connections to his or her neighborhood, community, faith, extended family, Tribe, school, and friends. However, the Outcomes Report, utilizing data pulled from the SACWIS system, indicates 58.76% of children and youth in care during SFY14 were placed in their home county. For more information related specifically to tribal collaboration to preserve connections, see the section on Consultation and Coordination Between States and Tribes.

Item 10: Relative placement

Children's Division policy requires case managers to conduct an immediate diligent search to locate and place the child with grandparents or other relatives when appropriate. The Outcomes Report indicates 43.71% of children in care during SFY14 were placed with a relative or kinship provider. Best Practice Review data show efforts to locate and place with grandparents within three hours of custody occurred in 55% of the cases for maternal grandparents and 42% for paternal grandparents. Initial efforts to locate maternal relatives occurred 75% of the time, and 60% of the time for paternal relatives.

Item 11: Relationship of child in care with parents

The Division has no data available related to maintaining positive relationships between the child and his or her parents through activities other than arranging for visitation.

Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs

Missouri is excited to continue growing and improving in the area of well-being. The Division is committed to making sure needs are assessed appropriately and necessary services are provided to the children, youth, and families served. Continuing to meet the needs of foster parents in this endeavor is a priority as well. Missouri achieved reaccreditation by Council On Accreditation (COA) this year; part of that accreditation focused on families actively participating in their case planning. Missouri also continues to show strength in the area of frequency of case worker visits and is evaluating quality through case review results.

Item 12: Needs and services of child, parents, and foster parents

In CY15, the Division will be embarking upon two initiatives with the hope of improving the identification of needs and services for families served. For additional information regarding these initiatives, please see the Promoting Safe and Stable Families, Family Support Services section of this document.

Item 13: Child and family involvement in case planning

The Division assesses the involvement of parents in the case planning process through case reviews to determine if the parent was involved in the development of the Written Service Agreement (WSA). In reviews of intact cases during 2014, it was noted mothers were involved in the development of the WSA in 82% of the reviews; fathers were involved in 63%. Reviews of foster care cases show mothers were involved in the development of the WSA 64% of the time, and fathers 45%.

In CY14, the Division began exploring the use of Solution Based Casework (SBC) as a foundation of practice for working with families through the Family-Centered Practice Model. SBC is an evidence-based model which emphasizes partnerships with families. SBC would teach staff to work with families in a more supportive way and change the experience families have with CD for the better. Children's Division is in the exploration stage of implementation of the Family-Centered Practice Model. The Family-Centered Services Implementation Team is examining how well the SBC practice model will meet the community and agency needs. The Implementation Team is exploring how to create readiness for

change at many levels. At this time, the intent of the team is to incorporate certain aspects of SBC into the Division's family-centered practice. Staff will not be trained on the model as a whole.

Item 14: Caseworker visits with child

Missouri performs very well on the Monthly Caseworker Visit measure. During FFY14, 98% of children in care had monthly visits. In addition, 99% of the visits conducted during FFY14 were held in the child's placement. In recent years, the Division has shifted its focus from quantity of visits to quality of visits with children. This is monitored through the Best Practice Reviews. In 2014, quality visits with children occurred in 94% of the 872 cases reviewed. For the purpose of these reviews, quality is defined as face to face visits between the worker and the child occurring in the home and sufficiently addresses the child's safety, well-being (physical, mental health, social, and education), and permanency (discussion of case plan).

Item 15: Caseworker visits with parents

Visits with parents continue to be an example of increased performance for Missouri. In recent years, the Division has focused its efforts on both quantity and quality of visits. In 2014, parents in intact cases were visited monthly in 75% of the months the case was open. This is an increase of 10% from the previous year. At least one parent of children in care was visited monthly in 51% of the cases, as compared to 32% in April 2013. This measure has continued to increase each month. This data is obtained from SACWIS and reported through the PERforM reports.

The quality of visits with parents is monitored through Best Practice Reviews. A review of approximately 700 cases in 2014 indicates quality visits occurred with mothers 65% of the time and with fathers in 44% of the cases.

The Division recognizes the importance of developing relationships with families served. Developing relationships takes time. As a result, CD is committed to examining policy requirements to determine which tasks are important and which tasks add little value to the work. Eliminating menial tasks with little value will allow staff to spend more time providing direct services to families.

Well-Being Outcome 2: Children receive appropriate services to meet their educational needs

Item 16: Educational needs of the child

Currently, Missouri is in the development stage with Department of Elementary and Secondary Education and OSEDA to design a data dashboard of education measures for children and youth in foster care including, but not limited to, graduation rates, count of suspensions, and involvement in early childhood programs. A Memorandum of Understanding has been developed and is currently under review.

The Division's case review process is not currently able to assess whether the child's educational need are assessed and met on an ongoing basis. But, rather, monitors whether the file contains

documentation of the child's educational report and IEP. The cases reviewed through BPRs in 2014 show the education report was in 66% of the files, and the IEP in 55% of the applicable files.

Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs

Item 17: Physical health of the child

The case review process monitors whether a current physical exam is in the file. In 2014, a copy of the exam was found in 56% of the cases reviewed. This is not necessarily indicative of whether an exam was completed, but rather that the form from the doctor is not in the file. Recent enhancements to the case management screens in FACES will allow for more accurate data extraction and tracking. In addition, QA Specialists are able to monitor completion of the 30-day physical exam through a monthly data report, and address improvement through local plans.

See the Healthcare Oversight and Coordination Plan for more information related to this item.

Item 18: Mental/behavioral health of the child

See the Healthcare Oversight and Coordination Plan for information related to this item.

Systemic Factors

Statewide Information System

Item 19: Statewide Information System

The state operates a statewide information system known as the Family and Children Electronic System (FACES). The system is to be utilized for all children in foster care, child abuse and neglect reports, and families enrolled in preventative services. FACES can identify the status, demographic characteristics, location, and goals for the placement of every child in foster care.

Staff are expected to update the electronic case record in FACES timely and accurately to capture the required information for federal reports and for best practice. Case managers must use FACES as a case management tool, therefore are expected to enter their assigned case information. The Children's Service Worker must record any placement changes into FACES within 24 hours of the change. All other Family-Centered Out-of-Home activities should be recorded every 30 days.

Supervisors should also follow these time frames to ensure they approve activities in FACES in a timely manner. Supervisors must approve case open and close dates as soon as possible.

Upon reviewing the data quality check report provided by ACF for AFCARS submission 13A through 14B, Missouri shows to be performing well, as no foster care element is above the 3% threshold as established by ACF. In adoption elements, Missouri is performing above the threshold in the data entry fields of parent termination date and adoptive family structure. The Quality Assurance unit, working with field staff, completed a data clean up prior to the most recent submission on both these areas

resulting in errors below the threshold. In addition to clean up, coding was modified to include same sex adoptive couples. Coding was also modified to ensure date of death for parents was the field being pulled instead of searching for a date of termination. ACF runs data quality checks on Missouri AFCARS file submissions that rigorously assess the quality and accuracy of the data. ACF expects that a state will do analysis and address any element that has over 3% in errors.

Case Review System

Item 20: Written Case Plan

The Division assesses the involvement of parents in the case planning process through Best Practice Reviews to determine if the parent was involved in the development of the Written Service Agreement (WSA). In reviews of intact cases during 2014, it was noted mothers were involved in the development of the WSA in 82% of the reviews; fathers were involved in 63%. Reviews of foster care cases show mothers were involved in the development of the WSA 64% of the time, and fathers 45%.

The current reviews do not capture the child's involvement in the case planning process. This element should be included on the revised review tool currently under development. In addition, consumer surveys are under revision. The Division is considering including a question for parents and youth on whether they were involved in their case planning.

Another assurance of the existence of case plans is the requirement by courts for case planning documentation for each and every child during their ongoing hearings.

Item 21: Periodic Reviews

The Children's Division conducts Permanency Planning Review Team (PPRT) meetings at least once every six months. Missouri's PPRTs meet the standards of an administrative review. This review is open to the participation of the parents of the child, and is conducted by a panel of appropriate persons, at least one of whom is not responsible for the case management of, or the delivery of services, to either the child or the parents who are the subject of the review. The review process assists the Children's Service Worker in developing an initial permanency plan, as well as the alternate permanency plan (concurrent plan), and in evaluating progress toward the permanency plan for that child. No exceptions are permitted in conducting permanency planning reviews while the child is in Children's Division legal custody.

In addition to the PPRTs conduction by Children's Division, the courts are required to conduct permanency hearings at least every 12 months. Many circuits hold hearings more often or earlier than required.

The Division monitors whether PPRT's are conducted timely through a monthly PERforM report. As of March 2015, 90% of all children in CD custody show a current PPRT meeting in FACES. In a review of previous months, data shows a timely PPRT rate of 89% in September 2014 and 88% in December 2014. The Division has consistently performed at this level for some time.

Item 22: Permanency Hearings

The Missouri Supreme Court recognizes the importance of timely permanency hearings in child abuse and neglect cases. The courts' effort to hold hearings on schedule enables teams to better ensure timely permanency. The Office of State Courts Administrator (OSCA) monitors the timeliness of hearings in all Missouri circuits. OSCA shares the data in their CAN Permanency Report. The average days from custody to the first permanency hearing in FFY14 was 348 days. This is an improvement from 367 days as indicated in FFY13 data. For all subsequent permanency hearings, the average days from hearing to hearing in FFY13 was 274 days, and in FFY14 was 281 days.

In addition to the above data, OSCA reports look at every child in protective custody, then determines if a hearing (protective custody, adjudicatory, permanency hearing, etc) is done timely. In SFY14, 46,962 hearings were held, of which 98% were held timely. In the 15 Fostering Court Improvement sites, the court has the ability to break the data down by type of hearing to utilize for improvement efforts if needed.

Item 23: Termination of Parental Rights

The Children's Division or the juvenile office must initiate or seek to join proceedings (if filed by another party) to terminate parental rights, when a child has resided in care for 15 of the most recent 22 months, when a child is an abandoned infant, or when the parent(s) has been convicted of certain felonies. The State's Research and Evaluation Unit provides a report of the average number of days from custody begin date to final TPR. Termination of Parental Rights proceedings were finalized on 1,144 children in FFY14. The average days to finalization was 785. At this time, there is no data to indicate the average length of time from custody to the filing of TPR.

In current development is a FACES flag is being added to the alternative care system to alert workers when children's cases have been opened 15 of the most recent 22 months to ensure timely review and appropriate TPR filing.

Recognizing the delay for termination of parental rights proceedings, Missouri has developed a TPR fee agreement to be used for families who are willing to pursue TPR/adopt through their legal representative. This policy will be formalized in fall of 2015.

The Division's Five-Year Plan includes an intervention to increase judicial engagement. It is anticipated these activities may positively impact the time to achieve permanency.

Item 24: Notice of Hearings and Reviews to Caregivers

Supreme Court Rule 124.02 states courts must notify foster parents, pre-adoptive parents, and relative providers of each hearing. OSCA piloted a monitoring process in two circuits in which clerks were to enter into their data system if foster parents were notified. However, the process did not provide accurate data, and has been discontinued.

The Children's Division monitored compliance through the Supervisory Case Reviews. The Division discontinued those reviews in 2014. This item will be part of the new case review redesign occurring in 2015. In addition, the consumer surveys going to foster parents will include this question for additional monitoring.

Quality Assurance System

Item 25: Quality Assurance System

See the Quality Assurance System section of this report for information showing that the specified requirements are occurring.

Staff and Provider Training

Item 26: Initial Staff Training

See the Training Plan for information on how the training system is functioning statewide.

Item 27: Ongoing Staff Training

See the Training Plan for information on how the training system is functioning statewide.

Item 28: Foster and Adoptive Parent Training

Foster parent training is required to be completed prior to a license being issued. Every foster parent must complete 27 hours of pre-service training. Missouri utilizes STARS Training, or in other jurisdictions known as PRIDE, developed by Spaulding for Children, a competency based training recognized by several states. It is designed to infuse a family with the competencies needed to care for the child(ren) in their home. An edit in the FACES system ensures no family is licensed without the training being completed first.

All foster parents must complete either 30 or 32 hours of in-service training every two years. The number of hours depends on the level of care they are licensed to provide. The FACES system contains an edit to ensure the in-service training is complete prior to relicensure. Licensing staff work with foster parents to develop a Family Development Plan at each renewal. The Plan addresses such areas as parenting strengths, stressors, goals, and training needs to address targeted areas for skill development and enhancement. These are reviewed quarterly to ensure the Division has an understanding of the children in the home and the needs of the foster parent. The FACES system requires at license and relicensure all training hours have been met in order to issue the license.

The Family Development Plan is developed with the foster family based upon the needs they identify and the children they are caring for. Training referrals are made to provide the opportunity for resource families to develop the skills needed to care for these children. Consumer surveys query foster parents as to the efficacy of the training provided. This data should be available in 2016.

Service Array and Resource Development

Item 29: Array of Services

During SFY14, the Division served 102,100 children through child abuse and neglect investigations and assessments, an increase of about 11,000 children from SFY13. A total of 76,374 individuals were served through Family Centered Services, representing 20,090 families. Additionally, there were 1,918 families served through Intensive Inhome Services.

Item 30: Individualizing Services

The Division is unable to demonstrate at this time how well the system is functioning to ensure services are individualized to meet the unique needs of child and families. During SFY16, focus groups will be held to better determine service array functioning. The case review tool, currently under revision, may provide a means to track this information during the next year and moving forward. Monitoring of this item will also be addressed in the focus groups for future planning.

Agency Responsiveness to the Community

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

In implementing the provisions of the CFSP and related APSRs, Missouri engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private agencies. A description of these collaborations and the types of participants was provided as part of the CFSP as well as this APSR.

Item 32: Coordination of CFSP Services With Other Federal Programs

Within the Central office structure for the Children's Division, there is a unit who collaborates with Department of Mental Health (with both DD [Developmental Disabilities] and CPS [Comprehensive Psychiatric Services]). Additional CD liaisons are appointed to collaborate with Family Support Division (TANF and Child Support Enforcement), MoHealthNet (Medicaid), and Division of Youth Services almost on a daily basis. Early Head Start and Child Care programs are also under the Children's Division umbrella.

Governmental programs, as mentioned above, collaborate on a regular and constant basis. Any time a joint or in-common issue arises, committees, meetings, or initiatives are formed to meet the need. Efforts were made following the second round of the CFSR to further collaborate with other agencies to improve practice. As a result, contact was made with Missouri's office of Child Support Enforcement (CS) to discuss the parent locator process and how this process might be enhanced. A policy memorandum on the procedure staff may follow to directly request the federal parent locator search was distributed. As a result of the new procedure, the request process is more timely and efficient.

Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 33: Standards Applied Equally

In 2015, a *SAFE* Assessment Pilot was initiated in the St. Louis Region. *SAFE*, a nationally recognized program, provides home study practitioners with a structured methodology that supports the social work interview as well as provides a uniform methodology of interpreting and assessing the information gathered during the home study process. When *SAFE* personnel conducted a crosswalk of Missouri's home assessment outline and their own outline, they found Missouri's assessment covered very nearly the same areas as their own. This demonstrates the statewide consistency of the application of standards. By using a train-the-trainer model, Missouri ensures foster and adoptive training is consistent across the state.

The *SAFE* project included both CD staff and contracted providers and any policy adjustments will impact the contractors as they are bound to Division policy and practice. Missouri monitors the materials provided by contracted agencies to ensure families are provided an equal opportunity across agencies. As Missouri has moved to privatization of resource and recruitment in one quarter of the state, this has expanded the dialogue between agencies to assure this coordination and consistency.

Prior to a license being issued, a home assessment using a consistent outline, background checks, and preservice training are required. Private case management contractors and recruitment and retention contractors are bound by the same policy and standards, and monitoring occurs as oversight specialists review and enter in the *FACES* system an approved license issued by the Children's Division. This is monitored through the case review process.

If a relative resource provider chooses to become licensed, the following non-safety licensing standards located in the Foster Family Home Licensing Rules, Title 13-CSR Division 35 Chapter 60, may be waived on a case-by case basis with Regional Office approval to meet licensure requirements:

- Capacity; 13 CSR 35-60.020 (1)(2)(3)
- Age of the foster youth; 13 CSR 35-60.020 (2)
- Age of Foster Parent(s) 13 CSR 35-60.030 (1)
- Health of Foster Parent(s) 13 CSR 35-60.030 (A)(B)
- Training; 13 CSR 35-60.030 (B)
- Physical Standards; 13 CSR 35-60.040 (A)(B)
- Sleeping Arrangements; 13 CSR 35-60.040 (A)(D)(E)(F)
- Personal space for clothing and belongings. 13 CSR 35-60.040 (H)

Since 2010, a total of 170 have been granted. Waivers are not granted to traditional foster homes.

See the Diligent Recruitment Plan for more information on this item.

Item 34: Requirements for Criminal Background Checks

Criminal background checks of resource providers are required at initial licensure and prior to each two-year relicensure period. The FACES system contains an edit that ensures the criminal background check is documented prior to a license being issued. The system requires a new background check be entered when a license/approval or license/approval renewal is entered in the system. There are no overrides or exceptions to this requirement. Without the new background check families cannot be licensed or approved as resource parents. The report generated by FACES allows staff to see license/approval expiration making the completion of the background check intuitive. Additionally, the Division completes a search through the Family Care Safety Registry (FCSR). The registry is maintained by the Department of Health and Senior Services and will provide information such as a child abuse/neglect history, and Sex Offender Registry information. There is a FACES edit in the system that ensures the FCSR search is documented prior to a license being issued.

Item 35: Diligent Recruitment of Foster and Adoptive Homes

See the Diligent Recruitment Plan for information on this item.

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

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. ICPC is the best means available to ensure protection and services to children who are placed across state lines into the home of a parent, relatives, foster homes, adoptive homes, and/or residential treatment facilities. ICPC assists in providing home studies, placement supervision, and regular reporting after a child is placed with an out-of-state resource.

Missouri continues to honor border agreements with the states of Illinois and Kansas in coordination with the Interstate Placement Compact (ICPC). This is a provision for employees of bordering states to cross geographical areas to complete home studies for placement of waiting children.

In SFY14 4,643 children were served, which included 1,068 requests for services to other states for Missouri children, and 1,212 out-of-state requests for Missouri to complete studies on behalf of children from other states. Missouri placed 289 children out-of-state, while receiving 402 children into Missouri. During this period of time, Missouri provided services to 345 open cases, had 189 pending studies, denied or withdrew 439 cases, and closed 397 cases from other states. Missouri had 267 open cases in other states, as well as 196 pending home studies, 511 cases denied or withdraw, and closed 264 cases.

Missouri staff are required to process ICPC requests within seven days, as measured and reported through the PERforM Report. This includes requests from other states and requests from Missouri counties to be sent to other states. In FY14, 97.1% of all ICPC requests were processed timely.

PLAN FOR IMPROVEMENT UPDATE AND PROGRESS

In March 2015, the Plan for Improvement submitted in the 2015 – 2019 Child and Family Service Plan was amended to better reflect the vision of the Children’s Division. Two goals were identified: safely decrease the number of children entering and in care, and increase the health and well-being of children and families. Each of the objectives and interventions are expected to aid in meeting both of those goals. Central to all of this work are the principles of the Five Domains of Well-being (See Collaboration section for additional information). In addition to, and in collaboration with the activities listed below, Missouri is committed to incorporating the Five Domains of Well-being into the operational framework of the agency. The attached graphic (*Attachment A Five Year Plan Graphic*) is a visual representation of the plan below.

Plan for Improvement

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

Goal#2: Increase health and well-being of children and families.

Objectives:

- ❖ Increase the number of children safely residing in their homes
- ❖ Decrease time to permanency
- ❖ Strengthen the organizational culture and practice
- ❖ Engage youth, families and community partners

Intervention: Increase judicial engagement to include judges and court staff

- Casey Family Program’s judicial engagement strategy
- Implement substance abuse strategy with courts
 - Education of courts
 - Treatment courts established
 - Substance abuse treatment prioritization
- Expand implementation of the Crossover Youth Practice model

Intervention: Create more skilled workforce

- Develop and implement QA/QI training
- Increase staff competency in court
- Implement career ladder
- NCWWI Workforce Excellence
 - University partnerships
- NCWWI leadership activities
 - LAMM, LAS

Intervention: Enhance youth and family engagement

- Strengthen the investigation/family assessment process

- Strengthen CAC and other multi-disciplinary team partnerships through training
- Implement Signs of Safety
- Increase youth and family voice
 - Continue Older Youth Summits
 - Conduct Education Summits
 - Explore methods to elicit family feedback
 - More effective and diverse use of CTS funds
- Implement solution focused casework
 - Develop and implement a new Family Centered Services model
 - Improve FST process through exploration of a more effective model
- Increase youth skill development
 - Project Excel
 - Youth participate in FSTs

Intervention: Become a trauma informed organization

- Partner with DMH to include an awareness assessment and training, as well as secondary trauma training
- Residential Workgroup to make recommendations to improve quality and alternatives to traditional residential care
- Continue to develop the model for MOST (Early Trauma Intervention using Home Visitation Model)

Intervention: Increase coordination of healthcare

- Explore and develop health homes for foster care
 - Continue to participate in health care coordination committee
- Ensure quality, comprehensive assessments within 30 days of custody
- Develop measurement system specific to health outcomes for children in care
- Increase access to behavioral health care for children in care

Implementation Supports

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

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

The Division recently partnered with the Capacity Building Center for States to complete an assessment and workplan. Five key areas were identified as a focus for capacity building during the next year. They include:

- ICWA Compliance – A committee of representative state staff, legal and tribal representatives will be formed to identify needed training, policies and procedures to adequately identify Native American children and ensure all services afforded under the provisions of ICWA are provided.
- Relationship with courts – The Children’s Division has identified that developing better relationships with courts throughout the state will likely improve the ability to move children to permanency in a timely manner. The first step in this effort will be to arrange a meeting with Casey Family Programs, Office of State Courts Administrator, and the Center for States to identify any gaps and opportunities for support.
- Update of CQI – The Division is working to develop a universal case review process, including more qualitative questions in the review tool. The Children’s Division is asking for an assessment of the current CQI structure and process to aid in identifying a clear path to continue to refine and improve the system.
- Professional development curriculum for training team - In the last seven months, the Children’s Division has changed from a centralized training and development unit to regionalized training teams located throughout the state. This training model includes an on-the-job-training component and coaching component. With these recent changes placing more responsibility on a “training team” made up of managers, coaches and mentors as well as training professionals, the development of a curriculum, policies and protocols to prepare this training team cadre in their new responsibilities would assist with successfully implementing these changes.
- Reasonable and Prudent Parenting - In response to PL113-183, the Children’s Division has been working to develop policies and procedures to comply with the legislation. The agency believes that by having an outside consultant review what has been developed, it will assist them in identifying any areas where gaps remain in compliance.

Progress Made to Improve Outcomes

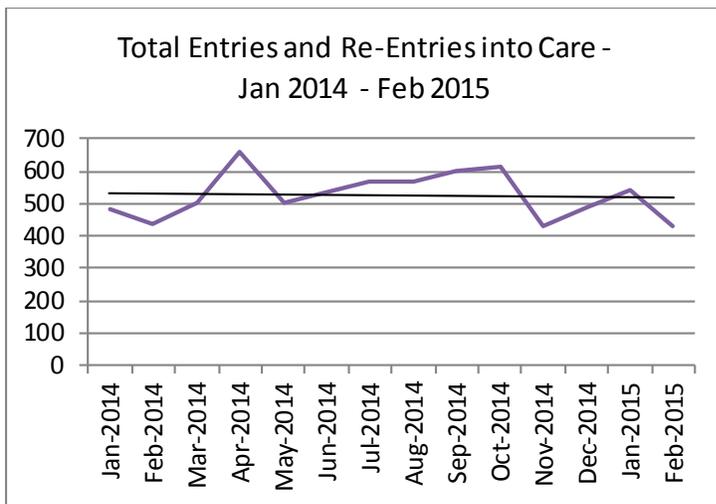
The Children’s Division began implementation of the Five Year Plan less than one year ago. Due to the short timeframe, progress is difficult to measure. Agency leadership met in June 2015 to discuss the best way to measure the revised goals. The first goal of safely decreasing the number of children entering and in care, as well as the objectives of increasing the number of children residing in their homes and decreasing time to permanency, will be measured by reviewing FACES information and AFCARS data. The second goal of increasing health and well-being of children and families, and the remaining objectives, will be measured through the progress made on each of the interventions. Because those interventions are just getting started, there is not yet any hard data to report. It is anticipated by the end of 2015 most of these activities will be well underway, and thus measures of progress will be reported in the 2016 APSR.

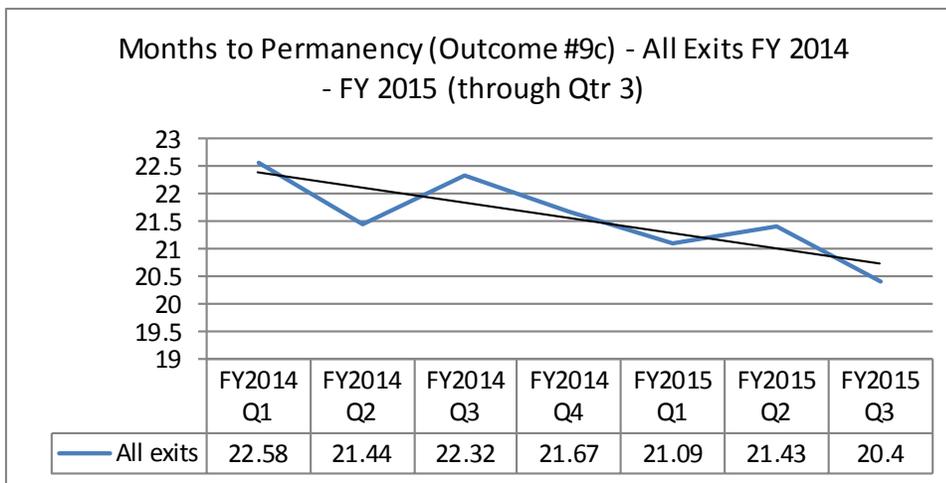
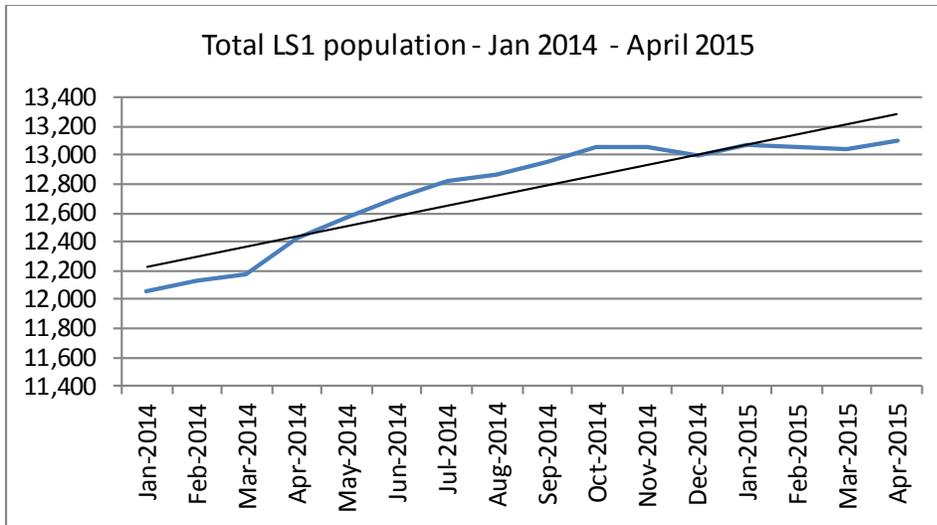
Following is the plan for reporting progress on each intervention:

- Increase judicial engagement
 - Casey Family Programs will provide a report of progress in Summer 2015 and again prior to the writing of the 2016 APSR
 - Report on numbers of court staff receiving training on Five Domains of Wellbeing; progress report on establishment of treatment courts
 - Report data on number of youth crossing over between child welfare and juvenile justice system
- Create more skilled workforce
 - Report on numbers of QA/QI staff receiving training and percentage completed
 - To measure increase staff competency in court, report on number of trainings, topics, and followup coaching
 - Report number of workers promoting to Children's Service Worker III's and IV's
 - NCWWI Workforce Excellence project to provide their evaluation
 - Report number of students participating in the NCWWI University partnership, as well as the number working for the Division
 - Report number of LAMM and LAS trainees, number of coaches and facilitators, and the schedule of followup coaching
- Enhance youth and family engagement
 - Report number of ChildFirst trainees and post test results
 - Provide data from evaluation of the Differential Response pilot conducted by university partner
 - Provide number of staff training in Signs of Safety. Outcome and fidelity measures being developed and will be provided
 - Provide evaluation of the of the Family Centered Services model conducted by university partner
 - Provide data gathered from implementation sites on expansion of TDMs
 - Provide number of youth participating in Project Excel, including numbers in the continuous learning program and graduation rate
 - Provide baseline and ongoing data on youth participation in FSTs; provide data on TDM rollout

- Become a trauma informed organization
 - Provide data on number of circuits and staff trained on trauma; report on activities in different circuits
 - Provide data on residential case reviews and monitor number of children and youth placed in residential facilities and time spent in residential
- Increase coordination of healthcare
 - Report on Cardinal Glennon health home program
 - Report on number of children receiving the 30-day health assessment

The charts below indicate the time to permanency is trending downward. For the same time period, re-entry rates have remained stable from quarter to quarter at around 6%. However, the total number of children in care continues to climb. It is anticipated many of the strategies identified in the plan for improvement will begin to have a positive impact on these numbers. But it may be some time before the effect can be felt. The Division is looking at short-term strategies, as well, in order to address the continuing increase of children in care.





SERVICE DESCRIPTION

Stephanie Tubbs Jones Child Welfare Services Program

Child Abuse and Neglect Hotline Unit

Missouri statute charges the Children’s Division (CD) to operate a single, statewide toll-free telephone number at all times for receiving reports of child abuse and neglect (CA/N). The Child Abuse and Neglect Hotline Unit (CANHU) serves as a gatekeeper and first responder for all child abuse and neglect reports. At the hotline unit, all calls are screened, assessed and classified by Children’s Service Workers, who meet the same job qualifications as CD field investigators. Below is a call chart for SFY10 - SFY14:

Fiscal Year	Total Calls	Admin. Functions	Remaining Calls	Classified CA/N	Classified Non CA/N Referral	Documented Calls
2010	131,418	20,178	111,240	52% (58,077)	33% (36,510)	15% (16,653)

2011	131,666	21,730	109,936	60% (66,003)	15% (16,607)	25% (27,326)
2012	138,582	22,685	115,897	60% (69,102)	16% (18,402)	24% (28,393)
2013	134,619	20,804	113,815	60% (67,691)	16% (18,423)	24% (27,701)
2014	137,620	18,734	118,886	63% (74,883)	16% (18,530)	21% (25,473)

Source: FACES Report for FY10-FY14

Administrative Functions are defined as:

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

As the chart above illustrates, the total number of calls received at the CA/N Hotline Unit since 2010 continues to be in the range of 130,000 to 140,000. During 2009 and 2010, the percentage of calls falling into three classifications (CA/N report, non-CA/N referral, Documented Call) was the very same (52/33/15). In July 2010, a major policy change was implemented to discontinue one of the non-CA/N Referral categories (mandated reporter referral - see NOTE below), resulting in a decrease in non-CA/N Referrals and an increase in both CA/N reports and Documented Calls for FY11 and continuing for the next three fiscal years. For FY11-FY13 the percentage of calls falling into the three classifications was virtually the same (60/15/25 for FY11 and 60/16/24 for FY12 and FY13). However, in August 2013 a statutory change requiring each Missouri mandated reporter to report incidents of CA/N individually rather than one report made by a designated reporter at a given school, institution, etc., resulted in a significant increase (over 7,000) in CA/N reports for FY14 compared to FY13.

NOTE ON THE JULY 2010 POLICY CHANGE: Prior to July 2010, calls from Missouri mandated reporters, when acting in their professional capacity, were classified as mandated reporter referrals when the allegations did not meet the requirements for a CA/N report (or another "referral" category) but involved a concerning family situation. These mandated reporter referrals were not required by state statute, but rather were a "courtesy" to mandated reporters. They required, at minimum, a contact from a field staff within three working days. The policy change eliminating these referrals was due to significant field staff cuts in the state budget. With this policy change, hotline staff were trained to provide a direct resource to the mandated reporter for the child or family. This new procedure ensured that field staff could focus on the investigations and assessments that keep children safe from harm, which is the Division's primary goal and responsibility.

Child Abuse and Neglect Call Management System Technology

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

Calls Answered Table

Year	Total Calls	Percent Answered	Avg # Busy Signals Monthly
2010	131,418	95%	140
2011	131,666	95%	213
2012	138,582	90%	1785
2013	134,619	89%	3066
2014	137,620	87%	3965

Source: Information extracted from the Call Management System Technology Reports

The percentage of answered calls and the average number of busy signals remained relatively stable during 2010-2011. In 2012, the significant increase in call volume (increase of 6,916 calls over 2011), along with high staff turnover, resulted in an increase in the average monthly busy signals (from 213 to 1,785), along with a decrease in the percentage of calls answered from 95% to 90%. In 2013, the percentage of calls answered decreased by only 1% and in 2014 by 2%. The increase in average monthly busy signals from 1,785 in 2012 to 3,066 in 2013 and to 3,965 in 2014 is attributed to continued staff turnover in addition to a statutory change effective August 28, 2013 that required each mandated reporter to make a separate hotline call on each incident of abuse/neglect. Previously a designated mandated reporter was allowed to make one call for all mandated reporters with knowledge of the incident at the school, facility, etc.

Factors impacting turnover at the hotline include the stress of high call volume, lack of variety in work assignments, and a non-traditional work schedule (evening/midnight/weekend shifts). Primarily, hotline staff leave to take positions with another agency or transfer to a Children's Division field office. This has been addressed by the CD Director's decision to over-allocate CANHU staff in 2012 with two extra Children's Service Worker positions to help offset the high staff turnover. Still, attaining full staffing has been a challenge, and in September 2013 the CD Director approved the hiring of temporary hourly staff with previous hotline experience to fill coverage gaps while newly hired staff gain experience and speed in taking calls.

Additional strategies are currently underway to improve the percentage of hotline calls answered on the caller's first attempt. One of the strategies is the Career Ladder. Turnover should gradually improve

with the implementation of the career ladder in 2014. Eight hotline workers have been promoted from Children’s Service Worker II to Children’s Service Worker III and more will qualify each year.

Another strategy is mobility enhancements. During 2015, on-call field investigators are being issued iPads which will enable them to access all hotline reports via their iPads. This will streamline after-hours call out procedures; currently hotline staff are frequently required to take time away from answering incoming calls to read entire emergency reports and prior history to on-call field staff.

Child Abuse and Neglect Hotline Unit Oversight

Peer Record Reviews (PRR) are conducted at the CA/N hotline to determine the quality of the screening, assessing, and classification process by those manning the phones using a structured decision-making method. The number of calls selected quarterly is based on a percentage of total number of calls received and classified as CA/N reports. These reviews are randomly selected by Research and Evaluation. Over the past five years, the number of peer record reviews completed each year has increased from 6,080 in 2010 to over 6,700 in 2013 and 2014. The following chart is the PRR results from the past five years:

PRR CALENDAR YEAR	2010	2011	2012	2013	2014
TOTAL CALLS REVIEWED	6,080	6,553	6,419	6,793	6,725
<i>Was the answer to ENTRY question #11 summarized clearly?</i>	100%	100%	100%	100%	100%
<i>Were all correct PATHWAYS chosen based on the answer to ENTRY question #11?</i>	99%	99%	99%	99%	99%
<i>Was the call correctly classified as a CA/N Report?</i>	99%	99%	99%	100%	100%
<i>Was the correct Response Priority chosen?</i>	99%	99%	99%	99%	99%
<i>Was the correct Track assignment chosen?</i>	99%	98%	99%	99%	99%
<i>Was the county of assignment correct?</i>	100%	100%	100%	100%	100%

Source: Lotus Notes CANHU Peer Record Review Reports

As the chart above shows, there has been little change in peer review results (with accuracy in the 98%-100% range) over the past five years, with 2013 and 2014 results identical and the best years of all. The performance of the workers at the CA/N hotline unit held steady over time indicating processes, such as training and supervision, are consistent.

Child Abuse and Neglect Reports

During SFY14 the Children’s Division completed 68,234 reports of child abuse/neglect, involving 102,100 children. This was an increase in reports of 10.5% from SFY13. Over the past three years, this represents a total increase in the number of reports by 9.2%. The continued increase in the number of reports screened as Child Abuse/Neglect (CA/N) Investigations or Family Assessments may be due in part to the following:

- Changes in statutory reporting requirements in 2013. When mandated reporters have reasonable cause to suspect child abuse/neglect they are required to immediately report to the Children’s Division. These statutory changes also prohibits any internal investigation prior to making a report of child abuse/neglect and prohibits any individual, supervisor, or administrator from impeding a mandated reporter from making the report. Prior to this change in law, only one person within an institution or agency was required to report concerns of child abuse/neglect;
- Continued efforts to make mandated reporter guidelines and training available to all mandated reporter, who constitute 63.4% of all reporters;
- Increased emphasis on community education of child abuse and neglect; and
- Drug use continues to rise steadily in Missouri. Several areas in the state have seen a surge in the use of heroin.

Incidents and Children Reported to the Child Abuse/Neglect Hotline

Year	Total Reports	Annual Change	Total Children	Annual Change
2012	62,460		92,593	
2013	61,765	-1.1%	91,812	-0.8%
2014	68,234	10.5%	102,100	11.2%

Source: Child Abuse and Neglect Annual Report, SFY14, Page 2

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

Pursuant to RSMo 210.145, 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 68,234 reports in SFY14 that met criteria to be classified as child abuse/neglect, 45.3% were completed as Investigations and 54.7% were completed as Family Assessments.

CA/N Investigations

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

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

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

Abuse: Any physical injury, sexual abuse, or emotional abuse inflicted on a child other than by accidental means by those responsible for the child's care, custody, and control, except that discipline including spanking, administered in a reasonable manner, shall not be construed to be abuse.

Neglect: A failure to provide, by those responsible for the care, custody, and control of the child, the proper or necessary support, education as required by law, nutrition or medical, surgical, or any other care necessary for the child's well-being.

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

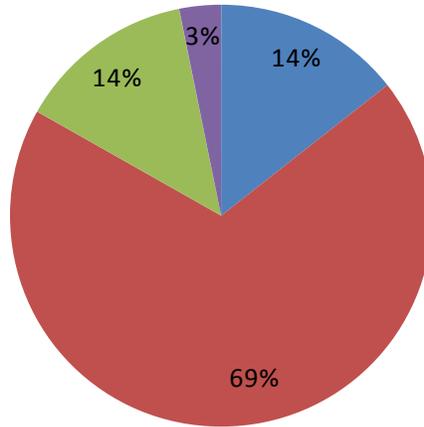
- **Preponderance of Evidence:** This conclusion is reached when all the elements that constitute the legal definitions of abuse or neglect can be proven using the standard of proof of Preponderance of Evidence. Preponderance of Evidence is defined in RsMo 210.110 as "the degree of evidence that is of greater weight or more convincing than the evidence which is offered in opposition to it or evidence which as a whole shows the fact to be proved to be more probable than not."

- **Unsubstantiated:** This conclusion is reached in the absence of sufficient evidence to determine child abuse or neglect has occurred, and the family does not present significant risk factors or other indicators which pose a specific threat to the child.
- **Unsubstantiated-Preventative Services Indicated:** This investigative conclusion is reached when there is insufficient evidence to make a determination that child abuse or neglect has occurred by a Preponderance of Evidence; however, the worker has identified risk factors through observations, interviews, and collaterals, which if unresolved, could potentially contribute to future concerns of child abuse/neglect or result in the accumulation of harm as it would pertain to issues of chronic maltreatment. This determination requires preventive services be provided to the family.
- **Unable to Locate:** This conclusion is reached only after all three of the following criteria are met:
 - When not one single child or any parent/caretaker included in the report is located,
 - After the Children’s Service Worker has searched all available resources that can help to locate the family and children,
 - Only after the supervisor agrees that sufficient attempts have been made and the Children’s Service Worker has exhausted all available resources to locate the family.
- **Located out of state:** This conclusion is reached only after the Children’s Division has verified the location of the alleged victim child(ren) as residing in another state.
- **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 Child abuse and Neglect Statute (Section 210, RSMo).

The data below illustrates the various conclusions reached for investigations in SFY14.

SFY14 Investigation Determinations

■ Substantiated ■ Unsubstantiated ■ Unsubstantiated, PSI ■ Other



Source: Child Abuse and Neglect Annual Report, SFY14, Page 6

Other includes unable to locate, inappropriate report, located out of state, home schooling

Substantiated Children by Category of Abuse/Neglect

Category	2014	2013	2012
Neglect	63.8%	60.8%	57.8%
Physical Abuse	29.6%	32.0%	30.2%
Sexual Abuse	22.7%	23.7%	22.0%
Emotional Abuse	7.6%	4.0%	3.3%
Medical Neglect	4.2%	3.7%	3.1%
Educational Neglect	1.4%	1.6%	1.5%

Source for SFY14 data: Child Abuse and Neglect Annual Report, SFY14, Page 15

Neglect accounted for the highest percentage of total substantiated reports. The table above illustrates a relatively stable substantiation rate over the last three years.

Family Assessments

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

Family Assessment reports include:

- Mild, moderate or first-time non-felonious reports of physical abuse or neglect (including medical neglect)
- Reported abuse or neglect in which this incident occurred or likely occurred over one year prior to the report date, except for the following:
 - Sexual Abuse
 - Serious Physical Abuse
 - Serious Neglect
- Mild or moderate reports of emotional abuse
- Educational neglect only reports

The following is a list of the determinations which may be reached at the conclusion of a Family Assessment:

- **Family Assessment-Services Needed:** The family needs Family-Centered Services beyond the 45 day assessment period.
- **Family Assessment-No Services Needed:** The family does not need Family-Centered Services from the Division or the community.
- **Family Assessment-Family Uncooperative, Child Safe:** The family refused to cooperate during the Family Assessment process. The worker has been able to document the child is safe, therefore a case will not be opened for Family-Centered Services.
- **Family Assessment-Services Needed, Linked in Initial 45 Days:** The family received services during the forty-five (45) day assessment period (either by the CD Children's Service Worker or by a community resource/support system). The family no longer needs services provided by the Children's Division.
- **Family Assessments-Services Needed, Family Declined:** The Division offered to provide Family-Centered Services, but the family refused services. The worker has been able to document that the child is safe.
- **Unable to Locate:** This conclusion is reached only after all three of the following criteria are met:
 - When not one single child or any parent/caretaker included in the report is located,

- After the Children’s Service Worker has searched all available resources that can help to locate the family and children, and
- Only after the supervisor agrees that sufficient attempts have been made and the Children’s Service Worker has exhausted all available resources to locate the family.
- **Located out of state:** This conclusion is reached only after the Children’s Division has verified the location of the alleged victim child(ren) as residing in another state.
- **Home Schooling:** This conclusion is reached when the parent has stated that he/she is providing for his/her child’s education, and the Division has sent the report to the superintendent of the appropriate school district.
- **Inappropriate report:** This conclusion is reached if it is determined the report did not contain allegations of abuse or neglect specified in Missouri State Statute (Section 210, RSMo).

The data below illustrates the various conclusions reached for family assessments in SFY14.

SFY14 Family Assessment Determination at a Glance

Family Assessment Determination	Services Needed	Services Not Needed	Family Uncooperative - Child Safe	Services Needed - Linked in 45 Days	Services Needed - Family Declined	Other
Percentage	12.8%	69.6%	3.1%	8.1%	3.0%	3.3%

Source: Child Abuse and Neglect Annual Report, SFY14, Page 6

Other includes unable to locate, inappropriate report, located out of state, home schooling

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 (RSMO 210.115) to report abuse/neglect when they have reasonable cause to suspect a child has been or is being abused. Those who are mandated to report suspicion of child abuse/neglect are clearly identified in statute. Permissive reporters are those who are not required to report suspicions of child abuse/neglect, such as relatives or neighbors. The percentage of reports made by mandated reporters has remained fairly consistent over the last three years at 63% in SFY14, 60% in SFY13, and 60% in CY12.

Principals, social workers, and law enforcement personnel were the most common mandated reporters during SFY14.

Reporters of Child Abuse/Neglect during SFY14 by Occupation

	Number	Percent
Permissive	24,851	32.3%
Principal	12,442	16.2%
Social Worker	9,386	12.2%
Law Enforcement	8,878	11.5%
Nurse	4,243	5.5%
Mental Health	3,789	4.9%
Teacher	3,623	4.7%
Unknown	3,284	4.3%
Other Person with Responsibility for Care of Children	2,160	2.8%
Physician	934	1.2%
Juvenile Officer	746	1.0%
Day Care	574	0.7%
Psychologist	431	0.6%
Other Health Practitioner	396	0.5%
Other Hospital/Clinic Personnel	339	0.4%
Foster Parent	257	0.3%
Probation Officer	199	0.3%
Intern	165	0.2%
Minister	111	0.1%
Medical Examiner	61	0.1%
Jail/Detention Personnel	32	0.0%
Coroner	26	0.0%
Dentist/Dental Hygienist	26	0.0%
Resident	9	0.0%
Optometrist	2	0.0%
Chiropractor	1	0.0%

Source: Child Abuse and Neglect Annual Report, SFY14, Page 4

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

Many of the professions in the table above receive minimal or no training on the statutory obligations of being a mandated reporter or on abuse/neglect in general. A sub-committee of the Task Force on the Prevention of Sexual Abuse is currently developing standardized mandated reporter training that can be readily accessed throughout the state.

The following table depicts the alleged perpetrators' relationship to the victim children in all of the child abuse/neglect reports received during SFY14:

Relationship	Percentage
Natural Parent	66.6%
Parent/Caretaker's Paramour	8.1%
Step-parent	6.2%
Unknown	5.9%
Grandparent	4.3%
Other	2.9%
Adoptive Parent	1.3%
Sibling	1.0%
School/personnel	0.9%
Institution/staff	0.8%
Foster parent	0.8%
Day care provider	0.7%
Other relative	0.2%
Self	0.1%
Spouse/paramour	0.1%

Source: Child Abuse and Neglect Annual Report, SFY14, Page 23

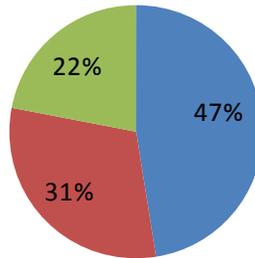
The data below highlights perpetrator demographics for substantiated reports for SFY14:

- Two-thirds of the perpetrators (67.3%) were between the ages of 20 and 39.
- Slightly over half (54.4%) were male and 43.8% were female.
- Over three-fourths (77.0%) of the perpetrators were white and 15.9% were black.
- While natural parents were the overwhelming majority of reported perpetrators, only 5.7% of them were found to be substantiated perpetrators with a final determination of abuse/neglect.
- While spouse/paramours were the least reported alleged perpetrators, 17.2% of them were found to be substantiated perpetrators with a final determination of abuse/neglect.
- The most prevalent perpetrator characteristics were having a history of criminal behavior (15.4%), having an adequate support system (14.9%), no apparent mental/emotional disturbance (13.3%), and having drug related problems (13.1%).

The data below highlights child demographics for Family Assessments and Investigations for SFY14:

Substantiated Victim Children by Age

■ 0-6 Yrs ■ 7-12 Yrs ■ 13-17 Yrs

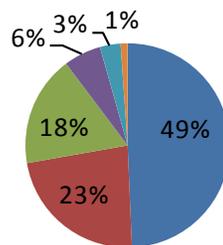


Source: Child Abuse and Neglect Annual Report, SFY14, Page 19

- Of the substantiated children 54.8% were female and 45.1% were male. For Family Assessments, 48.7% were female and 51.3% were male.
- Children birth through six years old constituted approximately 47% of all children involved in substantiated investigations. By Missouri statute, children must be enrolled in school by the age of seven. The most vulnerable population for child abuse and neglect in Missouri are those children who may not be visible within society.
- Children birth through four years old constituted approximately 34% of all children involved in substantiated investigations. This demographic supports CD's goal to target services to Missouri's most vulnerable children.

Substantiated Victim Children by Category of Abuse/Neglect

■ Neglect ■ Physical Abuse ■ Sexual Abuse
■ Emotional Abuse ■ Medical Neglect ■ Educational Neglect

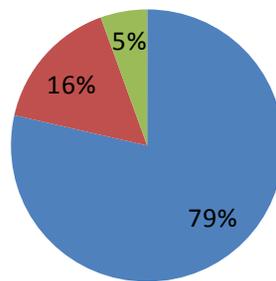


Source: Child Abuse and Neglect Annual Report, SFY14, Page 19

- Approximately 59% of substantiated neglect victims involved children birth through six years of age.
- Approximately 50% of the substantiated sexual abuse victims involved children ages 12-17 years of age.
- For substantiated reports in the investigation track there was a relatively even split between male and female neglected and physically abused children. However, approximately 84% of the children who were found to be sexually abused were female.

Substantiated Victim Children by Race

■ White ■ African-American ■ Other



Source: Child Abuse and Neglect Annual Report, SFY14, Page 19

- For Family Assessments, 76.8% of children were white, 17.7% were African-American, and 5.5% were other.
- In comparison to the most recent Census data for Missouri, African-Americans were disproportionately represented in child abuse/neglect reports as only 11.7% of the population is African-American.

Child Abuse/Neglect Related Policy Development and Other Program Enhancements in CY14

Children’s Division launched a CA/N program-based workgroup in CY12. The workgroup includes representatives from Central Office, Regional Offices, CANHU, Out of Home Investigation Unit, Training and Workforce Development, and the Department’s Division of Legal Services. The CA/N workgroup has focused efforts to engage and receive input from multiple levels and program lines within CD to affect positive advances in policy and programmatic development. Drafted policy and programmatic enhancements are sent out to field-based administrators such as Circuit Managers and Children’s Service Supervisors in order to obtain a broader lens of impact and functionality, which works to deepen our combined efforts toward a common goal of developing best practices in balance with considerations of application.

The following are highlighted policies published throughout CY14. 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
CD Memo 14-18	Clarifies the role of CD staff when the Out-of-Home Investigation (OHI) requests assistance to assure the safety of children in conjunction with an open child abuse/neglect investigation.
CD Memo 14-22	Introduces a new anti-human trafficking website which has been released for use by law enforcement agencies statewide to notify the Department of Social Services of human trafficking pursuant to Section 566.223 RSMo.
CD Memo 14-35	Informs managers of revisions made to the administrative review process. This policy development was requested by field administrators and developed in partnership with the Child Abuse/Neglect (CA/N) Workgroup.
CD Memo 14-37	Informs staff of changes and enhancements being made to the FACES system. These enhancements are the result of a system change requested, processed, and prioritized by the Change Control Board. One of the enhancements allowed staff to better capture the use of a multi-disciplinary contact to assure child safety.
CD Memo 14-45	Informs staff of FACES changes within the Investigation/Assessment function. These enhancements are the result of system change requests from the Continuous Quality Improvement (CQI) process, and Change Control Board (CCB) in conjunction with Child Abuse/Neglect (CA/N) focus groups and SACWIS Review findings. Some of the changes including adding a First Steps button for substantiated hotlines with a victim three years or under to allow for more consistency in referrals to First Steps. Another change included the ability for staff to conclude specific allegations as ‘previously investigated’. Changes were made to how timely initial contact data is captured. Also, a critical alert was added to better call attention to when a hotline was received on a family with an open report, Family-Centered Services case, or Alternative Care case. Enhancements were made to prior history searches. Changes were also made to allow for the duplication of non-caretaker, preventative services, and non-CA/N fatality referrals. Changes were made to prohibit the entry of safety assessments unless contact entry is made for all children in a child abuse/neglect report.

CD Memo 14-46	Informs staff of revisions made to the Child Welfare Manual specific to duplicating child abuse/neglect (CA/N) reports and referrals. These revisions were made in conjunction with Continuous Quality Improvement and the CA/N Workgroup. Only supervisory staff has the ability to duplicate reports. This memo also provided further guidance on the appropriate use of the 'previously investigated' conclusion.
CD Memo 14-49	Introduces the Circuit Courtesy/Service Request Email system and contact list. This system was developed in response to a CQI request to set up a generic email inbox for each circuit to receive requests from staff in other circuits for courtesies or assistance with other services.
CD Memo 14-50	Introduces staff to legislation passed in the 2014 legislative session. Specifically related to the CA/N program, in cases where an alleged perpetrator, aggrieved at the determination of the CA/N Review Board, requests a judicial review, this legislation gives the judge the option to appoint a Guardian ad Litem (GAL) to appear for and represent an abused or neglected child involved in the proceeding. Previously this was a mandatory appointment. Another bill requires the Department of Public Safety to establish rules and make payments to SAFE CARE providers who conduct forensic examinations of individuals under 18 years of age, who are alleged victims of physical abuse, out of appropriations made for that purpose.
CD Memo 14-53	Informs staff of changes associated with the Children's Division's Critical Event Protocol.
CD Memo 14-54	Informs staff of revisions made to the Child Welfare Manual resulting from the passage of House Bill 1092. This legislation increased the time given to complete an investigation or assessment from 30 to 45 days. This legislation also allows for delayed conclusions, when good cause is documented. Sexual abuse investigations may be extended to 120 days. Child fatality or near fatality, due to CA/N allegations, may be extended beyond 120 days.

Field support was provided by central office staff to the 13th Circuit's CA/N units in December 2014. This circuit was experiencing staff turnover in addition to changes in supervisory staff. Coaching was provided to staff, along with assistance in reviewing child abuse/neglect reports.

One intervention of the Children's Division Five-Year Plan 2015-2019 is to create a more skilled workforce. An identified activity to accomplish this is to provide comprehensive investigative training. Funding has been provided through a budgetary increase to support this intervention. The Children's Division has contracted with Missouri KidsFirst to provide Gunderson National Child Protection and Training Center *ChildFirst* curriculum to all investigation and supervisory staff. Division staff will receive this training in CY15.

In October 2014, in partnership with Casey Family Programs, a select group of managers from across the state were trained on Signs of Safety. This is a child protection framework built upon solution-focused therapy which stresses the importance of relationships, critical thinking, and workers as change agents. This framework is similar to the Framework for Safety currently being utilized by Children's Division staff however the Signs of Safety approach is simple and stresses getting the answers to three important questions:

- What are we worried about?

- What is working well?
- What needs to happen?

After being given an overview of Signs of Safety, the management group discussed structural considerations, training, and organizational commitment. The Division is currently in the exploration phase of piloting Signs of Safety in Jackson County. If the pilot is successful, the Division will consider statewide implementation of the practice model.

The Child Abuse and Neglect Review Board(s)

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

The alleged perpetrator can seek administrative review if:

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

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

The CANRB is a panel of nine private citizens from professions specified in Section 210.153 RSMo (<http://www.moga.mo.gov/statutes/c200-299/2100000153.htm>). Each panel member is appointed by the Governor and confirmed by the Senate. The Children’s Division may establish more than one CANRB panel to ensure timely reviews. Currently, there are five boards meeting monthly. Three boards meet in Jefferson City, one in St. Louis, and the fifth board meets in Kansas City.

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

Outcome of CANRB Reviews 2010-2014

CANRB REVIEWS	2010	2011	2012	2013	2014
UPHELD	263	273	272	269	312
REVERSED	142	143	142	137	142
TOTAL	405	416	414	406	454
PERCENTAGE UPHELD	65%	66%	66%	66%	69%

Source: CANRB CY10-CY14
Reports Produced by the Child Abuse/Neglect Hotline Unit

As illustrated above, CD’s preliminary findings of child abuse/neglect by a preponderance of evidence have been upheld in approximately two out of every three CANRB reviews since CY10. Children’s Division’s effort to provide Legal Aspects for Investigations training to front-line staff and supervisors, as well as management coaching, practice points, policy changes and memo instructions, has contributed to this outcome. The division does not have specific data regarding the reversed findings, as each Board’s reason for reversal is case-specific. On each reversed finding, the Board chair is asked to document the Board’s reason for reversal for direct feedback to the Children’s Division investigator/circuit manager/regional office. This written feedback is attached to the notification letter of the Board’s decision to reverse.

Background Screening and Investigation Unit

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

Over the past five year period, BSIU processed over 100,000 background screenings each year. As noted in the chart below, screening requests remained steadily in the range of 102,000 to 109,000 annually.

ANNUAL BSIU SCREENINGS	2010	2011	2012	2013	2014
	108,484	102,697	106,766	103,009	107,577

Source: BSIU CY10-CY14 Reports Produced by the Child Abuse/Neglect Hotline Unit

Yearly fluctuations are possibly attributed to an increased or decreased use of the Family Care Safety Registry (FCSR). State statute requires employees of licensed day care facilities, residential care

facilities/ child placing agencies licensed by DSS, and foster or group homes licensed by DSS, to register with FCSR for their screenings. Although school employees are not required to register with FCSR, more schools may choose the FCSR service because it provides background screening information from the Missouri State Highway Patrol, Department of Mental Health, and the Department of Health and Senior Services in addition to the child/abuse and neglect screening provided by BSIU. Thus, the overall decrease in BSIU screening requests since 2010 is possibly connected to a decrease in school screenings.

Child Assessment Centers

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

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

All CACs in Missouri are accredited by the National Children's Alliance. Child Assessment Centers go through an extensive accreditation process which requires they meet eleven areas of criteria for providing services. All CACs are reaccredited every five years.

According to data collected by Missouri KidsFirst, during SFY14, 7,612 children received full forensic services compared to 6,707 children in SFY13, and 6,409 in SFY12. The reason for the increase in total number of forensic interviews in SFY14 is not perfectly clear. However, the number of forensic interviews conducted by Child Advocacy Centers historically has increased every year. In SFY13, the Child Abuse/Neglect hotline received 61,765 reports involving 91,812 children as compared to SFY14 numbers of 68,234 reports involving 102,100 children. This breaks down to be 6,469 more reports involving 10,288 more children. The increase in these numbers would presumably account for some, if not all, of the increase in the number of forensic interviews conducted in SFY14.

The Child Assessment Centers (CACs) are members of Missouri KidsFirst. Missouri KidsFirst is a not-for-profit organization that provides advocacy and support services to Missouri's Child Advocacy Centers. Directors of each of Missouri's Regional CACs serve as the Program Board for the Missouri Network of Child Advocacy Centers under Missouri KidsFirst. The Board of Directors of Missouri KidsFirst is made up of a diverse group of professionals and leaders which include businessmen and community and civic

leaders from across Missouri. The Board oversees and directs the management of Missouri KidsFirst which also includes the program Prevent Child Abuse Missouri, a Chapter of Prevent Child Abuse America, and administration of a contract creating Medical Resource Centers for training and support of Medical Professionals working with child abuse victims statewide. The Board will continue to work to address on-going issues relating to training, coordination and program development within the CAC Network. More information can be found in the Missouri KidsFirst section of this document. The CACs are very involved in facilitating the multidisciplinary team collaboration effort by conducting case reviews, assisting in the coordination of the multidisciplinary team response to child abuse and neglect in their respective regions, and providing training for multidisciplinary team members.

Program Development Specialists (PDS) and Administrators from Children's Division Central Office have continued to work with Child Advocacy Centers statewide to develop best practice models and protocols for multi-disciplinary team (MDT) investigations. In addition, PDS have partnered with staff from the Missouri Office of Prosecutorial Services (MOPS) and CACs to offer twenty-one (21) POST-certified MDT trainings around the state during SFY14. Trainings included, but were not limited to the following general subjects: Mandated Reporting, Child Abuse/Neglect Intake and the Differential Response, Beyond Protocols, Recognizing the Symptoms of Child Abuse, Tactics in Collaboration, and Turning Data Into Information Peer-to-Peer Group: Recurrence of Child Abuse and Neglect. The Children's Division plans to continue the partnership with MOPS in 2015, and offer these or similar trainings on an ongoing basis.

In addition to the collaboration with CACs, MDTs, and MOPS, PDS from Central Office engaged with CD staff and community partners by traveling to field offices to meet with front line workers to "walk in their shoes" and offer support. This provided Central Office staff the firsthand opportunity to listen, observe, and assist staff in efforts to coordinate the investigative response with multi-disciplinary team members. In 2015, PDS plan to spend more time shadowing, observing multi-disciplinary functioning statewide, visiting child advocacy centers, meeting with directors, observing forensic interviews, and gaining feedback from front line workers with the goal of strengthening collaborative efforts and achieving better results.

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 (CAC), where the forensic interview and medical exam occur in the same location. This prevents multiple interviews and minimizes trauma to the child and family.

The Department of Health and Senior Services collaborates with Missouri KidsFirst and three Child Abuse Medical Resource Centers to provide a tiered system of care consisting of primary care providers, SAFE-CARE providers, and Child Abuse Medical Resource Centers. The Resource Centers are located

within the state's three largest children's hospitals. Each Resource Center has a Director who is board certified in Child Abuse Pediatrics. Resource Centers provide training to SAFE-CARE medical providers, multidisciplinary team members, and primary care medical providers.

In SFY14, the SAFE-CARE program continued to utilize state funding to enhance the medical response to child maltreatment. Monthly online training was initiated for current SAFE-CARE providers, in addition to in-person classroom training. The mentoring program was extended to current providers, so that all providers had access to a mentor who was board certified in Child Abuse Pediatrics. The number of SAFE-CARE providers declined from 54 in SFY12 to 31 in SFY13 due to attrition and changes in training requirements. However, in SFY14, the number increased from 31 to 44. According to the Department of Public Safety's SAFE payment program, there were 1,391 child SAFE exams in SFY12, 2,032 child SAFE exams in SFY13 and 2,095 child SAFE exams in SFY14. The difference in SFY12 and SFY13 was due to a change in reporting procedures between DHSS and the Department of Public Safety.

Children's Treatment Services (CTS) Contracts

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

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

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

The Children's Division is in the process of revising the CTS contract to include new services to meet additional needs of families. The contract revisions will also create a more streamlined contracting process, and will better define services and provider qualifications.

The 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 identifying strategies for preventing child sexual abuse. In 2012, the Task Force published recommendations to the Governor, General Assembly, and the State Board of Education which included community-based child sexual abuse prevention, professional training and technical assistance, multi-disciplinary team excellence, awareness, funding, statutory changes, and issues for further study. The following represents some of those recommendations:

- Create and implement standardized training for all mandated reporters
- Establish discipline-specific best practices or standards for multi-disciplinary teams, law enforcement, prosecutors and medical providers
- Fund the creation and implementation of standardized, discipline-specific training for members of the multidisciplinary team (MDT) and judges
- Establish mechanisms for addressing the secondary trauma experienced by individuals who work to address and prevent child sexual abuse
- Identify and fund evidence-based early intervention and treatment for youth with illegal/inappropriate sexual behaviors, and
- Identify and fund the expansion of mental health services to children who have been sexually abused.

Multi-agency collaborations have continued among public, private, and governmental partners, stakeholders and constituents. There are currently four subcommittees assembled to craft solutions to some of the recommendations above to offer to the Task Force members. The following is a summary of activities to achieve these goals:

- The Division currently has a standardized training for mandated reporters; however, its utilization is not widespread. The Division plans to educate circuit managers to conduct this training to their local community partners.
- The sub-committee is interested in locating data that could be used to assess MDT functioning. The committee is also discussing when and where co-investigations with law enforcement occur. The idea is if best practices currently in existence across the state could be identified, a model for a best practice standard could be developed based on existing practice.
- One objective of the Children's Division Five-Year Plan 2015-2019 is to strengthen the investigation/family assessment process by training CD staff and MDT members. Funding was attained through the Division budget to support this training. The Children's Division has contracted with Missouri KidsFirst to provide Gunderson National Child Protection and Training Center ChildFirst curriculum to all investigation staff as well as MDT members. CD staff began receiving this training in January 2015. The training will continue through the end of the

calendar year. Should the training prove effective in strengthening the skills of staff and MDT members, it will be incorporated into the requirements for all new staff.

- During the state fiscal year, the Division received funding to contract for secondary trauma. Due to the high prevalence of trauma experienced by families served, the Children's Division has committed to becoming a trauma-informed system by which the agency's practice, policies, and environments will reflect a trauma consideration to mitigate the trauma impact to children and families. As helping professionals routinely exposed to the trauma experienced by children and families, Children's Division staff are at risk for developing secondary traumatic stress. During calendar year 2015, staff will receive training and consultation for secondary traumatic stress.

Human Trafficking

In March of 2014, CD introduced a new anti-human trafficking website which has been released for use by law enforcement agencies statewide to notify the Department of Social Services of human trafficking pursuant to Section 566.223 RSMo. The Department may utilize this information to coordinate with state, federal, and local agencies to evaluate appropriate services for victims of trafficking. In addition, to meet the requirements set forth in Public Law 113-183, the Division has commenced a plan to develop policies and procedures (including training) to identify and provide services for youth at risk of becoming a human trafficking victim. The Division plans to track all potential victims, not only those who are in foster care. A system change request has been submitted with the goal to implement the FACES change by CY16.

During CY14, the Children's Division, in partnership with Cornerstones of Care, began delivering sex trafficking training to frontline staff and supervisors. This training was developed in consultation with law enforcement and organizations with experience in dealing with at-risk children. This training will provide staff with the knowledge and skills needs to identify, document, and determine appropriate services for children at risk of becoming a sex trafficking victim or for children who are a sex trafficking victim. The six hour training has the following objectives:

- To define sex trafficking
- To recognize the scope of sex trafficking
- To identify the forms of sex trafficking
- To describe federal and state laws enacted regarding sex trafficking
- To identify indicators and people at high risk
- To utilize interviewing strategies to assess and identify victims and promote ethical treatment
- To understand the impact and identify resources for possible victims of sex trafficking
- To list intervention and preventative strategies to respond to and mitigate sex trafficking

Setting of the training activity: Contracted facilities, state office buildings, and local community settings.

Duration category of training activity: Part time (section 235.61).

Provider of the training: Cornerstones of Care trainers contracted by the Children's Division.

Approximate number of days/hours of the training: Six hours offered multiple times per year. The Division plans to continue training throughout CY15 and CY16. This year, two supervisor overview sessions were held for a total of 26 participants and four in-services for workers were held for a total of 59 participants.

Audience to receive the training: All frontline Children's Division staff and frontline contracted staff, supervisors, managers, and specialists.

Description of the estimated total cost: \$1,200 for each six-hour workshop.

During the 2015 legislative session, a bill was passed creating a human trafficking task force. The mission of the task force will be to raise awareness of the human trafficking issue in Missouri and provide organizations and agencies that enforce human trafficking laws and assist victims with a central place to share information. The task force shall consist of the following members:

- (1) Two members of the Senate
- (2) Two members of the House of Representatives
- (3) The Attorney General or his or her designee;
- (4) The Director of the Department of Public Safety or his or her designee;
- (5) A circuit court judge who has experience handling juvenile court matters
- (6) A prosecuting or circuit attorney
- (7) A juvenile officer from a circuit court
- (8) The Commissioner of Education or his or her designee;
- (9) The Director of the Department of Social Services or his or her designee;
- (10) The Director of the Department of Mental Health or his or her designee;
- (11) One representative from the Office of Child Advocate
- (12) One medical provider with professional expertise in child abuse and medical forensics
- (13) The chief of a municipal police force
- (14) A county sheriff
- (15) Six representatives from geographically diverse non-governmental organizations that assist victims of human trafficking

Promoting Safe and Stable Families Program

Family Preservation Services

Intensive In-Home Services

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

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

This program is provided through purchased services by vendors contracted with the state. Intensive In-Home Services are available to all 45 circuits within the State of Missouri. According to the CD Annual Report, Table 38, in SFY14, 1,918 families and 4,983 at-risk children were accepted into the IIS program. This is a slight increase from SFY13 when 1,893 families and 4,888 children were served. In SFY12 there were 1,742 families and 3,549 children served. The increase in the number of children served in the IIS program between SFY12 and SFY14 is related to the increased emphasis placed on staff referring families for services. 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 children age five and under receiving IIS services has remained stable for the last five years. In SFY14, 40% of the children served by IIS were age five and under. In SFY13 and SFY12, the percentage of children five and under was 42%, and 40% respectively. The IIS program provides an array of services specifically targeted towards early childhood.

The IIS program has successfully diverted a significant number of children from entering alternative care. As referenced in the CD Annual Report, Table 39, in SFY14, 76% of the families remained intact at the end of the IIS intervention and avoided child placement into foster care, compared to 77% in SFY13 and 79% in SFY12. IIS specialists continue to self-report the increasing needs and severity level of families served. As a result, in CY14 the IIS trainers and the Division strengthened the curriculums for Fundamentals of Intensive In-Home and Intensive In-Home Services Skills Development. These trainings are required for all new IIS specialists, supervisors, and designated back-up personnel. The trainings provide specialists with the knowledge necessary to serve these families. The regions and Intensive In-Home providers offer input on training topics they would like added to the training curriculum to ensure specialist are better equipped to work with families. It is also important to remember there are times when placement into foster care or another placement outside of the home is in the best interest of the child.

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

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

The overarching goal of IIS is to protect children through the enhancement of family capabilities. As a result, the agency tracks the number of substantiated reports three months following the IIS intervention. According to the IIS contract, 85% of families who have received IIS intervention shall not have confirmed child abuse/neglect within the first three months following the completion of IIS intervention. For the last five years, contractors have exceeded this requirement with 0% of families having a substantiated report within 3 months for SFY14, .06% for SFY13, and .12% for SFY12, per the Child Welfare Outcomes Report, Measure #7. This data demonstrates success of the program mission to protect children from abuse and neglect. The data also supports the efficacy of the program to teach families skills to improve family functioning and allow them to remain intact.

Intensive Family Reunification Services

Intensive Family Reunification Services (IFRS) is a short-term, intensive, family-based program for children who are in out-of-home care and who, with intensive intervention, can reunify with their family. The Intensive Family Reunification Services program is based on the belief families can, through intensive intervention, improve their functioning, learn to meet the needs of their children, and gain support from within their community. The goals of IFRS are to assist the family in removing barriers to the return of their child(ren), assist in the transition of returning the child(ren) home, and develop a plan with the family which will maintain the child(ren) safely in the home following the intervention. Families are eligible to receive IFRS if at least one child (0-17 years) is in the custody of the Children's Division, placed in out-of-home care, and there is regular visitation between parents and their children. The new contract awarded April 1, 2014 also allows youth placed in residential treatment through guardianship and adoption subsidy to participate in IFRS to aid in reunification.

Contracted staff provide intense, time-limited family reunification services to families. Staff meet with families within 72 hours of the IFRS referral. The child(ren) is typically returned to the family within two to four weeks of referral to allow the specialist ample time to work with the entire family. An IFRS specialist's caseload varies based on the stage of intervention, and they serve a minimum of thirteen families annually. The intervention is intensive, averaging 13 hours per week, per family. The IFRS

specialist is available to the family 24 hours a day, 7 days a week. Services are time limited, usually 60 to 90 days. The IFRS specialist and the foster care case manager work closely together throughout the intervention. The level of involvement will depend on the local protocol and the needs of each family.

The new contract awarded in April of 2014 has three stages of intervention. Stage one is focused on preparing the family and child(ren) for the child(ren)'s return to the home. This stage includes visits between parents and child(ren) observed by the specialist. A specialist can serve a maximum of five families in stage one. Stage one is typically two to four weeks in duration. Stage two is intensive service delivery to the family immediately following the child(ren)'s return home. A specialist can serve a maximum of three families in stage two and this stage typically lasts six to eight weeks in duration. Stage three is a step down, follow up stage, focusing on resolving issues that arise following the removal of intensive services. The specialist conducts one home visit each month for ninety calendar days to monitor family functioning. A specialist can serve a maximum of eight families in stage three.

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

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

There are 13 contracted IFRS specialists in Missouri. There is interest in expanding this program; however, budget constraints preclude any expansion at this time. Sites offering IFRS include:

Site #941: Jackson and Cass Counties

Site #942: St. Louis City, St. Louis County and St. Charles Counties

Site #943: Boone, Callaway, Cole, Camden, Miller, Laclede, Moniteau and Morgan Counties

Site #944: Jasper, Newton and McDonald Counties

Site #945: Osage, Franklin, Gasconade and Jefferson Counties

Site #947: Crawford, Dent, Iron, Reynolds, Wayne, Perry, Bollinger, Cape Girardeau, Washington, Madison, Ste. Genevieve and St. Francois Counties.

Site #948: Scott, Mississippi, New Madrid, Pemiscot, Stoddard, Dunklin, Butler and Ripley Counties

Site #950: Greene, Christian and Taney Counties

As outlined as an action step in the prior APSR, CD partnered with contracted IFRS providers to rewrite the contract in a way which would allow more families to be able to access services. The old contract (which was in effect from July 1, 2013-March 31, 2014) was confusing and staff had difficulty determining which families were appropriate candidates for the program. In addition, the Division reconfigured the project sites to ensure this service was available in the circuits with the largest foster care population in an effort to reduce the number of children in foster care. The new contract was awarded in April of 2014. The new contract also allows youth being served by adoption and guardianship subsidy to access the service, to help them transition back home following a disruption.

IFRS does not have a stand-alone outcomes report, thus all FACES data must be retrieved through ad hoc requests made to the Research and Evaluation Unit. According to an ad hoc report produced in February 2015, in SFY14 there were 100 families and 221 children served, compared to SFY13 with 132 families and 366 children served, compared to SFY12 with 243 families and 647 children served. The cause of the significant decrease can be contributed to a number of factors including: worker turnover, under-utilization, lack of understanding about the program, and a decreased service need in certain circuits. Also, the award of the new contract in April of 2014 caused a decrease in referrals because of delay of award, new contractors and staff, and new sites/reconfiguring. The reconfiguration of sites and the improved contract language is projected to increase referrals to the program in the future.

Since conversion to the FACES system, data entry issues have impacted all IFRS data collection, particularly follow-up data which provides insight into the effectiveness of this program. The Division relies on contracted staff to enter the follow up status into FACES for each child served. Follow up data was first available electronically in SFY11 when IFRS was put into FACES. The table below illustrates the percentage of children in foster care at three, six, and twelve months following the intervention. Some of the other follow up statuses include: unable to locate family, child ran away, information not available, and other. The percentages for each of the other exit statuses were statistically insignificant and will not be listed and compared in this report. With some changes in contractors and sites and some needed data entry clean up, it was difficult to gather more in-depth accurate data for SFY14. Although the missing data is concerning, the percentage of children in foster care at each of the succeeding intervals is less susceptible to data entry issues. Efforts in 2015 will be focused on data cleanup for existing data as well as raising staff awareness of the availability of the program.

For SFY14, the percentage of children in foster care at 3, 6, and 12 months following the IFRS intervention is significantly less than the previous two fiscal years. There are a couple contributing factors for this decline including a smaller number of children being referred to the program and an increased emphasis on foster care prevention. The results of the foster care review in CY11 and CY12 revealed a need to focus on family-centered practice. As discussed in the foster care section, the state

also focused efforts on improving engagement with families which leads to a reduction of removals and better permanency outcomes for children.

Fiscal Year	Foster Care 3 months	Foster Care 6 months	Foster Care 12 months
2011	19%	22%	25%
2012	22%	28%	22%
2013	16%	19%	17%
2014	10%	4%	7%

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

Family Support Services

Family-Centered Services

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

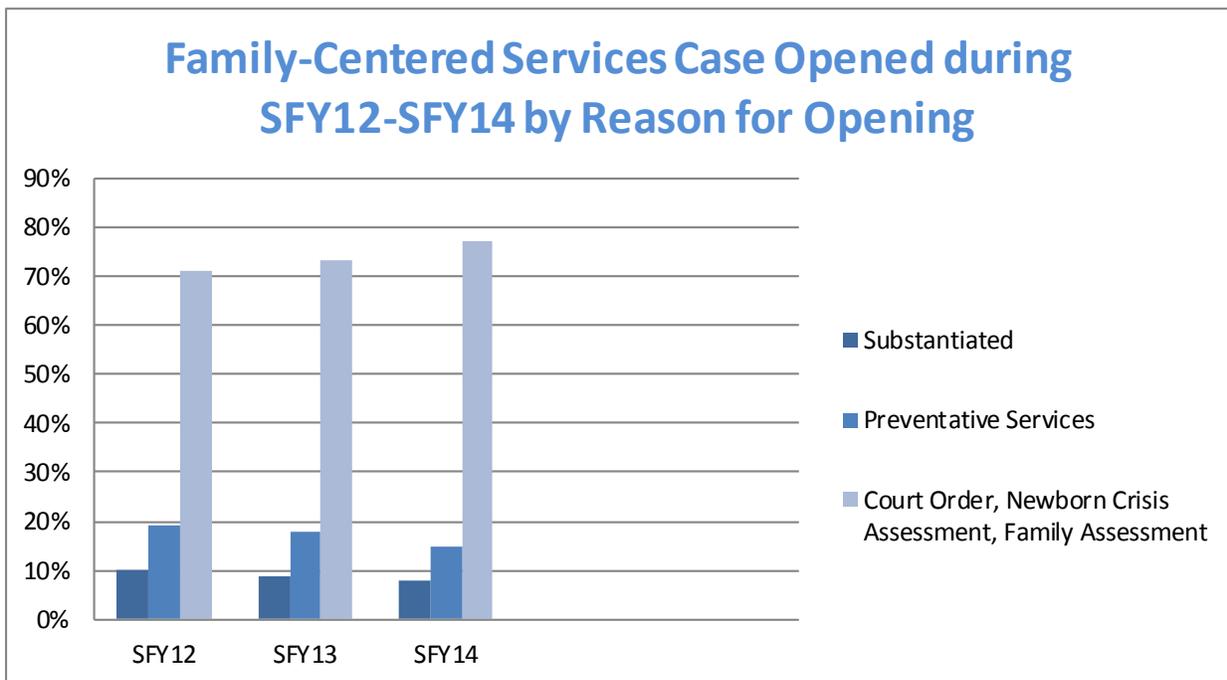
In SFY14, there were 20,091 active FCS cases compared to 19,835 during SFY13, and 19,721 in SFY12. (Source: CD Annual Report, Table #9). Children's Division policy requires an open FCS case for each family with a child in foster care. The number of children in out-of-home care increased by 3,519 children from SFY10 to SFY14, contributing to the increase in FCS cases during the same time period. In addition, the number of hotline reports received by the Division has also increased in the last three years contributing to the increase in the number of active FCS cases.

Family-Centered Services Cases Active SFY12 - SFY14

Fiscal Year	Cases Active	Percent Change from Prior Year
SFY12	19,721	4.9%
SFY13	19,835	0.6%

SFY14	20,091	1.3%
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In SFY14, approximately 8% of FCS families were served as a result of substantiated child abuse/neglect reports (869 out of 10,292; Source: CD Annual Report, Table 11). Families with no substantiated report but requesting preventive services made up 15% of the total served. Almost 3% of the cases were opened due to court order. 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 January 2012, Family-Centered Services performance measures tied to desired practice outcomes were developed for individual staff performance expectations. The performance measure tied to Family-Centered Services evaluates whether workers are visiting with parents (at least one time per month). The data source for this measure is the Quarterly FCS Analysis Report provided by the Research and Evaluation Unit. One or more visits per month is considered compliance for this measure. The statewide goal for this measure was 80% in 2012, 2013, and 2014. The 80% goal was determined by the CD Executive Team after discussion and reviewing the initial baseline during report development. Staff utilize the risk assessment to determine the number of visits with the parents each month with a minimum of one visit per month required.

During CY14, progress was made on this measure due to attention paid to practices related to this performance measure. The 2014 statewide performance for this goal was 75%. While that does not meet the 80% statewide goal, an improvement of 4% was realized over the course of the year.

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

Having strong family engagement practice strengthens the Children Division's mission and increases success for the children and families served. Family engagement begins with having frequent and meaningful contact with families in the home. In an April 2013 edition of the In Focus newsletter, the Division turned a spotlight toward the importance of family engagement in child welfare practice. To continue the discussion of family engagement in CY14, an In Focus Newsletter was centered on family engagement Part II. The newsletter provided staff with strategies to promote real and meaningful family engagement.

In CY14, the Children's Division recognized a need to examine the current Family-Centered Services philosophy and organizational culture regarding engaging families to find out what is being done and what needs to improve. Children's Division looked at whether staff are given the knowledge to treat families with respect and dignity through the engagement process. Research was conducted on successful models from other states. A workgroup was established and charged with developing a new FCS model for Children's Division. The workgroup members consisted of staff with a passion for Family-Centered Services, as well as training staff, University partners, Katya Smith from the Full Frame Initiative, and Casey Family Programs. The workgroup began their work in July 2014 and met four times in CY14. The workgroup was tasked with developing a framework, recommending a model, and developing core training for staff.

The workgroup determined the essential components of a model to be:

- Engagement (How does engagement aid in resolving safety concerns?)
- Assessment (How to identify core issues, strengths, concerns, and community roles)
- Treatment and Service Planning (Implementing the plan involving family and community)
- Interventions (Developing short term interventions which target contributing factors to alleviate concerns)
- Evaluation

The new model will encourage relationship building and collaboration with families to recognize strengths as well as weaknesses, while understanding that relationships are the key to creating and sustaining change. The workgroup recommended the model be solution-focused and include core principles of: Wellbeing, Family, Whole People, Strengths, Partnership, and Change. The Executive Team recommended a pilot site in each region of the state. The pilot sites represent the metro and

rural areas of the state. An implementation team has been established to strategize on the best way to implement the model. Feedback loops will be created to provide support, guidance, training, and to remove any barriers.

The FCS model workgroup recognized a need for Children's Division to look at how family assessments are completed through differential response. During CY14 a differential response pilot was established with four circuits in the Southwest portion of the state. Each circuit will dedicate staff to complete family assessments. Staff participating in the pilot will be assigned reports at the supervisor's discretion and have a limited caseload. The assignments of cases will allow the Division to compare outcomes with cases not involved in the pilot to determine success. The pilot is in the beginning stages of training and implementation. The goal of the pilot is to help families get the services needed through the family assessment process and reduce the amount of time with Division intervention. The hope is the new practice will also reduce the number of children entering foster care and decrease future maltreatment. Should the pilot prove valuable, the Division will discuss the possibility of statewide implementation with the Executive Team.

Engaging stakeholders is a crucial element to the success of working with families. Each stakeholder brings to the table a unique perspective, expertise, and array of tools and resources which may address the particular needs of each family. During CY14, central office staff presented at an education conference about collaborating with Children's Division to strengthen educational success of children and youth. The training assisted participants in understanding their role in collaboration with Children's Division to help children and youth succeed in school. The training covered confidentiality, mandated reporter laws, and local collaborations.

Child Care and Development Fund

As part of the prevention efforts, CD is the lead agency for the federal Child Care and Development Fund and administers the state child care subsidy program for low income and protective services families served through both CD and the Family Support Division (FSD). Child care subsidies helped support approximately 29,347 low income children through FSD and approximately 6,255 children through protective services in SFY14. In SFY14 low income children served decreased by 17% while protective services children served increased by 1.46%.

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

Child care subsidy 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) is able to serve the greatest number of families in need. Timely and accurate payment ensures higher quality providers are willing to accept DSS subsidized children.

Crisis Care

Crisis Care provides temporary care for children whose parents/guardians are experiencing an unexpected and unstable/serious condition requiring immediate short term care, and without this care the children are at risk for abuse and neglect or at risk of entering state custody. Crisis Care serves children birth through 17 years of age.

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

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

Crisis Care services are provided free of charge to families voluntarily accessing services in response to a family emergency. Crisis Care services are available twenty-four (24) hours a day, seven (7) days a week. A child will be accepted at a crisis care facility at any time, day or night, if space is available. Crisis Care contracts are awarded through a competitive bid process, with the last rebid occurring in 2012. Currently there are 11 crisis care facilities across the state.

In SFY14, 2,399 children age 12 and under were served, which was an increase of 12% from SFY13.

In SFY14, 589 children ages 13 to 18 were served, which is an increase of 20% from SFY13.

Admission data has been collected for the past four years. Accuracy of the data is dependent on the crisis care facilities categorizing the reason for admission within the report to the state agency. The primary reason for admission in SFY13 was hospitalization of a sibling (72%), followed by overwhelming parental stress (56%) and homeless or unsafe housing (35%). Hospitalization of a sibling increased during SFY13 by 17% from SFY12. Overwhelming parental stress showed an increase from 47% in SFY12 to 56% in SFY13. The third highest reason for admission in SFY13 is homeless and unsafe housing (35%), which increased by 17% from SFY12. Since this is a contracted service, other unknown variables could have impacted the number of children receiving crisis care.

Based on the quarterly reports by the contractor, the primary reason for admission into crisis care during SFY14 was hospitalization of a sibling (65.52%), as the parents were unable to care for the child in

crisis care while they stayed with the child that was hospitalized. The next highest reason for admission was overwhelming parental stress (55.62%), indicating the parent was unable to cope with all the stress in their lives so their child(ren) was placed in crisis care. The third highest reason for admission in SFY14 was homeless or unsafe housing, at 32.78%. Between SFY13 and SFY14 hospitalization of a sibling has decreased by 6.48% and overwhelming parental stress decreased by .38%. Homeless or unsafe housing was also decreased by 2.22%.

Home Visitation

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

The Home Visitation Program is a voluntary program providing assistance to eligible parents whose family income does not exceed 185% of the federal poverty level, and are currently pregnant or who wish to care for their children under the age of 3 years in the home. The program provides parents various opportunities to gain skills in the areas of early childhood development and education, improving parenting skills, school readiness, and child abuse and neglect prevention. The Home Visitation 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 visitation they are referred to Parents as Teachers to maintain educational services with the family.

The Home Visitation program is located in eight regions across the state with the most contractors located in the St. Louis City/St. Louis County area. In SFY14, there were 14 competitive, eight Community Partnerships, and one Children's Trust Fund contractor providing Home Visitation Services. There were a total of 2,170 unduplicated families and 9,358 children age birth to three years old served.

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

Time-Limited Family Reunification Services

Foster Care

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

Out-of-home placements include:

- **Emergency care placements**—A foster home which has been specifically licensed to care for six or fewer children in CD custody on an emergency basis only. These foster homes are available to receive children on a 24 hour basis. These foster homes are used on a short term basis only not to exceed 30 days.
- **Foster care placements** —Foster homes are a licensed home caring for six or fewer children and are licensed by CD. Care includes the provision of food, lodging, clothing, transportation, recreation and training appropriate for the child’s age and mental and physical capacity.
- **Relative care placements**—Placement of a child in the home of an adult who is an extended family member. Relative placement providers must complete training and a licensure process to care for a relative child and for payment for to be received.
- **Kinship care placements**—Placement of child in a non-relative kinship home in which licensing and training have been completed. The non-related child is in the custody of the Division and there is a relationship between the child and placement provider.
- **Elevated Needs Care (Level A and Level B) placements**—A specified placement for a child in foster care with elevated challenges and receives specialized care. These foster care homes must meet all licensing requirements as a traditional foster home plus receive specialized training for behaviorally and mentally challenged children. In addition, these foster homes must demonstrate a willingness to obtain any specialized training to meet individualized needs of the child.
- **Medical care placements**—A foster care placement for a child with specific medical conditions where additional medical training is necessary for his/her care.
- **Transitional living placements**—These types of placements are considered for youth who demonstrate the ability to live independently with some supportive services and are successfully receiving Chafee Foster Care Independence Program services.
- **Independent living arrangements placements**—Placement for a youth living on his/her own, usually in an apartment or college campus setting, with supervision from the case manager.
- **Residential treatment facilities placement**—A residential child care agency licensed by CD and compliance is monitored by the Residential Program Unit to provide residential treatment services for children and youth.

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

autism spectrum disorders, which often times require a medical approach rather than behavioral as parents must adapt to the needs of the youth they are caring for.

Foster Care Placements

Placement Type	Coding Categories	SFY11	SFY12	SFY13	SFY14
Emergency	FHE	371	265	194	215
Foster Care	FAH, FGB, FGH, FGM, FHB, FHE, FHM, FHO	5,758	5,685	5,690	5,998
Relative Care	RHB, RHM, RHO, RHU	4,881	5,508	5,927	6,254
Kinship Care	KHB, KHM, KHO, KHU	1,001	1,194	1,459	1,740
Elevated Needs	FGB, CFP, FHB, KHB, RHB	821	886	909	940
Medical Care	KHM, FHM, RHM	237	269	308	341
Transitional Living	TLA, TLG, TLS	347	335	326	337
Independent Living	ILA	343	331	292	271
Residential Treatment	RFA, RF2, RF3, RF4, RFE, RFP, RFT	1,876	1,877	1,986	2,049
Total Children		15,738	16,487	17,154	18,290

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

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

Foster Care Population Increase

For over a decade, the Division experienced a decrease in the foster care population. The foster care population in Missouri reached its lowest point in January 2009 with a point in time total of 9,104 children in care. However, since that time, the Division has experienced a continual growth of children in foster care with the foster care population being at 13,030 in March 2015. Steps are being taken to

understand the growth in the foster care population and if possible, make changes to safely curtail the growth.

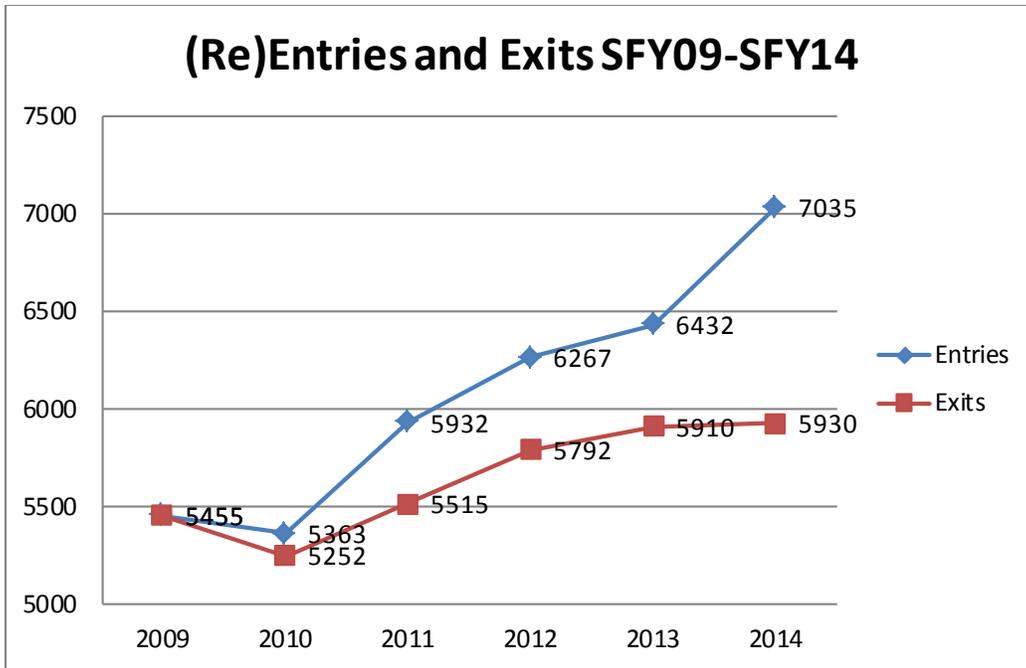
The chart below illustrates the changes in foster care population in past years.

Children Active in CD Custody During SFY09 - 14

Fiscal Year	Number of Children	Change from Prior Year
SFY09	14,241	-1.78%
SFY10	14,771	3.72%
SFY11	15,738	6.55%
SFY12	16,487	4.77%
SFY13	17,154	4.00%
SFY14	18,290	6.62%

Source: CD Annual Report, Table #35

In addition to the active population as shown above, the CD Annual Report, Table 35 indicates the number of children *entering* care rose by over 600 children between SFY13 and SFY14; this was after several years of remaining relatively stable in entry increases. In addition, contributing to the increase in the foster care population, is the reduction in the number of children *exiting* care. According to Table 35 of the CD Annual Report, the number of children exiting foster care declined each year from SFY08 to SFY10; however since SFY10 the number of children exiting foster care has increased. While the number of exits has increased from the prior year, the exit rate has not surpassed the rate of entries. Therefore, the total number of children in care continues to rise. The increase in entries/reentries was 9.4% in SFY14 while the increase in exits was only 0.34%, compared to SFY13, contributing even further to the increased foster care population.



Source: CD Annual Report Table 35

In an effort to find explanations for the increase in foster care population growth, the Quality Assurance Unit conducted a data analysis to look at different factors such as entries and exits, parent involvement in case planning, Intensive in Home Services data, collaboration with community stakeholders, staff retention, employee engagement results, service array and number of hotlines. Data will continue to be monitored and ideas explored regarding the increase of entries and the disproportionate number of exits.

Some areas of focus and development for SFY14 and ongoing in regards to the growth of the foster care populations are:

- **Service Workers** – Previously, if foster youth were placed in another county, a service worker would visit that child on behalf of the case manager in the county of jurisdiction. The service worker and case manager would work together to provide case management services to the child. In Fall 2014, regional plans were designed to eliminate service workers, with full implementation in 2015. Case managers are now expected to see all youth on their caseload, in person, in their placement, each month. This will allow workers to know and understand their youth first hand and should improve permanency for foster youth. Youth will also know who their workers are and be able to be more involved in the entire case planning process.
- **Worker Retention** – Worker turnover can greatly affect case planning and slow permanency for youth in foster care. In CY14, a Management Analysis Specialist position was created to focus on staff retention and turnover. Also in CY14, a Career Ladder was implemented, allowing experienced workers to seek approval to become higher level workers, with increased pay, also

helping with worker retention. See the Program Support, Recruitment and Retention of Staff section of this document for more information on efforts regarding worker retention.

- Family Centered Services – As described further in the Family Support Services section, in CY14, the Children’s Division recognized a need to examine the current Family-Centered Services philosophy and organizational culture regarding engaging families, to find out what is being done and what needs to improve. Children’s Division looked at whether staff are given the knowledge to treat families with respect and dignity through the engagement process. A workgroup was established in CY14 and charged with developing a new FCS model for Children’s Division. The workgroup was tasked with developing a framework, recommending a model, and developing core training for staff. Improvements in Family Centered Services can lead to better services to intact families, ultimately creating fewer removals and fewer youth in foster care.
- Trauma Informed Practice - Children’s Division recognizes exposure to trauma can impact children’s physical health, emotional health, learning, behavior, and social skills. The Division, therefore, is committed to becoming a trauma-informed organization by which its policies and practices are embedded with a trauma awareness and focus. To steer the development and implementation plan for becoming a trauma-informed agency, the Children’s Division partnered with the Department of Mental Health (DMH) in March 2014 to share the employed position of Patsy Carter, PhD, Director of Children’s Clinical Services for DMH. In addition to assisting CD in becoming a trauma-informed agency, Dr. Carter will help build a clinical structure within the agency and provide clinical consultation services.

The initial phase of implementation is to ensure staff have a shared foundation of trauma awareness. The Division has elected to train staff using the NCTSN *Child Welfare Trauma Training Toolkit* curriculum. A group of select staff and contracted providers received NCTSN *Child Welfare Trauma Training Toolkit* train-the-trainer in September 2014 and will train all staff in their respective regions with a projected completion date of CY15. Future training sessions will incorporate resource providers and multidisciplinary members (juvenile officers, guardians ad litem).

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

Since the foster care increase continues, several strategies have been implemented to try to safely reduce the number of children in foster care. Focus groups and interviews, as well as an in-depth case review, were conducted in 2011 and 2012 by Casey Family Programs, and key themes were identified.

Strategies addressing the key themes, and associated action steps which have been completed this year or continued since the review, are as follows:

1. Expand Family-Centered practices as a way to keep families intact and achieve permanency
 - Continue Team Decision Making (TDM) meetings in the St. Louis Region and implement further expansion of TDM in Jackson County. There are further discussions of expansion statewide if funding allowed, or development of a strategy for redirecting resources.
2. Improve relationship with the courts and external stakeholders and align goals regarding safety and risk
 - Expanded Fostering Court Improvement (FCI) projects to an additional circuit
 - Hold statewide FCI meetings twice a year
3. Build organizational development capacity with the Children's Division
 - Developed a comprehensive strategic plan designed to attend to those areas over which the division has control and which will result in improved recruitment of new staff and retention of existing valuable resources. These primary strategies were drawn from information gathered from the field through case reviews and interviews as well as from field workgroup recommendations. The plan is divided into seven primary strategies:
 - Enhancement of training
 - Leadership development
 - Supervisory support
 - Staffing
 - Reducing administrative burden
 - Staff recruitment
 - Further data analysis
 - Supervision Advisory Committee reviewed all existing regional tools and provided recommendations for standardized statewide case consultation guide
 - Piloted a case consultation guide for supervisors on how to incorporate outcome data into the case consultation process, statewide implementation began in February of 2015.
 - Implemented a FACES newsletter, several FACES enhancements were added in CY2014 to reduce duplication and increase user ability.
 - Developed staff PERforM outcome measures to monitor benchmarks and desired outcomes tied to safety, permanency and child well-being
 - To improve family engagement and shared decision making, FST templates were developed for use during Family Support Team Meetings

- Implemented the North Carolina Family Assessment Scale General + Reunification (NCFAS G+R) as a family assessment tool. These tools are designed to assist staff in conducting a thorough and comprehensive assessment of family's history, structure and functioning, identifying protective capacities and child vulnerabilities.
 - The Supervision Advisory Committee (SAC) focused on several improvements throughout 2014 including career ladder and staff training changes. They continued to review and discuss Survey of Employee Engagement (SEE) results and data.
4. Increase service delivery capacity and align funding stream for preventative and reunification services
- Held interagency collaborative meetings to create new avenues to access health information for children in foster care, cyber access was given to all front line staff, so that they may access a summary of foster youth's medical services.

On August 28, 2013, SB205 and SB208 went into effect, which allows children who left foster care after the age of 18 but are still under the age of 21 to come back into care. If it is deemed to be in the best interest of the youth, the youth may have his or her custody returned to the Children's Division through a petition to the court from the youth, Children's Division, or Juvenile Officer. It was unknown how many youth, would utilize this option. Point in time data from February 28, 2015 showed nine youth in custody under this provision.

Worker Visits with Children

The Division continues to maintain in the area of frequency of worker visits with children. Missouri achieved 76% in FFY09, 82% in FFY10, 87% in FFY11 and 91% in FFY12 using the previous year's methodology. As explained in ACYF-CB-PI-12-01, the reporting methodology was modified to be consistent with the changes in the law (P.L. 112-34). Using the new calculation method, the Division achieved 98% in FFY12, FFY13 and FFY14. An "Every Child, Every Month" visit poster campaign was put into action during November 2010, complemented with monthly visit frequency reports positioned beside the posters in local offices to focus attention on the importance of visiting children. In addition, beginning in CY12, worker visits with children were added to the foster care case managers' performance appraisal which requires staff to be measured on how well they perform for the measure. The measures are specific to each job classification and program area and are intended to strengthen accountability. Staff who wish to have a successful performance appraisal understand they must be proactive in meeting with the children on their caseload each month. The measures are used by supervisors to identify practice issues and develop plans for improvement with staff as needed, as well as to focus on the value of visits with children in achieving permanency.

Length of Stay

Since SFY09 the average length of stay for children in the foster care system has decreased from 25.1 months to 21.9 months in SFY14. In addition, according to outcome measure 9c from the Child Welfare Outcomes Report, children who reunified had an average length of stay of 12.87 months whereas

children who exited to guardianship stayed in care an average of 19.89 months and children exiting to adoption had an average length of stay of 30.40 months.

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

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

Placement Stability

As a result of the CFSR, the Division developed a workgroup to develop strategies to increase placement stability. According to Outcome Measure 13a from the Child Welfare Outcomes Report, the percentage of children with two or fewer placements in the last three years, in care less than 12 months, has remained relatively stable with 82.17% in SFY10, 83.18% in SFY11, 82.60% in SFY12, 81.84% in SFY13 and 80.64% in SFY14. Case review results and AFCARS composite data indicate outcomes have remained fairly stable from 2010 to 2014. Some of the strategies that were explored and/or implemented by the placement stability workgroup and the sub-committees included expanded utilization of IIS Consultation. Currently, the Intensive In-Home Services (IIS) contract has language which allows the contractors to provide consultation services to high-risk families not enrolled in Intensive In-home Services. A Practice Point was posted for staff to encourage the use of this consultation. The IIS specialists can provide additional support to resource providers and family support team members during times of placement instability by attending team meetings and/or providing strategies to help families.

In addition to monitoring the data provided in the foster care section, the foster care Program Development Specialist (PDS) attends Best Practice Reviews across the state to compare practice from circuit to circuit and to use the results to inform policy and practice statewide. The PDS also travels to all parts of the state to provide field support to staff when requested. Also in SFY14, PDS staff, partnered with Family Support Division staff, attended and presented at a GrandFamily Conference, which promoted, educated and empowered grandparents and relatives caring for family members. The

PDS provided information on practice and resources when a child is in state custody or living with a family member and not in custody.

Kinship and Relative Care

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

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

Kin and Relative Placement Statistics

Fiscal Year	Total Relative Placements	Relative Placement % of Total In Care Population	Total Kinship Placements	Kinship Placement % of Total In Care Population
2009	3,735	26.22%	805	5.60%
2010	4,176	28.28%	887	6.00%
2011	4,881	31.01%	1,001	6.36%
2012	5,508	33.37%	1,194	7.16%
2013	5,927	34.55%	1,460	8.51%
2014	6,253	34.19%	1,739	9.51%

Source: Outcome Measure #17a/b

As the table above illustrates, significant increases in the use of relative and kinship placements have occurred since FY09. According to the CD Annual Report Table 21, in SFY14 49% of the children exiting care exited from a relative home placement. This is an increase from SFY10 (37%), SFY11 (40%), SFY12 (44%) and SFY13 (47%). More children exited from a relative home than any other placement type (adoptive home, foster home, residential). This can also be attributed to the continued emphasis on identifying, locating, and placing with relatives whenever possible. Children’s Division is continually exploring new and enhanced ways to expand diligent search capabilities. Central Office is exploring the use of several different search engines to use in locating relatives, with funding options being explored for this project. In 2013, information was provided to staff that included tools to inform relatives and

kin. The notification letter, brochure and talking points were intended to provide staff with tools to educate potential relative/kinship providers regarding the placement process and to aid staff in fulfilling the statutory requirement to notify all adult relatives within 30 days of custody.

In April 2011, the Legal Aspects of Relative Placements Training DVD was introduced, and continues to be used to educate on the intricacies of making placement decisions based on various laws. In addition to the law, this training brings to view factors unique to each child for consideration when making placement decisions. This training is available to staff as well as foster parents, juvenile officers, and other community partners and continues to be a valuable resource for staff when making placement decisions. This training is required of staff who are supervising or coordinating relative placements and available to all other staff. The trainings are tracked in the state Employee Learning Center.

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

There has been an increase in the percentage of children achieving guardianship since the last fiscal year. According to the CD Child Welfare Outcomes Report, Outcome Measure 9, in SFY14, 16.48% of the children in foster care achieved permanency through guardianship compared to 11.21% in SFY09, 12.67% in SFY10, 11.38% in SFY11, 13.80% in SFY12 and 15.07% in SFY13. One reason for this increase is the expansion of guardianship subsidy to include great-grandparents, great-aunts, and great-uncles. In addition, with the increase in the amount of children placed with relatives and kin, and the increase in the number of children exiting from a relative placement, the percentage of children achieving permanency through guardianship has increased. In August 2013, Missouri expanded those eligible for guardianship subsidy to include all placements; this is believed to be another reason for the continued increase in guardianships.

Other Planned Permanent Living Arrangements

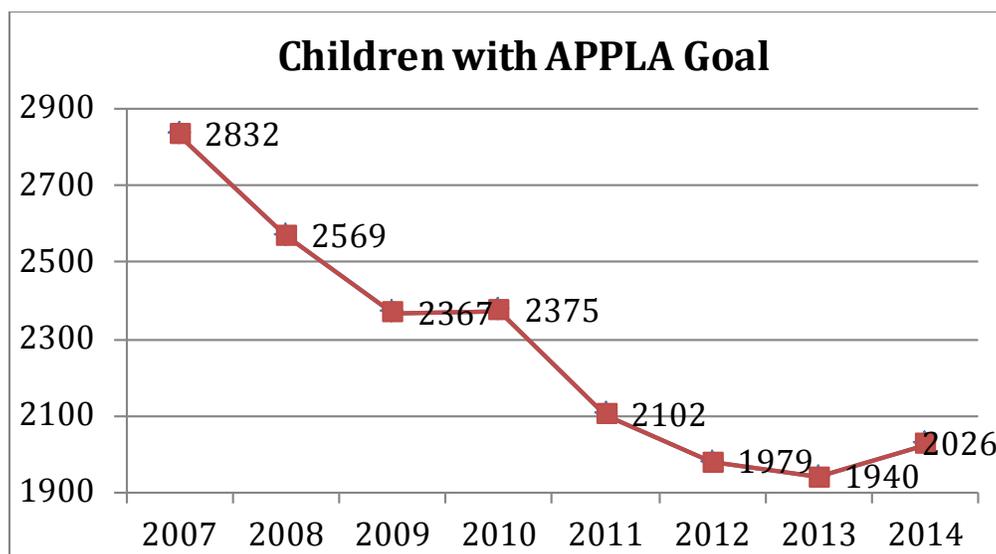
Another Planned Permanent Living Arrangement (APPLA) is the least desirable permanency option and should only be used after all other permanency options have been explored. The Family Support Team (FST) may determine, during an administrative review or at a permanency hearing, that another preferable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

Youth are placed in APPLA when the FST believes his/her placement will endure until the youth becomes independent and receives approval by the court. The resource provider must also be in agreement with the plan, and able and willing, with the assistance of CD, to meet the safety, permanency, and well-being needs of the youth. The resource provider makes a formal Planned Permanency Agreement with the Division for this purpose. The purpose of the agreement is to identify an appropriate planned

permanent living arrangement in which the youth wishes to continue living by specifying an adult who will play a permanent role in the youth's life.

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

Currently, there is no age limit for selecting a goal of APPLA according to Children's Division policy; however, staff must ensure this goal is the most appropriate and all other goals have been ruled out. The agency strives to achieve permanency for every child in foster care. A goal of APPLA for a child under the age of ten should only be chosen in special circumstances after the other goals have been ruled out and if the Family Support team is in agreement with the goal. H.R. 4980 requires the federal age limit on APPLA to be increased from age 14 to age 16 and older, and will require additional case review and case plan requirements for all youth with the APPLA goal. Children's Division policy is being amended to include the federal limitation on APPLA goals as well as addressing the requirements to include youth 14 and older in case planning for independence success.



Source: CD Annual Report, Table 25

In recent years, Central Office and QA/QI staff have focused on educating staff about the appropriate use of the APPLA goal. Emphasis has been placed on using this goal when other options have been ruled out and when the goal is appropriate for the child considering the circumstances of the case. According to an ad hoc report produced by the Research and Evaluation Unit, point in time data on January 31, 2015 indicates that 95% (1,354 out of 1,426) of the youth with a goal of APPLA are age 14 and older and only 1% (12 out of 1,426) are under the age of ten. These numbers indicate appropriate oversight of APPLA goal usage is being maintained.

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

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

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

In SFY15, Children's Division is sponsoring statewide training on the Permanency Pact in conjunction with FosterClub All-Stars including Missouri's 2014 All-Star. The train the trainer format will be used. Three sessions with 45 participants each are scheduled. The Permanency Pact is a tool designed to encourage life-long, kin-like connections between a young person and a supportive adult. Missouri has shared this resource with staff in the past for use as a tool, however has not put anything in policy. In SFY16, Children's Division will be using this tool in a more formalized way in case planning for youth with the goal of APPLA. The tool will be introduced through policy after the training has been held.

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

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

Residential Treatment Services for Children

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 less 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) and Child Placing Agencies (CPA).

During SFY14, 725 children (re)entering the custody of the Children's Division were in a Residential Child Care/Group Home placement. This is a decrease from SFY13 when 758 children (re)entering custody of the Children's Division were in a Residential Treatment/Group Home placement. Throughout SFY14, 2,191 children in the custody of the Children's Division received service in a Residential Treatment/Group Home placement. This is an increase from SFY13 when 2,105 children received residential treatment services. These decreases and increases are very slight between SFY13 and SFY14. Residential facilities in Missouri have reported the children entering residential care have an increased need for intensive treatment. There has been an effort underway in the state 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. In addition, there are more foster/relative/kinship homes being developed and utilized.

During SFY14, RPU along with the National Resource Center for Youth Services provided residential treatment agencies with the Strengthening the Culture of Care training. This training is designed to train the trainer and covers material over the course of two days. The training is a focus on providing direct care staff and supervisors with an understanding of trauma, child/youth development, interaction and communication skills, and relationship building skills.

Residential treatment services provided include: individual, group and family counseling, recreational therapy, educational services, medical and psychiatric services, transitional living and life skill training for older youth, family focused reunification services and a closely supervised, structured place to live.

In 2014, children received services through 73 licensed residential child care agencies operating at 119 separate sites. Seventeen RTACs are dually licensed to provide child placing services. In 2014, there were four initial RTAC licenses awarded, and 37 RTACs renewed their licenses. In 2014, of the 73 licensed RTACs, 29 are accredited through nationally recognized accrediting bodies (Council on Accreditation of Services for Children and Families, Inc., Joint Commission on Accreditation of Healthcare Organizations, Commission on Accreditation of Rehabilitation Facilities). No additional RTACs are actively seeking accreditation at this time. Such accreditation in Missouri serves as prima facie evidence that an accredited agency meets state licensing standards. Licensed RTAC staff are required to have initial orientation and a minimum of 40 hours of on-going training per year while licensed CPA staff must have a minimum of 20 hours.

Specialized Care Management Contract

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

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 individualized for children who demonstrate an inability to function in less-restrictive settings without such services. This may be evidenced by multiple failed residential placements or repeated need for acute psychiatric hospital admissions. While enrolled in the program,

the contractor is the sole case manager for the enrolled child. Once the youth is stabilized in a community setting, the youth is dis-enrolled and the state agency resumes case management activities.

The contract is capped to serve a maximum of 325 youth statewide. The areas served are comprised of designated counties within the central, eastern, western, and southwestern regions of the state. As of March 2015, there are approximately 300 youth being case managed through this contract. From July 1, 2012 to present, approximately 457 youth have been served through this contract.

The contract provides intensive wraparound services and supports by ensuring a maximum case management ratio of one to ten, although some caseloads are below this limit. Children enrolled under the specialized contract may be as young as six years up until the youth's 21st birthday. The average age of active enrollments is 16 years.

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

- Children shall not be the subject of reports of child abuse or neglect where there is a finding of preponderance of evidence and the incident date is later than the enrollment date.
Target Goal: 99.43% **SFY14 Data: 100%**
- Children shall not be on/or have been on runaway status in excess of 48 hours.
Target Goal: 95% **SFY14 Data: 96%**
- Children shall not be or have been arrested or detained.
Target Goal: 95% **SFY14 Data: 98%**
- Children should remain stable within their community 90 days after disenrollment. It should be noted 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% **SFY14 Data: 90%**
- Youth will not experience a move that is to the same placement type or a more restrictive placement setting.
Target Goal: 78% **SFY14 Data: 85%**
- 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% **SFY14 Data: 51%**
- 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% **SFY14 Data: 95%**

- Children dis-enrolled or discharged must have had a physical examination within the past 12 months.

Target Goal: 90%

SFY14 Data: 90%

- Children must be enrolled in and actively participating in an educational program or have successfully graduated.

Target Goal: 90%

SFY14 Data: 95%

These measures address the commitment by CD and MACF to ensure youth are safe, stable, and have the opportunity to be successful. Current performance indicates that MACF met, and often exceeded, all 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 that focus on permanency. On March 3, 2015, CD and MACF staff met to discuss the current state of the Specialized Care program and these enhanced services. MACF also shared quantitative and qualitative data for the group to discuss population commonalities to hone practice and reduce the need for these intensive services.

Foster Care Case Management Contracts

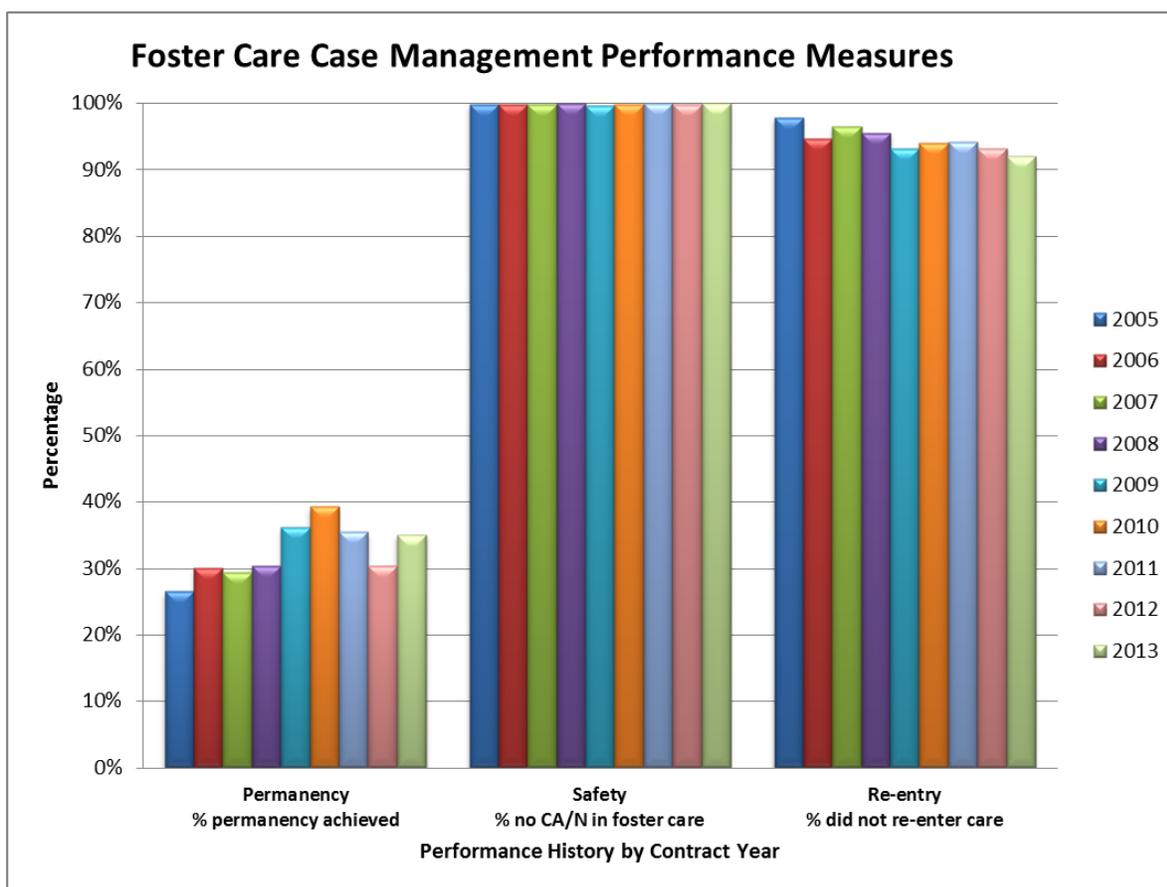
The award of Foster Care Case Management contracts on June 1, 2005 not only changed how Missouri interacted with private and not-for-profit child welfare providers, it changed the payment structure from a fee-for-service model to a performance based model. Each contractor is awarded a maximum caseload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

The initial contracts were awarded on June 1, 2005 to seven provider consortiums to serve 1,845 cases across nine Missouri counties. Since then, Foster Care Case Management has experienced substantial growth. The Children’s Division now contracts with six provider consortiums to serve 3,105 cases across 27 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 24% of the children in the care and custody of the Children’s Division. This is a decrease from 2009, when approximately 38% were served by the private contractors and the total number of children in care was lower

In October 2011, Foster Care Case Management regulation was promulgated which changed the case referral methodology from a designated number of monthly case referrals to a 1-for-1 case replacement methodology where a case is referred only when another case exits the contractor’s services. The new methodology maximizes opportunities to refer cases at the entry point of care and reduces the need to disrupt already active cases for the sole purpose of maintaining contractor caseloads. This new methodology has allowed Children’s Division the opportunity to move away from the rebuild process

historically necessary to bring contractors back to their base caseload. When new contracts are awarded or expansion occurs, the referrals can focus on new entries into care.

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



Privatized Recruitment and Retention Contract

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

In January 2014, the Northwest Region of Missouri as well as Jackson County came under the purview of a contract for Privatization of Recruitment Licensure and Retention of Resource Homes. This two year pilot project contract was awarded to Cornerstones of Care (COC) who is responsible for recruitment, training, and licensing/approval of resource homes in the counties of the Northwest Region and Jackson

County. COC and their two subcontractors are managing these cases, completing activities of licensure and re-licensure as well as support services to retain foster and adoptive parents. Additionally, the contractor is responsible for identifying placements for children from their pool of resources for placement of children managed by the Children's Division.

By late 2014, 865 resource home cases were transferred to COC. As of February 2015 there are 1,295 licensed/approved resource families in the pilot area. The contractor has received on average 156 new applications per month since November 2013 when they began receiving applications. In regard to identifying placements, the contractor has identified placements within the timeframes mandated in the contract successfully 67% of the time and with an average of 56% of placements being found in the child's residence county. A plan is being developed to increase placement within the four hour timeframe and in the child's residence county to 85%. During the first year of the pilot, the initial placement of children in shelter care or residential has increased in the pilot area. This is of concern and being addressed through hiring of intensive home finding specialists to address placements of youth to avoid as well as discharge from residential.

During this second year of the contract, the focus is on assessment of the pilot and determination of the next step in privatization of resource development in Missouri. The determination to be made in this assessment year is whether to expand privatization, or exercise the option to extend the current contract for another 12 month period to allow more data to be gathered on the efficiency of privatizing these functions in a larger geographic area.

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. Priority is given to those families interested in adopting a special needs child.

Children are featured on the national AdoptUSKids web site at www.adoptUSkids.org and on the Adoption Exchange Website at www.adoptex.org.

Each year youth are featured on the Missouri Heart Gallery, including photo presentation in venues around the state and through the Heart Gallery website <http://www.moheartgallery.org>. The Adoption Exchange partners with the Division to arrange for the photography and photo preparation for the gallery.

Adoption Recruitment Training Support

The Adoption Recruitment Training Support (ARTS) team serves as a centralized group consisting of regional adoption representatives who meet quarterly with representatives from Central Office to discuss recruitment strategies, training needs, or opportunities for support to staff. Team members share information with one another on regional recruitment events, providing new ideas for all regions to consider for recruitment of resource homes and informing the state recruitment plan.

This team provides assistance in updating the profile and contact information on the AdoptUSKids website. ARTS serves as a forum to discuss and resolve adoption issues faced by field staff, assist in defining best adoption practice for CD and provide necessary support to staff responsible for identifying and supporting permanent homes for children.

The focus in 2014 was on refining the new adoption staffing policy as well as the new Adoption Function in the CD SACWIS system. The new function was implemented in early June of 2014 and continues to be an ongoing discussion at meetings as field staff become more familiar with the change. The revised adoption staffing process also is a topic of discussion. The adoption staffing policy is based on a consensus building approach. This is a decision-making process that fully utilizes the resources of a group. A consensus decision represents a reasonable decision that all members of the committee can accept. This policy is still in review and the ARTS team continues to be in support and a sounding board for any changes. The ARTS team has also played an extremely vital role in the development of the updated Heart Gallery registration, book and process.

Heart Gallery

The Missouri Heart Gallery began in 2006 and continues today. Children featured in the Heart Gallery are children with the goal of adoption without an identified placement resource. Over the past five years, registrations have declined. This can be contributed to better initial placement of children, the increased number of children being placed with kinship or relative providers and the improved quality of

adoption staffings. As a result, the Division took a closer look at the Heart Gallery process and partnered with the Adoption Exchange and the ARTS team to revise and update the registration form, process and book. The Gallery will feature children with the greatest recruitment need, picking the top 50 to be displayed on the website first. With each new quarter, there will be 50 children added to the website and children who have found a permanent home will be removed. The children to be featured are chosen based on length of time in foster care and appropriateness of Heart Gallery for recruitment. The Missouri Heart Gallery website will launch photos of the first 50 children in May 2015.

The most significant change to the Heart Gallery process will be ongoing registration throughout the year, allowing photographs to be taken and posted on the website on an ongoing basis. Also new for 2015, photographs will only be printed twice a year, in May and November, for the traveling Gallery. Each region will receive 8x10 images of children from their region who are featured in the Heart Gallery for display at regional events. This approach will allow for flexibility to feature the Heart Gallery at a moment's notice in smaller venues, i.e. churches, school functions, and community events. Prospective adoptive families should be directed to the online Heart Gallery for a complete list of children featured. Regions will also receive extra images of children from other regions and will have the flexibility to exchange with other regions. The Children's Division is continuing to hold focused grassroots efforts at events such as PTA functions, fairs, and church events.

The Missouri Heart Gallery is a joint effort between the Missouri Department of Social Services and the Adoption Exchange-Missouri Office.

Subsidized Adoption and Guardianship Program

Some children placed in out-of-home care will never be able to return to their birth home. Furthermore, many of these children suffer from handicapping conditions and others are older or are members of a sibling group. These factors make it challenging to find adoptive homes. Frequently, these children have special needs such as the need for medical care, counseling, therapy, or special educational services. The cost of caring for these children can be prohibitive for a potential adoptive family, or those wanting to provide permanency through a guardianship arrangement. Adoption and guardianship subsidy provides the child the benefit of a permanent family while assisting with the financial responsibility of adopting or becoming a guardian to a special needs child. In SFY14 adoption and guardianship expenditures were \$74,118,553, similar to SFY13's expenditure of \$74,132,218. As of June 30, 2014 there were 13,988 children receiving adoption subsidy and 4,036 children receiving guardianship subsidy, per DSS Research and Evaluation.

Effective August 28, 2013, Senate Bill 47 updated state statute 453.072 RSMo to include additional eligible parties able to receive guardianship subsidy. The law now states: "1. Any subsidies available to adoptive parents pursuant to section 453.073 and section 453.074 shall also be available to a qualified relative of a child or a qualified close nonrelated person who is granted legal guardianship of the child in the same manner as such subsidies are available for adoptive parents. 2. As used in this section: (1) "Relative" means any grandparent, aunt, uncle, adult sibling of the child or adult first cousin of the child, or any other person related to the child by blood or affinity; (2) "Close nonrelated person" means any

nonrelated person whose life is so intermingled with the child such that the relationship is similar to a family relationship.”

As of December 8, 2014 there were 1,066 legal guardianship entries since August 28, 2013 who had prior relative, kinship or foster home placements. This is the first full year of data available. At this time it is not clear if there was a significant increase in guardianships based on the guardianship expansion; however, over the next few years, CD will be tracking this data to determine the impact of the legislative change. Additionally, the Division will be working to refine the guardianship assistance agreements and state policy and regulation to accommodate the successor guardian requirements of H.R. 4980.

Child Placing Agencies

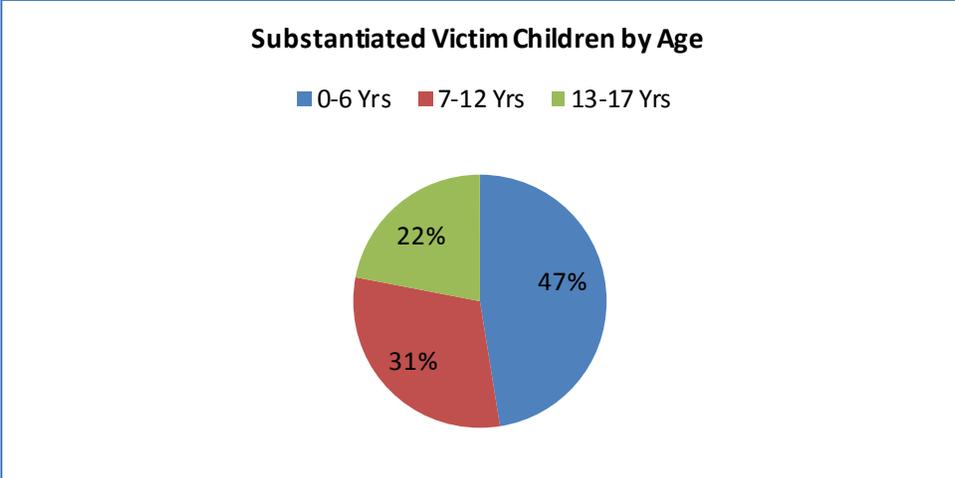
In CY14 there were 50 licensed child placing agencies with an additional 45 operating sites for a total of 95 child-placing operating sites. Of the 50 licensed child placing agencies, 31 were accredited. The child placing agencies placed 255 domestic and 190 international children for adoption.

Populations at Greatest Risk of Maltreatment

The primary concern of the Children’s Division throughout the continuum of care is always child safety and well-being. The Division utilizes protocols built upon Structured Decision Making (SDM) and Framework for Safety (FFS) to assess for risk, to address threats of danger, and to focus treatment services on families at the greatest risk of child maltreatment. The Framework for Safety model enables staff to identify vulnerabilities and protective capacities, thus allowing services to be targeted to the most vulnerable children and to caregivers with limited capacities. The Risk Assessment (SDM) assesses the likelihood of maltreatment within the next 18 to 24 months. For active family-centered service cases, the risk level is used to guide the minimum amount of contact with the family each month. These guidelines are considered "best practice" and help focus staff resources on the cases with the highest risk. High risk families have significantly higher rates of subsequent referral and substantiation than low risk families, and are more likely to be involved in serious abuse or neglect incidents. When risk is clearly defined and objectively quantified, the agency can ensure resources are targeted to higher risk families.

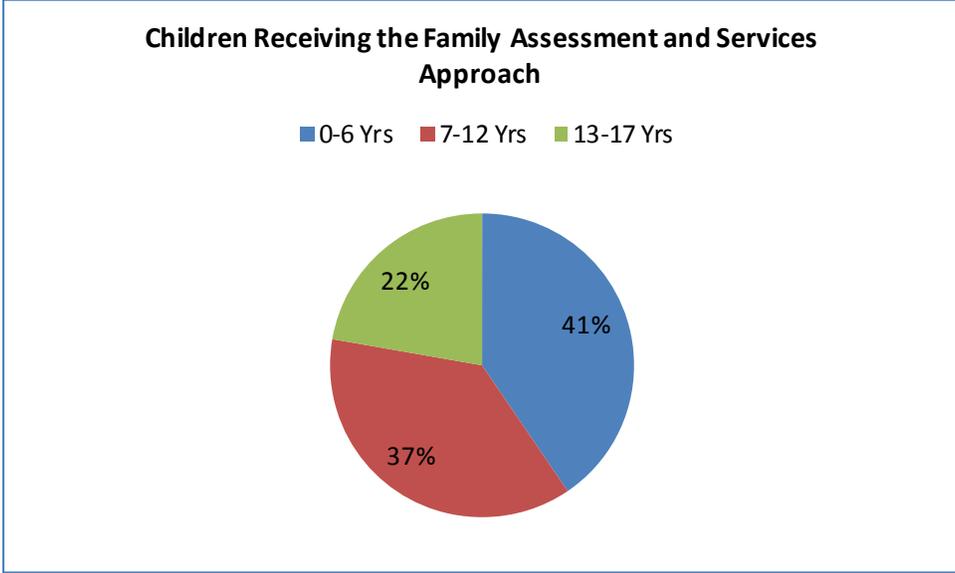
Identified Population

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. Young children lack the ability to protect themselves from abuse or neglect. They lack speech capacity and important social, cognitive, and physical skills which are developed in early childhood. They may also have limited contact with entities outside their immediate families.



Source: Child Abuse and Neglect Annual Report, SFY14, Page 19

Based on the chart above, children birth through age six constituted 47% of all substantiated victims in SFY14. Similarly, the chart below shows the highest population of children involved in family assessments to be children birth through age six. Thus, children in this age group are at the greatest risk of maltreatment.



Source: Child Abuse and Neglect Annual Report, SFY14, Page 14

Of all the children found in need of services after completion of a family assessment, approximately 40% were between the ages of zero and six.

It is also important to note the most recent Missouri child fatality data indicates that in CY13, 66% of all child abuse/neglect fatalities were children under the age of five.

In addition to age, the following were specifically identified as contributing factors:

- Children in families with prior history of abuse or neglect
- Children in families who have previously received services
- Children who had three or more siblings under the age of eighteen living in their home
- Children who presented a history of delinquency, had a developmental disability or a concerning characteristic related to their mental or behavioral health
- Children whose primary parent/caretaker had a historical or current substance abuse problem or mental health concern
- Children whose primary parent/caretaker had a history of abuse/neglect as a child

Services Targeted to this Population

Missouri's early intervention system is known as the First Steps program. The Missouri Department of Elementary and Secondary Education (DESE) is the state's lead agency for the First Steps program and is responsible for ensuring the provision of early intervention services to eligible children and their families consistent with the requirements of Part C of the IDEA. Pursuant to the federal mandate of CAPTA, staff are required to make a referral to First Steps for any child under the age of three who has been determined abused or neglected by a preponderance of evidence in a child abuse/neglect investigation.

According to Research and Evaluation in CY14, there were 867 children eligible for referral to First Steps pursuant to CAPTA requirements. Of these eligible children, DESE reports 208 referrals were received citing CAPTA as the reason for referral. This is an increase from the 78 referrals received in CY13.

According to DESE in CY14, the number of children referred to First Steps by referral source DSS is 864. This number represents the referrals to First Steps that are not part of the CAPTA requirement. The First Steps program is only for children who are birth to three.

The Practice Point posted in September 2014 informed or reminded staff of this requirement and may have served to increase compliance. To further assist staff in making required CAPTA referrals, a "First Steps" button now displays at the bottom of the Conclusion screen after supervisor approval. This button will display in the same location as other current form buttons. This button will be available for reports with children who meet the following criteria:

- 1) The report is an investigation
- 2) The victim child is under the age of three
- 3) The individual conclusion for the victim child is 'Preponderance of Evidence'

The Children's Division and DESE are in the process of finalizing a Memorandum of Understanding for data sharing. In part, DESE will provide Children's Division with an annual report of CAPTA referrals made and in which provider regions. This will assist Children's Division in identifying areas in the state with disparities between the number of children eligible for a CAPTA referral and the actual number of

CAPTA referrals received so efforts and education can be focused where needed. The annual report will also include information on the number of children who qualified for services and what services were provided.

Intensive In-Home Services (IIS) is one intervention targeted to children age five and under. The percentage of children age five and under receiving IIS services has remained stable for the last five years. In SFY14, 40% of the children served by IIS were age five and under. In SFY13 and SFY12, the percentage of children five and under was 42% and 40% respectively.

The Family-Centered Services assessment is integral in determining appropriate services for intact families with open FCS Cases or with families with children in out-of-home care. The North Carolina Family Assessment Scale for General Services and Reunification (NCFAS G+R) was trained and implemented statewide in the fall of 2013. The NCFAS G+R is designed to assist staff in conducting a thorough and comprehensive assessment of:

- Family history
- Child safety
- Family structure and functioning
- Family strengths and supports
- The family's level of risk for future child maltreatment
- The family's need for services

The family assessment should lead directly to a meaningful treatment plan designed to reduce risk of child maltreatment and to promote and maintain positive change in family functioning.

Services for Children Under Age Five

Family-centered, strength-based treatment services for children under five years of age who remain in their home should be completed by referring the family to any available community resource or other support system identified by the family; utilizing all available community resources available. Children's Division does not have child specific data for intact family services; however, development of Results Oriented Management (ROM) FCS reports is underway which will help staff and managers differentiate homes with young children from others. The ROM FCS reports are expected to be implemented during FY15. Services may be provided by direct case management or may require the use of purchased services. The worker will use community providers when he/she assesses some, or all, of the services cannot be delivered directly. The following services should be considered:

- Infant developmental stimulation/early childhood education
- Specific habilitation and medical services
- Respite care

- Home-based services to provide instructions on infant and child development (i.e., Parents as Teachers Program and Home Visitation Providers)
- First Steps services for ages birth-three with a policy requirement for mandatory referral for POE finding for child/ren under the age of 3
- School district services referral for children over the age of 3 with a developmental concern or delay
- A special or therapeutic preschool, including day treatment or child care facilities which can meet the child's needs
- Referrals to Early Head Start and Head Start
- Parent aide services for the parents
- Mental Health services for the child or parents

The Division recognizes the importance of addressing the developmental needs of all children served including those under the age of five. Staff should discuss the child's development and health history with the parents. If a child seems to be functioning below age level, attention should be paid to what stimulation is being offered the child and suggestions should be made to the parents or caregiver if necessary. Observation should also be made of proper nutrition, sleep habits, and other health related problems. Staff should also contact teachers and counselors for information on school progress and make a referral for a cognitive screening to confirm any delays. If a child seems to be functioning well below age level, a referral should be made to First Steps (ages 0 - 3), School District (age 3+) and the Regional Diagnostic Center for evaluation. There is a regional center servicing every county in the state. Preschool is highly recommended for any child who is functioning below age level. Some communities have special preschools. The school age child who is developmentally delayed will be evaluated by the school. Any child who is receiving special services in school should have a semi-annual IEP (Individual Educational Program).

The Division also recognizes the importance of foster parent-to-child ratio for young children. Per policy and administrative rule, foster parent(s) shall not provide care for more than two children under age two and no more than four under the age of five unless necessary to accommodate a sibling group on a temporary basis. Because of the sound policy and rule, the division does not anticipate any changes or updates to this particular requirement.

In SFY14, a Home Visitation program was introduced which is designed to improve parenting practices through home visitation, group training and networking activities. The target population for this program is families who have a child under the age of 3 and a household income under 185% of poverty. The goals are to support and encourage care that promotes positive brain development, to provide services that lead children to school readiness, to ensure low-income children and children with special needs have equal access to services and reduce incidences of child abuse/neglect. The Home Visitation program is located in 8 regions across the state with the greatest number of contractors located in the

St. Louis City/St. Louis County area. In SFY14 there were 14 Competitive, 8 Community Partnerships, and 1 Children's Trust Fund contractor providing Home Visitation Services. In SFY14 there were a total of 2,170 unduplicated families and a total of 9,358 children ranging in the ages from birth to three years old served.

Home Visitation contractors currently utilize either an Evidence-Based or Promising Practices approach model focusing on the following areas: early childhood development, parent education, child abuse and neglect prevention, positive brain development, and school readiness.

Also in SFY14, a Memorandum of Agreement was entered into between the Department of Social Services, Missouri Head Start State Collaboration Office and the Missouri Head Start Association, allowing a framework for local CD offices and Head Start agencies to develop a Local Collaboration Plan, for Early Head Start and Head Start. This was designed to improve the coordination of services for children and families served by both agencies as well as aid in referral processes.

Children's Division is exploring two trauma interventions targeted at young children. Children who have experienced trauma are more vulnerable to future trauma. Separation from a caregiver can be extremely traumatic even when abuse or neglect occurred. Because brain development is critical during this young period, the Division is committed to mitigating the effects of separation trauma on young children in foster care through an initiative known as Missourians Overcoming Separation Trauma (MOST). Young children ages 0-6 have been identified at a great risk of maltreatment because their brains which are still developing are vulnerable. As a result, Missouri has created the Missouri Early Trauma Initiative (MET). The MET initiative will be looking at strategies for addressing the trauma of young children.

Under Age Five Children without Permanent Families

The population of children age five and under in foster care has remained relatively stable over the last few years. According to the Child Welfare Outcomes Report, Table 8b, approximately 36% (6,584 out of 18,290) of the children in foster care in SFY14 were age five and under. This percentage is the same as SFY13 with 36% (6,201 out of 17,154), SFY12 with 36% (5,965 out of 16,487) and SFY11 with 36% (5,688 out of 15,738) of the children in care age five and under. Because the population of children age five and under has remained stable over the last few years, the state projects approximately 36% of the population will be age five and under in SFY15.

According to point in time data effective January 31, 2015, approximately 48% (2,284 out of 4,726) of the children age five and under were female and 52% (2,442 out of 4,726) were male. For the same time period, approximately 72% (3,402 out of 4,726) of the children were white and 18% (856 out of 4,726) were black. The remaining 10% were American Indian/Alaskan Native, Asian, multi-racial, and unable to determine. In addition, 52% (2,478 out of 4,726) of the children age five and under are placed with relatives or kin. This figure is higher than the percentage of all children in foster care placed with relatives or kin.

The State places a strong emphasis on achieving permanency for all children served including those age five and under. No further changes are anticipated, as the division will continue stressing the importance of permanency for all children. The data from the last three years (SFY11 - 14) supports this endeavor. The Child Welfare Outcomes Report shows a higher percentage of children age 0 - 5 achieving permanency through reunification, guardianship, and adoption than any other age group. The percentages below represent the percentage of those exiting who are ages 0 - 5, 6 - 12, and 13 and older.

Age Groups Exiting to Reunification

Years	0-5	6-12	13+
SFY09	39.0%	31.7%	29.2%
SFY10	37.5%	32.8%	29.7%
SFY11	42.4%	31.2%	26.5%
SFY12	38.6%	34.1%	27.4%
SFY13	39.1%	36.5%	24.5%
SFY14	37.6%	35.9%	26.5%

Age Groups Exiting to Guardianship

Years	0-5	6-12	13+
SFY09	36.8%	34.0%	29.2%
SFY10	41.3%	34.2%	24.4%
SFY11	41.9%	32.6%	25.5%
SFY12	40.5%	34.0%	25.6%
SFY13	38.5%	38.3%	23.2%
SFY14	38.2%	37.0%	24.9%

Age Groups Exiting to Adoption

Years	0-5	6-12	13+
SFY09	54.2%	33.1%	12.8%
SFY10	55.6%	33.1%	11.4%
SFY11	58.1%	30.1%	11.7%
SFY12	55.4%	33.9%	10.7%
SFY13	58.4%	31.9%	9.8%
SFY14	55.8%	34.2%	10.0%

Source: Child Welfare Outcomes Report, Measure #9b

Some strategies for achieving permanency for young children include: increased parent-child visitation whenever possible, front loading services to get the family engaged early, placement with relatives, concurrent planning, and regular FST meetings to review progress and clearly define goals. Concurrent permanency planning is a process of working towards reunification while, at the same time, establishing and implementing an alternative permanency plan for a child. Concurrent planning is intended to reduce the length of stay in care. If a child has been in placement for more than one year, and the current permanency plan is not proving successful, the Family Support Team should consider changing the permanency plan to the concurrent permanency plan. If it appears the child will be unable to return to their family of origin, the FST, with the involvement of the family, shall develop alternate plans for the child using concurrent planning and meeting the court and ASFA timeframes. This concurrent plan must include placing with relatives unless contrary to the welfare of the child. In addition, staff should provide full disclosure to the parents of problems, changes, possible consequences, and timelines, as well as discussing alternative permanency decision making on an ongoing basis. Staff must discuss with parents the negative effects of placement on children, the urgency for reunification, and the need for a concurrent plan if they do not follow through.

Parent-child visitation is important at any age, but it is especially important when children are under the age of five as visitation helps parents bond with their children and stay current with the changing developmental needs of their children. Frequent visitation with young children also allows parents to practice and improve the parenting skills they are learning in parenting classes and/or counseling sessions. Because the Division already encourages service provision for children under the age of five, there are no anticipated changes or updates forthcoming.

Point in time date from January 31, 2105 shows Children’s Division has 160 children age 5 and under available for adoption (TPR complete and having a goal of adoption); of those children 110 (69%) are in a pre-adoptive placement. This area has improved since 2012 with 46% (59 out of 127), and remained steady since then with 69% (85 out of 124) in 2013 and 70% (90 out of 129) in 2014. All of this information was from point in time data January or March of those years. This continuing rise and

stability come as a result of an increased focus on ensuring children who are available for adoption are matched and placed in pre-adoptive homes.

For the 31% of children aged five and under, not in a pre-adoptive placement, there are many recruitment activities that should be occurring in an effort to locate pre-adoptive placements. The Heart Gallery showcases children in foster care available for adoption and awaiting adoptive families. Families who may be interested can search the website or view photographs at the travelling gallery. The display is featured in many public venues where people who have not considered adoption can be exposed to the opportunity. In addition to the Heart Gallery, adoption events from around the state are posted on the CD website. Each circuit has their own strategies for recruitment. Staff also utilize the AdoptUSKids web service whose mission is to feature waiting children, raise public awareness about the need for foster and adoptive families for children in foster care and assist in recruiting foster and adoptive families who can be connected with waiting children. Additionally, staff circulates profiles of children awaiting adoption amongst other agency staff and among private agencies with families awaiting placement of children in the 0-5 age group.

Beginning January 1, 2012, a new performance requirement was implemented for adoption staff. In an effort to improve recruitment efforts, 75% of children with a goal of adoption must have a profile featured on AdoptUSKids. The measure is specific to each job classification and program area and is intended to strengthen accountability. Staff who wish to have a successful performance appraisal understand they must be proactive in their recruitment efforts. The measure can be used by supervisors to identify practice issues and develop a plan for improvement. When managers begin to complete the employee's annual performance appraisal, adoption staff's ratings will be based upon this item. The report is based on a quarterly point in time comparison of all children having a case goal of adoption (not placed in pre-adoptive placements, having the goal of adoption for at least the last 90 days) listed in AdoptUSKids Database. The AdoptUSKids Comparison Report is provided by the Adoption Unit at Central Office.

As mentioned in the foster care section, in an effort to reduce length of time in foster care for all children, PIP strategies included enhanced oversight by supervisors through reinforced training and development of guides to ensure supervisors review a child's progress towards the case goal, better collaboration with the court in monitoring child progress towards permanency, and developing local processes for reviewing young children who have not yet achieved permanency. The Children's Division continues to emphasize timely achievement of permanency regularly with staff, managers, Quality Assurance and Quality Improvement Specialists, and the Courts. Some circuits, through the Fostering Court Improvement project, have begun to utilize case reviews periodically to identify barriers to permanency for children of all ages. In other circuits, staff review cases on a monthly basis with their juvenile office to ensure children do not remain in foster care longer than necessary. These reviews have been successful in moving children to permanency.

In May 2012, a training DVD was created entitled "The Legal Aspects of Barriers to TPR and Adoption". The training DVD was completed by the legal issues training coordinator and the foster care Program Development Specialist in an effort to educate training participants regarding how the constitutional

laws, federal laws, and state laws impact termination of parental rights (TPR) proceedings. Another objective was to help participants recognize the legal barriers to TPR/Adoption and how they impact permanency planning for children. This training was designed to improve timely permanency for children by equipping staff to recognize barriers to permanency and to develop a plan to overcome those barriers.

Services for Children Adopted from Other Countries

Adoption Resource Center services in Missouri are afforded to families of children adopted from other countries in the same manner as services to families of children adopted from foster care.

During the next five years, as part of the Diligent Recruitment plan Missouri will be looking at expansion of our post adoption services. In initial discussions with Adoption Resource Center staff as well as Public and Private Adoption professionals a benefit has been identified in both sharing these services and learning from the common experiences of families who adopt internationally and families who adopt special needs children. It is the opinion of each of these groups that these experiences can inform our development of post adoption services moving forward.

PROGRAM SUPPORT

Accreditation Update

According to Section 210.113 RSMo (HB 1453), it is the intent and goal of the General Assembly to have the Department (Children's Division) attain accreditation by Council On Accreditation (COA) within five years (FY05-FY09) of the effective date of this section (i.e. by August 28, 2009). To achieve accreditation, Missouri's child welfare system was reviewed and measured against over 800 nationally-recognized standards of best practice. Accreditation was achieved circuit by circuit over five years. On January 14, 2010, the Children's Division of Missouri Department of Social Services was deemed to be a COA-accredited agency for a four-year period. In January 2013, the Children's Division began the reaccreditation process.

To maintain accreditation, the Children's Division continues to embrace and promote a culture of change and commit to excellence within a system built around a philosophy and management technique of continuous quality improvement.

Internal Process Established for Accreditation Maintenance

Accreditation Maintenance Plans were put into effect in each circuit upon notification of the circuit's approval. Fourteen regionally-based QA and QI Specialists conduct accreditation maintenance visits to all COA-approved circuits in their regions. As part of the Maintenance of Accreditation, QA and QI Specialists regularly review the quality and content of case records, resource records, and local personnel files. Additionally, they ensure circuits are following policies, procedures, and practices required to maintain accreditation standards. Items assessed include:

- Continuous Quality Improvement (CQI) processes, including stakeholder involvement

- Facilities and building inspections
- Circuit emergency plans
- COA-related trainings for staff and foster and kinship care providers

Achievement of Reaccreditation

The reaccreditation process is similar to the accreditation process. The Children’s Division prepared an agency Self Study (which addresses COA’s 8th Edition Standards) and submitted it to COA, in 2014, as evidence of policy and practice. The next phase of the reaccreditation process was for COA Peer Review Teams to visit Missouri and review policy and practice, through interviews and observations during on-site visits to designated regions in the state. These designated regions were comprised of multiple circuits assigned to one Peer Review Team for on-site review for approximately four to five days. This schedule of on-site review began in March 2013, with the Central Office, and was completed in June 2014. Once the on-site review for each region was completed COA provided the Children’s Division with positive and critical feedback and the Children’s Division had a chance to respond. Upon response COA then issued further questions or requests for clarification, or determined the region was in compliance. In March 2015, all regions of the state were deemed in compliance and the Children’s Division of Missouri Department of Social Services became a COA reaccredited state-administered child welfare agency.

The Children’s Division now continues the process of maintenance of accreditation for another four year period through ongoing continuous quality improvement efforts aided by the work of QA and QI Specialists within each circuit.

Family and Children’s Electronic System

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

Since becoming fully operational, Missouri has been concentrating on addressing issues from the Pre-SACWIS Review in 2011 and system’s change requests approved through the state Change Control Board. The focus of these changes was to not only work towards achieving SACWIS compliance, but to address usability and make adjustments that would increase staff productivity and reduce duplication.

The formal SACWIS Review was held on September 16-20, 2013. Missouri received the final SARGe report in February 2015. Missouri is in the process of creating an inventory to track all findings and progress towards action plans for these items. The goal would be to create action plans addressing all findings and provide an updated SARGe document within two years. These changes are prioritized with other changes which need to occur in the production environment. Children’s Division continues to strive to prioritize and incorporate enhancements to the automated system which will support not only staff in the field, but policy and practice.

Missouri participated in a NYTD Pilot Review in August 2014. The final NYTD N-QIP was received in February 2015, noting strengths and areas needing improvement. Missouri is in the process of reviewing the final report and preparing an initial response with estimated timeframes for completion.

In addition, Missouri has been addressing final issues from the 2008 AFCARS Review. The most recent response plus test scenarios were submitted in February 2015. Missouri is hopeful that this last update and the test scenarios will resolve any remaining issues so as to be able to exit the AFCARS AIP in the near future.

Some of the system changes completed this past year include numerous FACES enhancements to all areas of FACES. A driving force behind these enhancements was to streamline processes as much as possible and eliminate duplicate data entry whenever possible. As part of these enhancements, the Division was able to include in these projects as many as 30+ smaller systems changes requested by workers through the Change Control Board process. A new Adoption Function was implemented that clearly defines a child's spell in foster care separately from their spell in adoption. In addition, Children's Division began implementing a large mobility project consisting of deploying iPads to all front line staff. FACES apps in the areas of Safety Assessment, Visitation and Contacts were developed specifically for the iPad. These apps allow staff to enter and save information directly on the iPad without data or WiFi connectivity and then sync it back to FACES at a later point when connectivity is available. The goal is to reduce duplicate data entry and save time for staff. Other benefits of iPad use are access to work email and calendar, GPS and many Children's Division Forms that can be completed directly on the iPad and capture electronic signatures. (See below for more information on the Mobility Project)

Planning has already started for FY16 FACES projects. This year will be largely focused on findings from both the SACWIS Review and the NYTD Pilot Review. As the functional areas in FACES are identified for changes, efforts will be made to also include any Change Control Board requests within the same functional area.

Mobility Project

In May 2014, the Children's Division received the funding and spending authority to purchase 1,500 tablets for frontline staff. Additionally, CD is developing FACES applications which will allow frontline staff to perform some of their documentation and research job functions while in the field. As part of the Children's Division staff recruitment and retention plan, tablet technology will enable staff to enter key information directly into FACES while out in the field (even if not connected to wi-fi or 4G), thus reducing administrative burden and time spent in the office. As of the end of March 2015, over 550 iPads have been deployed to Children's Division frontline staff. An additional 850 are planned to be purchased in the spring of 2015.

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

- Ability to take photos

- Minimum of 32 GB of storage
- Wi-Fi
- 3G/4G
- Bluetooth
- Security/encryption
- Ability to access FACES

The group also identified the following four specialized FACES applications and forms portal as top priority for development:

- Contact Communication Log screens
- Participant Characteristics
- Visitation Logs
- Safety Assessment
- Forms portal containing fillable forms used by each of the program areas when out in the field will need to be available on the devices

Seven areas in the state (NE, NW, SE, SW, KC, St. Louis City and St. Louis County) identified an initial field user/tester that would be involved in development of the four FACES applications and various forms and testing of the iPads in the field. After development and initial testing, the mobile technology was initially provided to the full field unit for each of the initial users (56 total users). Another 507 users were then provided with iPads. Each user that is assigned an 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.

Currently, the forms portal and three of the four FACES applications have been developed:

- **Contact Communication Log:** Captures contact information about the workers contact with internal and external parties in a case. This application will be used by all program areas including investigations/assessments, Alternative Care, and Family-Centered Services.
- **Visitation Log:** Allows staff to capture notes from a visit between a parent and their child. Typically only Alternative Care staff will use this application.
- **Safety Assessment:** Allows staff to do the initial safety assessment right out in the field. Typically only Investigation/Assessment staff will use this application.
- **Participant Characteristics:** Due to be user tested at the end of March 2015, this application allows staff to update information on case participants. This application will be used by all program areas.

Evaluation of the project is being done in partnership with the University of Missouri-Columbia. The following are the outcome and process measures for the mobility pilot:

- Improved timeliness of contact entries will be measured in FACES
- PERFORM outcome measures will increase
 - ✓ Initial contact with alleged victim during investigations/family assessments
 - ✓ Timely child abuse and neglect investigation and family assessment conclusions
 - ✓ Chief Investigator 72 Hour Signature
 - ✓ Monthly Summaries completed within 30 days
 - ✓ Worker visits with children conducted monthly
 - ✓ Worker visits with parents conducted monthly (intact and foster care involved families)

Worker satisfaction will be evaluated through a survey or focus group method.

MSW Program

The Children's Division understands the importance of building leaders at all levels and strives for staff to have opportunities for continuous learning, increasing competencies and skills for frontline staff and supervisory staff alike. In the past several years Children's Division has partnered with four public state universities, Missouri State University, University of Missouri-Columbia, University of Missouri-Kansas City, and University of Missouri-St. Louis, to offer staff and educational advancement opportunity through Title IV-E funded part-time MSW educational programs. In FY15 Children's Division was able to provide this opportunity to nine staff members. Also, in FY15, Children's Division provided a Title IV-E funded full-time MSW education program at all four public state universities to 10 staff members.

During FY15, Children's Division reviewed the Title IV-E MSW Program and asked questions to the university partners about how to enhance the partnership and increase utilization of the funds. After discussion and analysis, Children's Division is restructuring contracts so that in the future the Children's Division can offer a variety of methods for employees to engage in educational opportunities, this includes options to formally enroll in universities for online learning, part-time and full-time degree programs but also intending to offer collaborative professional development endeavors, such as certified training for career advancement or on-going skill enhancement training. The Children's Division plans to increase interaction with the current university partners through expanding the scope of how these educational opportunities are offered.

Recruitment and Retention of Staff

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 specialist to oversee this work, which includes but is not limited to, completing research, analysis, and data interpretation related to staff recruitment, utilization, program operations, customer service, program outcomes, caseload distribution, and service delivery. The primary focus of

this effort is to use the information collected and analyzed to improve practices and procedures specific to workforce recruitment and retention. In addition, the information gathered and collaborations developed through this work will be used to formulate recommendations to improve program efficiency, program outcomes, office operations, and more effective use of agency resources.

The specialist will provide primary oversight of the Title IV-E education program as a liaison of the Division to the contracted universities and agency employees enrolled in the program as a recruitment and retention effort. Related efforts will include working with field administrators and universities throughout the state to develop pre-employment internships and/or practicum opportunities, participation in college/career fairs with alumni staff members, serving on panel discussions, and/or offer to provide classroom lectures to students studying human services related fields of study, etc.

The Division's workforce recruitment and retention efforts will also include the establishment of the Public University Collaborative Services (PUCS) contract to:

- enhance the Division's research and evaluation efforts
- create curriculum and/or provide ad hoc instruction in conjunction with the Division's professional development initiatives, and
- provide consultation services to improve direct practice, supervision and administration

This endeavor receives direct supervision from the Division's Designated Principal Assistant, which provides a direct line of communication to the Division's senior leadership. This also provides an enhanced ability for this work to maintain alignment with the Division's overall strategic action plan, for the specialist to remain informed, and to maintain active involvement in other agency initiatives that could have an effect on workforce recruitment and retention. Recommendations prepared by this work are intended to impact program-wide policies, procedures, practices, and client outcomes.

Ongoing efforts will include, but not be limited to:

- a review of the knowledge base specific to workforce recruitment and retention in public child welfare in collaboration with university partners at the University of Missouri-Columbia School of Social Work,
- review and initial analysis of secondary administrative data specific to workforce turn-over occurring over the last three fiscal years,
- establishment of data gathering and analysis of the Division's current workforce to identify trends specific to recruitment and retention efforts,
- engagement with public universities in ongoing collaborations designed to assist the development of evidence-based outcomes and recommendations to improve workforce recruitment and retention practices,
- involvement in career fairs and panel discussions within communities and at universities and colleges throughout the state,

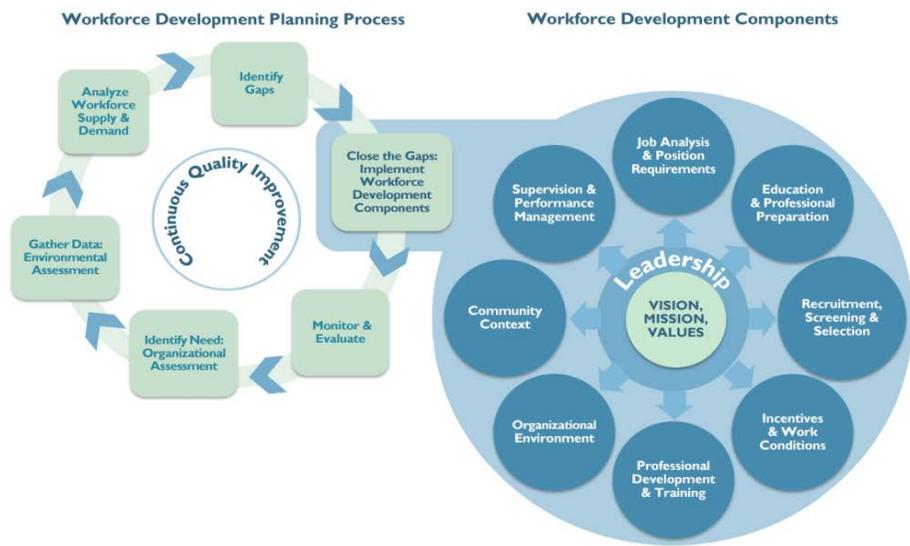
- involvement in the Division’s ongoing efforts in collaboration with the National Child Welfare Workforce Institute, and
- assisting field offices to identify and engage perspective employees in the hiring process.

National Child Welfare Workforce Institute

Workforce Development Framework

The complex work of child welfare agencies requires a committed and competent workforce. For a child welfare agency to achieve its mission, it must attract, develop, and retain a skilled and ready workforce. For this reason, the Children’s Bureau funded the National Child Welfare Workforce Institute (NCWWI) to take an integrated and comprehensive approach to leadership and workforce development.

To advance its work and provide guidance to the field, NCWWI has developed a comprehensive Workforce Development Framework (WDF). The visual graphic reflects the essential elements of the framework, including key steps in the workforce development assessment and planning process, along with the core components reflecting multiple workforce development strategies.



NCWWI | Workforce Development Framework | August 2014

 A Service of the Children’s Bureau, a member of the T/TA Network

Traineeships & University-Agency Partnerships

University-agency partnerships are an important strategy in preparing the current and future child welfare workforce. There is evidence that professionally educated social workers are better prepared for child welfare work, stay longer, and influence organizations to support best practices. University-Agency partnerships include BSW and MSW traineeship programs, local child welfare agency engagement strategies and specialized child welfare curriculum that are evidence based and trauma informed. Together these components increase the knowledge and skills of individual stipend recipients, address the workforce challenges of local child welfare systems, and build the capacity of college and university social work programs to prepare students for positive, culturally competent, and productive careers in child welfare.

In 2014, thirteen new university-agency partnerships across the country were selected to prepare the current and future child welfare workforce to strengthen child welfare practice through traineeship programs, local agency engagement strategies, and specialized child welfare curricula. Missouri Children's Division partnered with three universities to develop proposals. Of the thirteen awards, Missouri received two. One partnership is with the University of Missouri-Kansas City (MSW program). The other is with Missouri State University (BSW program). These NCWWI University Partnership (UP) programs are:

1. Identifying, selecting and administering BSW & MSW stipend programs that will increase recipients' child welfare knowledge and practice skills enabling them to address the challenges facing children, families and the child welfare system through dedicated field education, specialized coursework, and program supports that include an attentiveness to the transition to careers and agency settings;
2. Ensuring the meaningful engagement of each university with a local child welfare agency to collaboratively address specific systems challenges that hinder the transition to work, specialized practice, and retention of traineeship graduates; and,
3. Building the capacity of college and university social work programs to prepare students for the unique demands of serving in public child welfare through the development and delivery of a specialized social work child welfare curriculum with an emphasis on evidence-based and trauma-informed practices.

As a result of receiving these two grants, CD has the opportunity to take advantage of multiple NCWWI programs:

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

Workforce Excellence (WE) and Organizational Intervention: Out of the thirteen national awards, only three were granted Workforce Excellence status and Missouri was one of the sites granted this status. The division has four WE sites (Jackson County- Fletcher Daniels building, Greene County, Jefferson County and the 42nd Circuit) where agency staff and leaders engage in a Comprehensive Organizational Health Assessment (COHA) and then development of an Organizational Intervention. These interventions are to be proactive, strategic, collaborative, and sustainable initiatives designed to address critical workforce challenges.

Leadership Academies for Supervisors (LAS): The LAS is a blended learning program for experienced child welfare supervisors. A free web-based training program for building leadership skills, it is based on the latest research and presented by national experts. The LAS is for supervisors who want to be effective leaders in their current role or who are interested in preparing for advancement. The core curriculum consists of six online modules each followed by a face-to-face seminar (Leadership Academy for Supervisors Learning Network or LASLN) where supervisors will network with facilitators and other supervisors to discuss and reinforce what has been covered in the previous module. The core curriculum provides 30 contact hours of training and includes two tracks: a Personal Learning Plan (PLP) to develop leadership skills and a Change Initiative (CI) project to contribute to a systems change within the agency. Currently 38 supervisors in the four WE sites are being scheduled to begin LAS in July 2015.

Leadership Academies for Middle Managers (LAMM): A culturally responsive learning program for experienced state and tribal child welfare mid-level managers. Its goal is to enhance the ability of middle managers to apply leadership skills for implementation of sustainable systems change to improve outcomes for children, youth and families. LAMM increases the effectiveness of child welfare agencies by enabling managers to address persistent complex challenges requiring adaptive, distributive, and inclusive leadership. It offers managers the latest research and new directions for child welfare practice, leadership, workforce development, succession planning and management from academic, private, and nonprofit sectors. Currently, 40 middle managers are initially being scheduled to receive the three day LAMM training in June 2015.

Research Initiatives

The Children's Division permits research and release of data involving persons served. Below is a list of research projects of which results may be used to enhance Children's Division policy and practice. The list is not a comprehensive list of all research approvals as some projects are approved due to the participant's role only. In approving research, however, the Division exhibits due regard for study subjects' participation rights with emphasis in areas of privacy and confidentiality. All research and release of data involving persons served is conducted in accordance with applicable legal requirements.

Persons requesting research information are required to complete and submit an *Application to Conduct Research* to the CD Research Committee. Research applicants must fully explain the purpose, methodology, and expected benefits and risks of their studies, and they must provide copies of their HIPAA-compliant consent forms. Additionally, they must describe the specific data they are requesting and explain why the identifying information is essential to their research, and they must provide a

detailed plan outlining how they will maintain confidentiality of the identifying information used in their research. The researcher must commit to sharing 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 Missouri statutes and with policies and procedures set forth by the Children's Division.

Persons serving on the Research Committee include the following:

- Divisional Privacy Officer
- Division of Legal Services Representative
- Quality Assurance Manager
- Quality Improvement Manager
- Program and Policy Unit Manager
- Early Childhood Unit Manager

The following is a status update of studies reported in last year:

1. Worker retention analysis

This study was to evaluate the impact of turnover on permanency outcomes for children in foster care and was submitted by an agency employee. The employee presented findings at the Regional meeting to other Circuit Managers to use the data to assist in understanding the reasons for turnover.

2. A study of HSCT in immune function disorders using reduced-intensity preparatory regimen (Washington University School of Medicine)

This study hypothesizes that a reduced intensity immunosuppressive preparative regimen will establish engraftment of donor hematopoietic cells. This study will not end until 2016.

3. Determinants of Resilience: Mental health, maltreatment and adaptive behavior (University of Kansas)

The study will test how children exposed to maltreatment develop adaptive behavior. The results could be used to create treatment options to create, enhance, and maintain the resiliency of foster children via therapy and individual interventions. Missouri is currently awaiting the results of this study.

4. The Pediatric Cardiomyopathy Genetic Study (The Pediatric Cardiomyopathy Genetics Study Group and Washington University School of Medicine)

The purpose of this study is to help doctors understand cardiomyopathy. This study will not end until 2016.

5. CPS Caseworker perceptions of the relationship from caregiver substance abuse to child (Washington University)

The goal of this study is to understand the relationship between the caregiver substance abuse and the child experiencing harm. Missouri is currently awaiting the results of this study.

6. Regional Partnership Grant: Preserving Families through Partnership Together (RPG) Project (Alternative Opportunities Incorporated)

The goal of this project is to increase the well-being, health and care of children and to increase the likelihood of reunification with families with substance abuse. This research project is ongoing and will not conclude until 2017.

7. Effects of Working Conditions among Child Social Workers on Turnover and Delivery of Services (Missouri State University)

The goal of the study is to determine ways to support children involved in the Greene County child welfare system by enhancing working conditions for county staff. This study has been completed. The researchers provided recommendations for CD, Legislators and citizens.

8. Violence Surveillance Database Project (Washington University, St. Louis)

The goal of this study was to create a prototype data system which can be used for cross-collaboration across public services agencies. Missouri is awaiting the results of this research project.

The following studies were approved in 2014.

1. 30 days to Family Comparison Study (PolicyWorks, Ltd.)

The study is evaluation designed to test the 30 Days to Family™ theory of change which theorizes foster children/youth served by the program will experience more favorable immediate, intermediate, and longer-term outcomes resulting in improved well-being, reduced mental health concerns, and cost savings.

2. Assessing Foster Parent Factors that Predict Placement Disruption for Youth in Foster Care (University of Kansas)

The goal of this project is to understand the foster parent factors that predict placement disruption in foster care youth.

3. Decision-Making in the Foster Care System (University of Missouri-College of Education/Department of Education and Leadership Policy Studies)

The study explores three questions ; how do foster youth with mental health challenges, caseworkers and foster parents currently engage in the mental health decision making within the context of family support team meetings, how is that process perceived and what are the stakeholders' perceptions of their own empowerment?

4. Effectiveness of Teacher-Child Interaction Training for Young Maltreated Children (University of Kansas)

The purpose of this project is to test the effectiveness of evidence-based intervention, Teacher-Child Interaction (TCIT), on decreasing children's disruptive behaviors, increasing children's social-

emotional competence and decreasing teachers' stress in a sample of children who have experienced maltreatment.

5. Effects of Early Childhood Maltreatment and Outcomes of Outpatient and Day treatment (University of Kansas)

The purpose of the study is to examine the progress of children receiving treatment services at The Children's Place (TCP), a therapeutic facility for children who have been exposed to maltreatment or other trauma. KU investigators will be reviewing children's development, social-emotional and behavioral functioning, trauma reactions, and family functioning as the children progress through treatment.

6. The Family Options Study (ABT Associates) is a 12-community random assignment study designed to compare the impacts of three housing and services interventions or services as usual on the lives of homeless families with children.

7. CD Mobility Project Evaluation (University of Missouri School of Social Work)

This study will evaluate the impact of implementing mobile technology in the Children's Division workforce.

8. Neonatal Neurobehavioral and Outcomes in Very Preterm Infants (NOVI) (Children's Mercy Hospital/UMKC School of Medicine)

The goal of this study is to evaluate the predictive value of neonatal neurobehavioral assessments, cry acoustics, and DNA methylation when determining which infants born less than 30 weeks premature are at a greatest risk for impaired development.

9. Testing the efficacy of Early Head Start in preventing child maltreatment (Portland State University)

The purpose of the proposed research is to advance the science of violence prevention by conducting a study on the impact of Early Head Start on child abuse and neglect.

10. Integrating Wellness into Trauma Treatment: A Holistic Interdisciplinary Approach for Foster Children (University of Missouri, MU Assessment and Consultation Clinic)

The primary goal is to examine the effects of wellness psychoeducational (specific to nutrition, exercise, and sleep) on symptoms of Posttraumatic Stress Disorder compared to standard treatment (Trauma-Focused Cognitive-Behavior Therapy).

11. Buffering Toxic Stress Project (Washington University)

The goal of this research project is to determine if the Incredible Years for Toddlers (IYT) program reduces toxic stress in children ages 6 to 36 months in context of early head start.

Technical Assistance

The Children's Division anticipates utilizing the Capacity Building Centers for five projects in SFY16. See the Implementation Supports section for a description of those projects.

The Division's Central Office provides technical assistance to circuits. Program-specific assistance is described throughout the Service Description section. In addition, the Permanency Unit has provided training and technical assistance to the field in the areas of adoption and foster care. Foster care training included training and consultation on resource licensing and new policies provided throughout the southern region at the resource staff meetings. Adoption/Guardianship training/consultation was provided in the Northern, Southern and St. Louis Regions. Training and consultation was provided to many circuits on issues related to Medicaid for foster children.

CONSULTATION AND COORDINATION BETWEEN TRIBES AND STATES

Missouri does not have federally recognized Indian tribes in the state. However, there are two Missouri Indian Centers, the Kansas City Native American Indian Center and the Springfield Indian Center, which are active in the state. Coordination has been maintained with Missouri's two active Indian Centers over the past year.

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 has any Native American or Alaskan Native 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 Native American/Alaskan 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 Native American heritage.

Children's Division ensures notification is provided to the Native American parents, custodian and/or tribe 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.

As of February 28, 2015, there were approximately 155 foster children in Missouri whom identify themselves as having Native American heritage according to data pulled from Research and Evaluation. Nineteen of those children are registered tribe members. This data is pulled from two different areas in the FACES-SACWIS system. A Family Support Team screen 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 applicable, the child. When the worker checks the "yes" box, a text box appears for the case manager to report how this information was obtained and through what source. The 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.

When Native American children must be placed into alternative care, CD ensures the placement reflects the true values of the child's Native American culture. Special preference is made to place the child with a member of the child's extended family, in order of ICWA placement priority. Of the 155 foster children whom identify themselves as having Native American heritage, 40% were initially or within thirty days, placed with relative or kinship providers. The other 60% were placed in foster homes, mental health facilities, transitional living homes or residential facilities.

The CD receives a report generated each quarter with the names of the children who either have been identified as having Native American heritage or who are Native American. Field staff, who had children listed on the July 2014 quarterly report, were asked a series of questions from the CD Specialist in Central Office. Questions included;

- Are staff in communication with the tribe, if so how involved?
- Are there tribes the CD works with on a regular basis?
- Are the tribes in neighboring states?
- Is there a contact person outside of our agency staff used to consult with regarding ICWA or tribes in general?
- Are there any barriers to this coordination or consultation?

These questions were asked to gain knowledge of the strengths and challenges staff have when working with tribes. The information varied from case to case. Although tribes in Oklahoma are often those who Missouri works with, staff reported working with tribes from other regions as well. Some of the Tribes are as listed:

- Odawa Tribe of Northern Michigan
- Sault St. Marie Chippewa Tribe of Michigan
- Gila River Indian Community of the Gila River Indian Reservation of Arizona
- Cherokee Nation Tribe of Oklahoma
- Seneca-Cayuga Tribe of Oklahoma
- Chickasaw Nation of Oklahoma
- Wyandotte of Oklahoma
- Miami Tribe of Oklahoma
- Quapaw Tribe of Oklahoma
- Ottawa Tribe of Oklahoma
- Modoc Tribe of Oklahoma

In some instances, staff had positive communication with the tribes; in other cases, staff had great difficulty. In southwest Missouri, the Division is fortunate to have a Native American foster parent who

is willing to help facilitate communication between the CD and tribes. The southwest also uses the Southwest Missouri Indian Center, located in Springfield, for consultation and mediation services. Southwest Missouri continues to have the highest documented population of children with Native American heritage. This is likely due to the Joplin-Miami, MO-OK metropolitan area. This area consists of three counties, Jasper and Newton counties in southwest Missouri and Ottawa County in northeast Oklahoma. Other challenges include communication between the court and the tribe, or finding the correct contact person for the tribe.

The Indian Centers participated with CD in regard to training and consultation on the latest policy developments. In addition, Dr. Prue with the Kansas City Indian Center was a speaker at the CFSR Advisory Committee meeting in the fall of 2014. Dr. Prue presented an overview and the history of ICWA. Feedback following Dr. Prue's presentation included:

- Work on the front end of child intake , completing a more thorough genogram
- Finding the correct person to contact in a tribe is challenging as this changes often
- Distrustful relationship with CD when children are coming into care, may not reveal heritage for fear of discrimination

Suggestions included:

- Workers to continue to ask for more information from family regarding whether they are members of a Native American Indian Tribe
- Kendall Darling, Child & Family Program Specialist from the Administration for Children & Families, Region VII, also attended the meeting and offered his assistance to use his contacts for tribal specialists

Compliance is maintained by quarterly reports, requested from Research and Evaluation on all cases indicating Native American Heritage. The CD Central Office specialist reviews a sample of the case contacts and narratives to ensure Indian Child Welfare Act (ICWA) compliance. If compliance is not met, the specialist contacts the case manager and works together to move the case towards ICWA compliance. During Best Practice Reviews (BPR), there are currently two questions in regards to ICWA compliance when reviewing alternative care cases; the Indian Child Welfare Act Checklist (CS-123) completed upon entry into alternative care and the Indian Ancestry Questionnaire (CD-116) completed with the family upon placement of the child. If the file does not show proof of either form, a comment is made on the review tool for the worker and supervisor to review. It is expected that the worker will complete both forms to be in compliance with policy and practice. Missouri began using BPR results recently, as discussed in the QA Section, and found in CY14, 56% of cases reviewed had the checklist completed as required. In addition, the Indian Ancestry Questionnaire was used in 58% of the cases reviewed. A more comprehensive review tool is being developed which may improve compliance. Practice improvements are also addressed through on-going CQI processes at the local circuit level.

Reviewing cases to ensure compliance is now easier to demonstrate as improvements were made in March 2014 to the date and text box fields on the existing Alternative Care (AC) Opening Summary and

the AC Monthly Progress Summary views on the case narrative screen in FACES. Indian Child Welfare Act (CD-116 and CD-123) is now a narrative section in the Opening Summary and is mandatory. Staff are encouraged to continue efforts throughout the life of the case documenting information in regards to ICWA in the AC Monthly Progress Summary.

Missouri is considering requesting Technical Assistance in SFY16 from the Capacity Building Center for States to work on enhancing the Division's identification of ICWA eligible youth as well as coordination with tribes. Missouri would like to coordinate the technical assistance provided with the Capacity Building Center for Courts, so as to strengthen the partnership with the courts in meeting the needs of Native American children.

All benefits and services under the programs are made available to Native American youth in the state on the same basis as other youth. All youth, ages 14 and older, regardless of descent, per policy, are to be referred to the Older Youth Transition Specialists for Chafee/ILP support and services. As of February 28, 2015, there were 37 older youth with Native American heritage. Nearly all 37 older youth have been referred or are in the process of being referred to the program.

Missouri's APSR is posted on the Children's Division website and available to all tribes. Additionally, the CFSR Advisory Committee has a standing member representing the Kansas City Native American Indian Center. The annual APSR is reviewed by this committee each year.

MONTHLY CASEWORKER VISIT FORMULA GRANTS

The state reported FFY14 visits as required and anticipates will have successful submissions for FFY15 and FFY16. Missouri has increased or maintained the percent of monthly visits with children by caseworkers every year since the new standard was implemented.

Missouri achieved 98% for FFY14 of children in care having monthly visits based on the data reporting methodology, consistent with the changes in the law made by P.L. 112-34 as explained in ACYF-CB-PI-12-01. In addition, 99% of the visits conducted during FFY14 were held in the child's placement.

Worker Visit Measure #1: Monthly Worker Visit with Child

Number of Children: 17,280

Total full months kids were in care during FFY12: 140,478

Total months with visits: 137,401

Percent Visited Every Month: 98%

Worker Visit Measure #2: Majority of Visits with Child in Placement Location

Total full months kids were in care during FFY12: 137,401

Total number visit months where child was visited in the placement: 136,371

Percent for Worker Visit Measure #2: 99%

Missouri's strong performance in this area is due to a priority focus by CD leadership, Quality Assurance and Quality Improvement teams, and field supervisors in reinforcing the importance of this practice. Successful use of several reports created for monitoring and improving visits has been a key strategy.

State Standards for Caseworker visits:

Children's Service Workers are to have face-to-face contact, individually and jointly, with the child and resource provider, at the placement, the next business day following placement, when possible. The worker must meet face-to-face with the child and resource provider a minimum of one time per month thereafter. However, staff is likely to visit with children more than once a month. The visit must occur in the placement home to assess safety, separation from family, understanding of case plan, adjustment, and sibling/family relationships.

The following activities occurring throughout FFY14 to continue to maintain or improve caseworker visits with children during FFY15:

- Continued priority focus by Children's Division and Contracted Case Management Agencies to improve this practice issue
 - Frequent discussions during various management meetings to keep administration updated on progress
 - Worker visits with children designated as a measure to be used for performance appraisals of foster care staff and managers
 - A recent FACES enhancement shows worker with child visits as critical alerts. If there is a data entry error when the visit is entered, it will not remove the critical alert. This has helped reduce the errors in data entry.
- Local Program Improvement Plans included strategies to increase frequency of visits
 - Increased focus by field staff for planning, scheduling and re-scheduling visits
 - Increased supervisory oversight to monitor visits
 - Improved data entry
 - A year-to-date progress report has continued as an outcome measure to be used for annual performance evaluations of foster care staff and managers
- COA accreditation maintenance meetings and case reviews monitor performance on worker visits, providing an opportunity for plan of change forms to be completed as needed for targeted strategies

- Multiple reports used to monitor and improve performance at the State, Region, Circuit, Office, Supervisory Unit and Worker Level
 - Continued use of the electronic FACES monthly worker visit report
 1. Drills worker visit data down to the case level and is accessible by the case manager, supervisor, QA/QI and Managers
 2. Contracted Case Management Agencies can also access this report

Worker visit data is used in a variety of ways including:

- Progress on visits is shared through a variety of communication efforts including:
 1. Featured in CQI In Focus Newsletter periodically
 2. Results are posted locally each quarter
 3. QA Specialists notify local managers monthly when their performance is below the required goal.
- Local Managers in conjunction with QI Specialists add circuit specific strategies to their local program improvement plans
- Technical assistance, oversight and coaching efforts by Quality Assurance and Quality Improvement Specialists
- Inter-agency QA/QI teams routinely monitor performance on visits and share strategies with each other. (Includes CD and FCCM QA/QI staff according to FCCM coverage areas)

Barriers in reaching the goal included the following:

- Children placed out of state through ICPC are reliant on cooperation from other states to conduct monthly visits
- Older youth attending college out of state do not have visits
- Runaway youth
- Turnover of staff and managers (caused fluctuations in caseload assignments and continual training for new staff)

The monthly caseworker grant will continue to be used to address the above barriers when appropriate. In SFY15, the grant was used to fund the Mobility Project, described in greater detail in the Program Support section of this report. This project provides all frontline staff with iPads, allowing for data entry while in the field.

In addition to continuing efforts to increase the frequency of visits, the Supervisory Case Review Tool (SCRT) includes questions which address the quality of the visits. Supervisors were trained to self monitor results of their assigned staff. The SCRT results are also regularly used by the Quality Assurance and Quality Improvement staff to evaluate performance and to coach staff to improve the frequency and quality of worker visits with children. As a universal case tool is developed in CY15, the quality of visits with children will continue to be addressed.

FFY15 caseworker visit data using the full population will be submitted by December 15, 2015 as required.

ADOPTION AND LEGAL GUARDIANSHIP INCENTIVE PAYMENT FUNDS

Missouri has received over the previous 5 years the following Adoption Incentive Payments:

- FY 2009 \$576,000
- FY 2010 \$472,000
- FY 2011 \$1,108,000
- FY 2012 \$1,484,000
- FY 2013 \$793,943 (Partial Award representative of 57% of total amount earned)

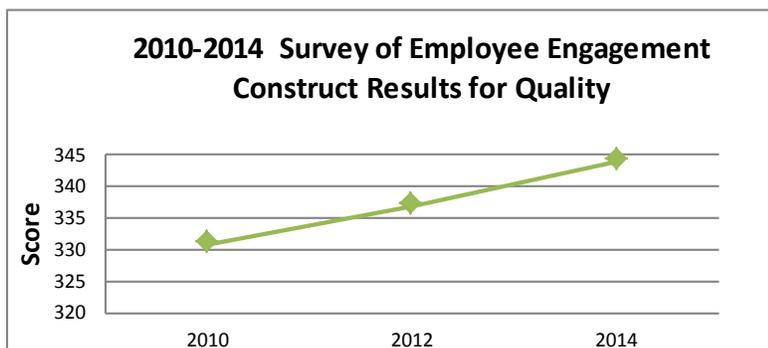
These funds have been utilized to support the Missouri Adoption Heart Gallery media site, as well as development of new recruitment materials with the theme of *Life is Better with Kids Around*. Additionally, these funds have been used to provide financial support to Missouri Adoption Resource Centers. Each year the Division has been able with this funding to expand support of the centers, and as a result, in September 2013 two additional centers were supported by the Children's Division/Adoption Incentive Funding. (The number of families and children served and increase in services is referenced in the Adoption Resource Center section of this report.) Payment has also been possible for funding of contracted termination of parental rights attorneys to expedite timely TPR and Adoption. In 2014 the Division was able to support attendance of foster and adoptive parents as well as staff at the North American Council on Adoptable Children Conference held in Kansas City.

The Children's Division will continue to fund the Adoption Resource Centers and their expansion as explained in the Adoption Resource Center section of this report including the two programs involved with Extreme Recruitment, Missouri Heart Gallery and TPR attorneys with the goal of increasing permanency for foster youth timely, as well as funding activities identified in our diligent recruitment plan.

Adjustments will be made by the Division of Finance and Administrative Services to address the changes to spending plans for incentive awards consistent with the new statutory changes in P.L. 113-183.

QUALITY ASSURANCE SYSTEM

Missouri's Survey Employee Engagement (SEE) evaluates the Quality Assurance system within the Division every two years. This evaluation tool allows the division to assess the buy-in of staff in Continuous Quality Improvement (CQI) and the extent to which staff are invested in data-informed practice. The Quality construct evaluates the organization's focus upon the degree to which quality



principals, such as customer service and continuous improvement, are part of the organizational culture. As illustrated in the chart, Missouri continues to consistently improve in this area. SEE is discussed in greater detail below.

Foundational Administrative Structure

Structure currently in place

Administrative oversight exists to ensure the Continuous Quality Improvement system is functioning effectively and consistently, and adhering to the process established by the agency's leadership.

There is consistent application of CQI across the state. The CQI structure involves all levels of staff and stakeholders, and encompasses multiple strategies. CQI examines practice performance and how practice, policy or values can be systematically improved. CQI meetings are conducted at tiered levels beginning in every local county office with all types and levels of staff, to ensure 100% staff participation and input into continuous quality improvement. This structure continues to remain the same but is able to be flexible to meet the needs of the circuits and or regions.

A CQI handbook provides written explanation of CQI standards, requirements, policies, procedures and practices outlining the various CQI activities and structured involvement of staff and stakeholders. The CQI handbook is posted on the CD Intranet available to state and contracted staff, and CQI is re-visited through mandatory annual training for all staff provided online on the Employee Learning Center. The Division continually evaluates the consistency of CQI processes throughout the state. Oversight is provided by the Quality Assurance (QA) and Quality Improvement (QI) Unit Managers to ensure consistent application of CQI processes and steps are taken to make adjustments when a lapse is identified. Under the leadership of the Children's Division Director and the Deputy Director over Planning and Performance Management, Children's Division CQI staff includes a central QA Unit

Manager, a central QI Unit manager, fourteen QA and QI specialists and three centralized CQI staff. The fourteen QA and QI Specialists receive strategic guidance and assistance in planning jointly from Central Office and Regional Supervisors through structured co-supervision. Two employees in central office are additionally part of the QA Unit. As Management Analysis Specialists, one is responsible for CFSR Coordination and the other provides support and oversight for field and centralized QA activities. A Program Development Specialist in the QI Unit central office provides statewide support and guidance to agency leaders. In addition, contracted case management agencies also have designated QA staff to carry out functions in support of CQI.

Measuring, monitoring and improving the quality of service provision are central to ensuring positive outcomes for children and families served by the division. QA staff evaluate trends and outcomes on a regular basis for Title IV-B programs in order to determine service delivery and program effectiveness and provide guidance to state, regional and circuit managers through a variety of mechanisms, including but not limited to, one-on-one coaching, presentations and involvement at strategic planning meetings, ongoing communication through emails, and newsletters. A variety of outcome and process measurements provide real and useful information which alleviate the need to rely on assumptions. The following data reports are available to all staff: Monthly Management reports, Child Welfare Outcome reports, Children's Division Annual report and Child Abuse Neglect Annual report. In addition each employee has access to the Results Oriented Management System (ROM). This system provides case level data on a multitude of areas including the Federal data indicators. ROM is available to all staff. Currently development is underway to include in-home child reports, disproportionality reports, and FACES data. ROM will also include the new federal data indicator reports. By implementing these changes Missouri believes staff will become more familiar and more comfortable using these data reports for improvement planning at local, region and state levels.

Performance outcome measures (PERforM) are provided each month to all levels of management. These reports allow drill down capabilities on a child level. All approaches are utilized to give management the most up-to-date, relevant data necessary to help inform their decisions. According to the 2014 SEE results, when participants were asked to rate the following statement: "My workgroup regularly uses performance data to improve the quality of our work." The overall score was a 3.58 indicating an area of strength. Missouri's improved performance on worker visits with parents illustrates this strength. A case level data report provided by the QA's on a monthly basis to staff, to be used for improvement planning, show increased visits in Alternative Care from 65% to 75% and Family Centered Services from 32% to 50% as of January 2015.

In addition, QA Specialists monitor case review information and assist staff in identifying trends and areas of needed improvement. During 2014, Missouri completed approximately 5,000 Best Practice Case Reviews across the state. These reviews highlight Council of Accreditation standards, and ensure quality in safety, permanency and wellbeing. Of the 45 circuits in Missouri, 100% participate in the case review process at least once a year. After the review, the Quality Assurance Specialists compile the results and disseminate those results to managers and QI Specialists, in order to facilitate CQI within the circuits on a quarterly basis through staff meetings. The data is reviewed and strengths and challenges are identified during these meetings. The Quality Improvement Specialists assist managers, supervisors

and workers with strategic development of how to move forward with replication of promising practices and targeted improvement efforts in circuit improvement planning. Follow up and evaluation of the improvement plan occurs at subsequent quarterly meetings.

At the end of 2014, Missouri, after feedback from the Children's Bureau and an internal assessment, concluded the system of multiple case reviews did not effectively meet the agency's needs for qualitative data for improvement planning. Missouri dedicated 2014 to exploring effective ways to capture qualitative data in one process. In 2015, Missouri requested to use the Children's Bureau online case review system for continuous quality improvement as the state's universal case review tool. ACF stated that this case review system would not meet SACWIS requirements of a single statewide system.

Much collaboration exists with stakeholders towards sharing of information including data and outcome information and the agency is committed to soliciting involvement in improving policy and practice as described in the Collaboration section. Consumer surveys are conducted monthly and staff surveys are administered every two years. Currently, Missouri is in partnership with the University of Missouri to create a more robust consumer feedback system. During 2014 Missouri used CQI meetings to evaluate the new direction for the consumer survey process. The survey questions were updated with suggestions from the State Youth Advisory Board, and each CQI team reviewed the newly revised questions. Also, a new web-based application was used to evaluate staff's understanding of service orientation as well as evaluating the actual computer program to capture results. Missouri is currently assessing the staff's feedback and creating an implementation plan for improvement in this area.

Quality Improvement (QI) is a team process for achieving desired organizational results. QI specialists assist circuit managers, supervisors and workers in planning and implementing change through various methods including the following: developing improvement strategies in collaboration with regional and local staff, managers and stakeholders; assisting in COA accreditation preparedness, readiness and sustainability; and specialized training, case reading, situational modeling and employee shadowing. By employing a QI process which is founded on QA framework for data collection and monitoring, the Children's Division continues to improve its efforts to provide high quality and sustainable child welfare services.

QA and QI staff work together to identify gaps between desired and actual performance, identify root causes for poor performance, and strategize to close the gap in service delivery. This partnership between QA and QI is a key step towards achieving best practice through CQI. Many structured CQI activities are in place to ensure practice effectiveness and the achievement of desired outcomes. CQI activities occur at a state level as well as regional level. All QA and QI activities work in conjunction with regional support to continually assess the quality of services and ensure steps are taken to address identified problems.

Even though the agency has dedicated staff to lead various CQI activities and provide oversight for CQI, staff and stakeholder involvement are a core component of CQI in Missouri. Staff and stakeholders are involved in a variety of CQI activities such as case reviews and strategic planning meetings. Structured CQI team meetings occur each quarter which involve staff at all levels. While an organized structure for

CQI team meetings is in place in Missouri, the team meetings do not comprise CQI in its entirety. CQI is integrated through the use of data, information sharing, and adjustments to processes through the various QA and QI activities and collaborations occurring around the state. Stakeholders participate in CQI in a variety of ways.

Stakeholder involvement in the agency's structured CQI team meeting process is specific to their community, and depends on stakeholder involvement in other collaborative meetings occurring in the circuit or region. Stakeholder involvement may also be based on the specific issues at hand. For example, in one circuit's CQI meeting, a Guardian ad Litem might be a standing participant; however, in another circuit's CQI meeting a Guardian ad Litem participates in the Racial Equity workgroup. Stakeholders may join a CQI meeting at any level, with first level, front-line staff, all the way to state level, including representative staff members and executive team members.

Stakeholders may be formally invited to a CQI meeting through a letter requesting their regular participation or a request may be made less formally through an email or telephone call. However, CD CQI meetings are only one component of Missouri's CQI processes, and stakeholders are involved in CQI in Missouri in a variety of ways, not just through participation in CD's CQI team meetings. Stakeholders participate in a variety of structured collaborative meetings or workgroups such as through the CFSR Advisory Committee, Juvenile Court Improvement Project (JCIP) or Fostering Court Improvement (FCI), Youth Advisory Board, Foster and Adopt Associations, Healthcare Coordination Committee, Task Force for Children's Justice, Child Fatality Review Panels, Supervision Advisory Committee, Racial Equity Workgroup or through a number of implementation projects. Through these collaborations, the structure exists for staff and stakeholders to be a part of data reviewing, strategizing, revising and implementing changes to policy and practice. Stakeholders involved in Missouri CQI meetings and processes include a wide range of stakeholder types such as attorneys, foster parents, current and former foster youth, educators, physical and mental health professionals, court staff, tribal representatives, parent representatives, contractors, service providers, or other community members.

Feedback from the Children's Bureau

Structured and on-going training has been identified as a need for designated agency and contracted CQI staff. While staff are provided guidance and coaching about job duties and various CQI processes from the QA and QI Unit Managers, more structured training is needed.

Through the support of Casey Family Programs, the QA & QI staff members have been able to participate in on-going, annual training summits. These QA-QI Summits began in 2012 and have enlisted national and state experts to provide training and technical support.

In February 2014, QA/QI Specialists attended a two day QA-QI Summit hosted by Casey Family Programs topics included multi-variable analysis for QA staff, and facilitation of improvement planning using logic models for QI staff. State agency and contracted agency CQI staff participated and were jointly trained on data analysis by Melissa Correia from Casey Family Programs, and on data indicators by Wayne Mayfield, and Tracy Greever-Rice from Office of Social and Economic Data Analysis of the University Missouri. Furthermore, the topic of sharing the heart or "whole-story approach" about data was

presented by Isabel Blanco with Casey Family Programs. The data focused on the topic of family engagement including caseworker visits with parents and children.

QA/QI Specialists attended the third annual two day QA-QI Summit, again hosted by Casey Family Programs, in April 2015. The Summit focus was on transformational coaching, utilizing specific techniques created by Thomas G. Crane, author of “The Heart of Coaching”. Training was provided by Jennifer Booher and Dennis Lamons from Division of Youth Services of Missouri Department of Social Services.

The QA and QI Specialists will attend the NCWWI Leadership Academy for supervisors as many of them have been chosen to be a coach or facilitator in the process. Furthermore the Quality Assurance Unit has outlined a training handbook based on the agency’s guiding principles. Missouri is still exploring how to incorporate the CQI learning academy into Missouri’s CQI training curriculum in the future.

Quality Data Collection

Processes currently in place

Missouri has made continued improvements to Missouri’s quality in data collection. Data quality in FACES (related to conversion to SACWIS) has improved. Staff contributed to enhancements of the FACES system by identifying priority changes which would improve data entry efforts. Additional information about enhancements to FACES can be found in the Program Support section.

The state reports NCANDS and NYTD data as required. Regarding NCANDS, ongoing meetings are held between policy and technical staff, who conducts the extraction of NCANDS data to review annual requirements provided by the Children’s Bureau, to review the validation tool results and to ensure any challenges from prior year reports are addressed before the next submission.

Data mining and data clean-up efforts are routinely conducted through oversight and follow up by the Quality Assurance unit. FACES unit staff and partners from the Center for Management Information, Research and Evaluation unit (who create reports using FACES data) also identify and initiate data clean-up. However, with edits and modifications made to FACES from the AFCARS Improvement plan and training on data elements provided through written instruction, the amount and need for data clean-up has drastically decreased over the last few years. In addition, the ROM reports and Performance Outcome Measures provide staff the ability to self-monitor for data inaccuracies through case level reports.

Prior to and during 2014, quality of practice data was collected through a variety of case reviews discussed more in depth below. Oversight, training and coaching of case review processes are conducted by the Quality Assurance and Quality Improvement Staff. To supplement written and verbal coaching, policy tips and edits were embedded directly into the case review tools to ensure validity and consistency of answers. In addition, QA and QI staff provide on-site or post review examination of content to ensure reviewers answered questions thoroughly and correctly. Missouri plans to continue this process with the new case review process and tool.

Feedback from the Children's Bureau

Furthering staff understanding about the benefit of data entry efforts and advancing a culture of data informed practice is a continual area of desired growth. The attitude of staff about data and how data is used is monitored in part through SEE data. Staff were asked to rate the statement "I believe data helps to inform decision making." The overall score for 2014 was 3.64 indicating an area of strength for the Division.

Employing creative strategies to build staff investment and understanding about the benefit of data is an important goal in the QA/QI units. Regional based QA/QI teams have developed "Data Boot Camps" for managers on the different types of data available, and how to use the different data measures effectively and with staff. Currently, the data boot camps are undergoing a redesign. The new focus will not only be the data available to staff but understanding the data story, and tips for Microsoft Excel utilization.

QA unit conducted several webinars in 2014 where learning and discussion occurred regarding the published data reports. From these meetings a CD Outcomes report guide and a PERforM Outcome Measure report guide were developed for QA's to use during time with staff to eliminate confusion on how data is populated in the reports. Regional QA/QI teams assist circuits in building the data capacity of staff including being comfortable with data terminology, and percentages and statistics in discussions.

Data Accuracy Training was developed due to the AFCARS Improvement plan. The training was created with the input from the following groups: Supervision Advisory Committee, contracted case management providers, QA/QI unit, and regional management. The training reinforces several AFCARS data elements within demographics, foster care and adoption. Missouri is providing this training to Alternative Care Supervisors to review with their alternative care units through the Employee Learning Center. Contracted providers will also have access to the training. Certain data elements will also be incorporated by the training unit in the FACES computer training sessions provided to all staff. The training was released in April 2014.

Using strategies which increase staff appreciation of the need for data and nurture data-informed practice will continue to occur in order to reinforce quality data collection. For example, Missouri is exploring the use of on-line data entry videos which will focus not only on data entry but will also include how the data is used, the data story, and how to use the data for improvement planning.

Case record review data and process

Processes currently in place

Missouri had several case reviews as described below active during 2014. At the end of 2014, the reviews concluded except for the CANHU PRR's and IIS PRR. Missouri is in the process of exploring different case review tools, and designing one case review process. The types of reviews which occurred in 2014 are as follows:

Supervisory Case Reviews

Supervisors reviewed cases each quarter. Supervisors who oversee multiple program areas conducted one investigation review and one FCS or AC case review for each worker every quarter. Supervisory Case Reviews are posted on the Intranet where all staff can access results. Results can be used in supervisor consultation to improve outcomes for families and children. The SCRT tool was modeled after the federal CFSR on-site review tool.

“Q” Reviews

In order to better ensure inter-rater reliability of case review results, QA and QI Specialists completed a subset of reviews from the larger sample of supervisory case reviews. The case sample for the “Q” review is stratified to reflect different age groups and permanency goals, among other considerations. The specialists conducted interviews with stakeholders to supplement information obtained from the case record. The Q Review data was used to measure improvement for the Program Improvement Plan.

Best Practice Reviews

The Best Practice Review (BPR), formerly known as accreditation maintenance review, tools and process were streamlined in order to have consistency and to be able to obtain and use statewide results. The review tool contains qualitative and quantitative questions. Best Practice Reviews are designed to ensure COA compliance and monitor best practice standards. Results can be used in circuit improvement planning.

Peer Record Reviews

The QA Unit administered and monitored the PRR process. Quarterly, 2.5% of open and recently closed Adoption, IIS cases, and Resource Provider records were randomly sampled and reviewed by peer reviewers.

Child Abuse and Neglect Hotline Unit (CANHU) PRRs

The Child Abuse and Neglect Hotline Unit (CANHU) in conjunction with the QA Unit developed a peer review system at the hotline unit in 2006. The CANHU PRR has been a process which is used to support efficient processing of calls. Ten percent of all calls are automatically sampled for peer review and automatically forwarded to a hotline worker for review. The ten percent random sample of CA/N reports is pulled by Research staff, and assigned by ITSD staff to a CANHU worker. The worker receives an email notifying them of the assigned PRR review. The review is a paper only review; however plans are in place to move this into a CQI database system. This is discussed in more detail below. CANHU PRR's are additionally used as one of CANHU staff performance appraisal outcome measures.

Intensive In-Home Services Peer Record Reviews

Intensive in-Home Service contracted providers also participate in a Peer Record Review (PRR) process, which are used to measure program outcomes. These reviews are conducted quarterly and a sample of

cases is reviewed in each region. The Division and the contractors for the region partner to review cases, to ensure contract compliance, and to help identify barriers to providing quality services. The review typically includes, but is not limited to IIS specialists, IIS supervisor(s), site coordinator(s), regional site coordinator, and the Central Office program development specialist.

Plan for Future Reviews

In 2015, the Children's Division made the determination that a universal case review tool was needed, instead of separate tools for various purposes. At this time, the Quality Improvement/ Quality Assurance units are involved in preliminary planning meetings to decide on the overall outline of the case review questions. Currently, the QA/QI units have reviewed and discussed the utilization of the case review questions from the CFSR On-Site Review Instrument (OSRI). The Division is considering maintaining the categorization of each group of questions in the domains of safety, permanency or well-being as they are currently presented on the OSRI. The purpose of the tool is to meet standards for agency best practice as well as federal and SACWIS compliance standards. Moreover, the development of an online, consistent case review process for use by all agency staff members who participate in the case review process is top priority.

The QA/QI teams will meet in September 2015 and split into work groups to focus on assessing the current case review questions as it relates to best practice standards, safety, trauma and five domains of well-being. Each team will begin developing a plan to restructure the case review questions with the consideration of each focal point mentioned above. Each team will be requested to consult with a Program Development Specialist or other individual who is knowledgeable in the category which they have been assigned. The teams will provide a summary of recommended changes to the Q teams and all teams will work together to finalize the review questions based on the feedback from each group. The teams will also discuss the development of interview questions to incorporate during the case review process as well as discuss case review test sites to utilize the tool and provide feedback to the Q team regarding functionality and ease of use. The Q team will follow up with making needed changes to the case review tool and developing a plan to integrate the case review tool into the FACES electronic, online system.

It is anticipated the Q teams will have developed a high level design plan for the case review tool by January 2016. At that time, staff will begin preparing a PAQ for contractors to bid on incorporating the tool into the FACES system.

Feedback from the Children's Bureau

In 2014 Missouri completed an evaluation of the different case review processes and determined with support of the Executive Team that one case review process would be more efficient and would meet the needs of staff and managers. In 2015, Missouri requested to use the Children's Bureau online case review system for continuous quality improvement as the states universal case review tool. ACF stated that this case review system would not meet SACWIS requirements of a single statewide system. Children's Division will continue work toward developing a case review tool which is aligned with the

Children’s Bureau On-Site Review Instrument and a process which meets the needs of staff and management to have a well-informed, integrated automated review system.

Analysis and dissemination of quality data

Processes currently in place

Analysis and dissemination of quality data is a strength for Missouri Children’s Division. Data is analyzed routinely by the QA unit staff and manager. Data including analysis findings are distributed through a multitude of ways in support of CQI.

A quarterly CQI “In-Focus” newsletter continues to be a key method of focusing staff on key issues and supportive data sets. The newsletter directs staff on the issues to focus on during quarterly CQI meetings. In addition, the newsletter provides updates on progress and successes from the Continuous Quality Improvement Process. Links within the newsletter include circuit specific and user friendly charts for each data element which staff can use to determine performance in each of the identified areas. Staff then discuss their performance in their quarterly local CQI meetings and develop local level strategies for improvement where needed. The “In-Focus” quarterly newsletter is meant to provide guidance for the CQI Teams during each quarter. The newsletters are well received by staff and effectively aid in guiding the CQI meeting discussions. The newsletters are theme based and bridge PIP issues with COA standards, related practice outcomes, Survey of Employee Engagement results, and updates from the Supervision Advisory Committee. A link is provided to the state level CQI minutes from the prior quarter. Issues featured during the past year have addressed the subjects of: timely reunification, well-being, youth engagement, trauma, early childhood, and service orientation.

Department and Division administration continue to routinely review, discuss and identify strategies for dashboard measures which include key outcomes during monthly management meetings. Dashboard measures are data indicators and outcomes the Department Director has identified as priority areas for monitoring with Division leaders. Examples of Dashboard measures include child abuse and neglect victims free from repeat abuse within 6 months, children in foster care free from abuse and neglect, children in intact families free from abuse and neglect, number of children in foster care, timely reunification and adoptions, customers treated professionally with quality services (using consumer survey scores of foster youth and resource providers), placement stability of foster children, length of stay of foster children, worker visits with children, children placed in residential settings, children placed in relative and kinship settings, finalized adoptions, timely response to reports of abuse and neglect, timely Permanency Planning Review Team Meetings, employee turnover rates, and others. Division leadership uses this data to inform decisions, provide oversight, and to prioritize management of policy and practice.

The state is currently using data for Performance outcome measures (PERforM). Each program area has two measures by which employees are measured as a part of their annual performance appraisal. Most of the measures are involved in the PIP or are closely related to child safety. The measures are based on staff level performance, providing the ability to create targeted strategies for improvement for identified staff or units not meeting the goals. PERforM measures are not only used for field staff and

manager performance, but policy staff and administration are also held accountable for their respective measures continuing to bridge policy and oversight to practice. PERforM reports are posted on a shared drive which all CD supervisors and above have access to and are updated monthly or quarterly depending on the report.

Several CD publications were available each year and posted on the Internet, Intranet or both. The publications include statistical information as well as outcome data. Publications include CD Annual, CAN Annual, Outcome Measures, Federal reports such as the previous ASPR and Monthly Management reports. Case review data is also posted on the intranet for review. Staff and managers are referred to the publications routinely by regional QA staff in support of local collaboration and improvement planning efforts. Stakeholders have access to the publications which are posted on the internet. Stakeholders are also provided with data during the many collaborative meetings the Children's Division either initiates or is a part of during which data is shared, discussed and analyzed. The data provided in these meetings is specific and understandable in order to meet the needs of the collaboration meeting. Each of the meetings and collaborative groups discussed in this report uses data routinely to identify issues and as a driver of agenda items.

The Children's Division partners with various universities through sponsoring undergraduate and graduate students in practicum opportunities, through staff turnover data collection, support for Survey of Employee Engagement efforts, analysis of practice and outcomes, and as standing members in numerous collaborations such as the CFSR Advisory Committee and Supervision Advisory Committee, all of which involve the sharing and analysis of data and CQI quality information.

Regional QA Specialists routinely provide trends analysis and outcome data to the circuits for their local improvement plans and fostering court improvement efforts. In addition to PIP data, QA Specialists analyzed and used data to identify a need to conduct targeted reviews during FY14. In FY14, QA Specialists compiled a data report for Executive Team which contained data analysis on the foster care increase statewide and in local areas. The four areas of data analysis included family centered practice, family engagement, collaboration with external partners, staff retention and service array. Based on this report and improvement discussion, the Executive Team decided to focus, in addition to other improvement activities, on substance abuse treatment services for family and youth.

Every two years, the Children's Division administers a Survey of Employee Engagement (SEE) to all staff. Out of the 2,184 employees who were invited to participate in the 2014 survey, 1,557 (71%) responded. At 71%, the response rate is considered high. The sponsor of the survey suggests high rates mean employees have an investment in the organization, want to see the organization improve, and generally have a sense of responsibility to the organization. With this level of engagement, employees have high expectations from leadership to act on the survey results. The SEE assessment is designed to link scores on the survey to issues affecting the organization. It examines five key Workplace Dimensions (Work Group, Accommodations, General Organizational Features, Information, and Personal Demands) which capture various aspects of the total work environment. Supervision was the highest score for the Division. A high score in supervision illustrates aspects of the supervisory relationship including if employees view their supervisors as fair, helpful, and critical to the flow of work. The division's score for

supervision increased from 387 in 2012 to 392 in 2014. Other higher scoring topics are strategic and team. Strategic illustrates how the organization responds to external influences. Team describes an employee's work group within the organization. Each of these further supports the strength of CQI within Missouri Children's Division. However, external communication ranks lower indicating the need to continue to increase engagement with stakeholders. State and regional leadership considers stakeholder involvement essential to effective practice and ensures stakeholder engagement is a priority for Missouri.

Feedback from the Children's Bureau

As noted last year, it was determined additional advanced analytics skills and multi-variable analysis training would benefit QA staff. However, after further review, the unit determined two main goals for the next two years to improve CQI and in particular becoming a data-informed culture. The following goals in the QA strategic plan are as follows:

- 1) Each staff member knows how to access their individual case load data (if applicable), understands how the data relates to their specific practice and case decisions, understands the connection between data, practice, and outcomes for families, and utilizes data to measure and improve their professional practice.
- 2) Each staff member recognizes the importance of documentation and how documentation tells the story of the lives of the families we serve. (If the documentation is incomplete the story is never fully told. Data reflects how documentation tells the story.)

While advanced analytics may be explored in the future, the quality assurance unit felt assisting staff with understanding the data, and relating the data to practice to improve outcomes should be the priority.

A method for sharing data and other information with contracted case management agency staff is still under development. The creation of a new shared drive, which QA designees from the contracted agencies have access to, will allow a more efficient and timely method for sharing data and other information. In particular, posting information to a shared drive will allow easier sharing of reports. Missouri is planning to incorporate the lessons learned from the CQI Academy about creative and effective messaging for communicating with external and internal stakeholders in the future.

Feedback to stakeholders and decision makers and adjustment of programs and processes

Processes currently in place

CQI in Missouri is a simultaneous and self-sustaining process. Managers and staff meet stakeholders to review data and strategize as described below. This information is then brought back to internal improvement planning meetings. QA and QI staff provide data and coaching to promote awareness, relevance and empowerment of staff and managers to effect change in their practice. Results from feedback/problem-solving and data generated are used to amend policy, enhance practice or target practice. It is used to fuel and educate community partnerships and create/outreach to new service

resources and partners. Automated system development is additionally addressed through feedback from staff at all levels. Staff may submit system change requests via the supervisory channels in order to initiate improvements to the information system.

Information and feedback is provided to stakeholders and decision makers in a variety of ways.

CQI Team Meetings

Circuit, Regional and State Level CQI team meetings provide a structured routine opportunity to provide feedback from frontline staff to agency leaders and stakeholders. While the CQI “In Focus” newsletter provides a structured topic for quarterly meetings, CQI teams are not confined to discuss only newsletter topics. Staff provide suggestions for a wealth of issues ranging from how to include staff in all regions of the state in employee recognition programs, to workplace safety, suggested training curriculums for foster parents, and the development of new forms and revised policies. Stakeholders have the option of participating in CQI team meetings, but CQI topics are shared and assigned to individuals to follow up with stakeholders not in attendance at team meetings as well. CQI minutes are posted on the intranet and accessible by all CD and contracted agency staff. Contracted agency staff participate in CQI meetings within their respective agencies as well. CD leaders and staff, such as CQI staff, attend contracted agency CQI meetings to facilitate collaboration and information sharing. Designated QA and QI staff from CD as well as from contracted agencies meet on a regular basis to coordinate CQI efforts.

Collaborations

Data is routinely provided and two-way communication occurs during the many collaborative meetings held throughout the state as previously mentioned and as noted in the Collaboration section. An example of a collaboration process were the older youth summits which included a review of data sets and discussed improvement activities.

Consumer Surveys

Consumer surveys are another method of obtaining feedback from stakeholders. Upon receiving survey feedback, information from individual surveys is entered into a central database and then original surveys are returned to the regional managers. The QA unit monitors trends and shares information during various meetings. Consumer surveys are deemed confidential in order to promote a greater response rate, so responses on individual cases are not shared directly with frontline staff unless the surveyee specifically requests for it to be shared. However, consumer survey feedback in an aggregated or summarized format is shared with frontline staff and supervisors at the discretion of the regional directors, who use the surveys to inform and oversee practice. Data is available to the QA/QI specialist, monthly posted on a shared drive and available to use in improvement planning. In addition, consumer survey scores from youth and foster parents are included on the department dashboard, which is used by Department and Division leaders as a gauge of customer service and discussed during leadership planning meetings. Missouri is currently partnering with the University of Missouri to improve the consumer survey and the process. Missouri utilized the CQI process regarding the survey to introduce

and obtain feedback from all levels of staff to give recommendations on language in the survey as well as the process and the mechanism to deliver the surveys. The revised survey is expected to be implemented before the end of 2015.

Survey of Employee Engagement

Survey of Employee Engagement (SEE) data also provides feedback on numerous issues which offer the opportunity to adjust programs and processes. SEE results are posted on the Division's intranet site and are used regionally by local and regional leaders. In addition, the Survey of Employee Engagement data was incorporated as a standing item in the structured CQI process in Missouri several years ago, and continues. This begins by featuring SEE issues in each quarterly In Focus newsletter highlighting either one high scoring item from which to learn about or one lower scoring item in which improvement is needed. Each CQI team (level one through state level teams) discusses the issues and identifies strategies for improvement. Strategies can be remedied at any given level or taken to state level as necessary.

Turnover Data

Employee turnover data is routinely reviewed by managers and staff from personnel, quality assurance and improvement, and field managers. In addition, the Supervision Advisory Committee whose members represent frontline supervisors statewide routinely reviews turnover information along with SEE scores and other data each year while addressing and identifying strategies related to worker retention in their strategic plan. In addition, local offices may include frontline staff, supervisors and/or managers in reviewing turnover data when addressing employee morale and turnover issues locally. The Children's Division is currently involved in executive level analysis and strategic planning around state and circuit specific strategies to support employee retention, using local turnover statistics combined with SEE results as a guide.

Performance and Outcome Data

ROM outcomes, PERforM outcomes, Dashboard measures and various publications, combined with periodic feedback about case review and survey results provide a wealth of information for administration which can be used for adjusting programs and processes. PERforM measures, as discussed previously, provides accountability for every type and level of staff including agency leaders. Leaders and staff at all levels communicate about outcomes and develop action plans to improve as a result of the monthly and quarterly reports. A supervision guide has been implemented which incorporates a review and discussion of the CQI data mentioned above in clinical conferences between frontline staff and their supervisors.

Champions for CQI

Champions for CQI lead change through feedback shared to administration and stakeholders. The Supervision Advisory Committee is one such champion of CQI. Representative supervisors from each region come together each quarter to discuss and develop strategies on a variety of practice issues

related to the advancement of supervision. The Division Director joins the group for a brief period at the end of each meeting in order to verbally receive the recommendations from the group. The Division Director then reviews the recommendations with the Executive Leadership Team, who then incorporates the recommendations as able, and provides written feedback to the committee on their response. This feedback loop process is one example of CQI in action in Missouri and how information shared with stakeholders and administration results in adjustments of programs and processes.

Feedback from the Children's Bureau

After assessing the use of case review results, the Children's Division has identified the need to increase the sharing of case review results with stakeholders. In particular, training unit staff and policy staff do not currently have as many opportunities to review and use results (outside of quarterly CQI meetings) as field staff and stakeholders do at regular on-going PIP activities where data is regularly shared and reviewed.

Missouri has reorganized the training unit from a statewide team to a regional based team to be responsive to staff needs. In 2015, this transition and the new role of the professional development coordinator will allow for further integration with QA/QI initiatives.

As discussed in the paragraph above on collaboration, stakeholders including resource providers (foster, adoptive and relative placement providers), court staff, attorneys, health and mental health professionals, tribal representatives, foster youth and others have routine opportunities to review data in the various meetings, conferences and circuit specific meetings held throughout the state. The QA unit held strategic planning meetings with the policy staff to increase structured opportunities for sharing quality practice review findings from case reviews in order to adapt policy.

The state recognizes a continued need to maximize the involvement of stakeholders, particularly youth, parents and resource families in CQI activities. Missouri has added this area as part of the five year strategic plan. Currently a workgroup has convened to explore possible avenues for youth and parent feedback. The workgroup contains several Quality Assurance Specialists, Central Office staff, the Training Manager, a Field Support Manager and case worker. Missouri has also requested technical assistance from the Capacity Building Center to improve all aspects of CQI, including feedback from parents and youth. Continued oversight and adjustment to ensure these parties are engaged in CQI is ongoing through strategic CQI review and planning sessions held each quarter between the QA and QI unit managers, and during CQI newsletter planning meetings each quarter with policy staff and managers, QA and QI staff and managers, CD leadership, and an OSCA representative, during which topics of focus are determined for the statewide quarterly CQI team meetings.

Also, as noted previously, additional training on facilitation of improvement planning using logic models would be beneficial for QI staff. This will enhance the state's capacity to move from awareness to change and from data to action.

Missouri also recognizes a need to share the consumer survey data with all levels of staff and plans to provide intranet access to aggregated data by region and circuit. This will allow all staff to access this

information on an as needed basis and can be used for improvement planning at the local levels with stakeholders. The Division is currently assessing other avenues for survey methods such as an online survey and partnering with contracted providers to increase response rates. Missouri is also exploring other options for birth parent feedback such as a statewide parent advisory board.

Missouri has worked diligently to incorporate ROM into the daily culture of the Children's Division but enhancements are still needed. The QA Unit Manager is a member of ROM Leadership Council with representatives for other states. The topics discussed include cross-site planning, ROM updates and new releases, information sharing, and problem solving. Missouri is hopeful this learning opportunity will provide valuable insight on how to increase the usability of ROM by staff.

CFCIP AND ETV

Chafee Foster Care Independence Program

Accomplishments achieved and planned activities for each of the first five purposes of the Chafee Foster Care Independence Program (CFCIP):

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

In SFY16, the CD will continue to use the CFCIP funds to staff one state level coordinator. The state level coordinator position will continue to be responsible for program development and coordination, implementation, resource development, training, administrative oversight, technical assistance, and policy development. The coordinator will also be responsible for management and oversight of the Chafee, ETV/Missouri Reach, and Transitional Living Program (TLP) contracts, NYTD, and State Youth Advisory Board.

The Children's Division will use CFCIP funds to staff four Older Youth Transition Specialist (OYTS) positions to cover five regions of the state – St. Louis, Kansas City, Northwest, Northeast, and the Southwest.

In SFY15, another Older Youth Transition Specialist position was added to cover the Southeast region of the state however this position is not funded through CFCIP funds. Duties are the same as the other Older Youth Transition Specialist positions. This position was granted due to the high concentration of youth in the SW, making this region in itself larger than the metro regions.

The OYTS will continue to assist with quality improvement and quality assurance for the Older Youth Program (OYP) in each of their regions. Their job duties include older youth program presentations, training, and participation in community workgroups, task forces, and initiatives concerning Older Youth. The OYTS attend Family Support Team Meetings and court hearings on older youth where case plans are discussed. The OYTS participate in service plan meetings for youth in Transitional Living Program placements. The OYTS provide feedback on program related memorandums and assist with promotion and recruitment for older youth related events such as focus groups or youth conferences, and develop regional plans for increasing the numbers of referrals, etc. The OYTS assist with the process

for youth re-entering care, aftercare youth, and extended Medicaid enrollment. They attend exit meetings and provide exit packet information as requested.

The OYTS will continue to be the liaisons to the ILC and contracted providers of Chafee and TLP. The OYTS will continue to be responsible for contract monitoring and ensuring compliance. They will conduct on-site monitoring visits, review expenditure reports, invoices, progress reports, and outcome reports for accuracy. They will be the gatekeepers of referrals for Chafee services and TLP placements. The OYTS also verify eligibility for the ETV Program and Missouri Reach. The OYTS assist with compliance in reporting for the National Youth in Transition Database (NYTD) by assisting with survey reporting, maintaining a Facebook page to locate youth, approving services entered by contracted providers, ensuring current grade level, email address, and physical address is available on youth ages 14-21, and ensuring youth have three permanent contacts documented. In SFY15, the OYTS assisted with NYTD surveying of youth no longer in care. The OYTS will continue to work directly and collaboratively with the ILC, case managers, contracted providers, and youth. They will be responsible for on-going consultation and education to agency staff, providers, and the community. The five OYTS also assist with specific program coordination in their designated regions. Conference calls are held with the OYTS and ILC quarterly and in person meetings as appropriate.

The Children's Division Older Youth Program encompasses all the services and programs which are offered to foster and former foster youth, including youth who obtained guardianship or adoption after the age of sixteen, to achieve positive outcomes in their transition to self-sufficiency. This program encompasses Chafee services to youth ages 14-21 as well as the Transitional Living Program, Education & Training Voucher and Missouri Reach Program, and Independent Living Arrangements. The number of older youth has fluctuated some over the last few years but not substantially. In SFY11, there were approximately 3,391 youth in Missouri in the age range for Chafee services. As of November 31, 2014 there are 3,553 youth potentially eligible for Chafee services. 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.

Missouri has provided supervision of older youth in foster care placed in Missouri over the age of 18 since SFY14. Youth eligible for this service are wards of another state and are in Missouri for the purpose of attending college, living in an Independent Living Arrangement (ILA) or Transitional Living Arrangement (TLA). The financial responsibility for supporting these placements remains with the jurisdiction state. The sending state arranges for Chafee services directly via the Chafee contractor from the youth's residence region. The sending state provides for the Educational Training Voucher services if they are needed. Although the referral and reports are being processed through the ICPC unit, these older youth are not included in the Interstate Compact Placement of Children, which ends at age of majority (18). This is a service to accommodate the federal law allowing youth to remain in care until age 21. It ensures safety and well-being of all youth in care, custody, and control of a child welfare state agency residing in Missouri who are not covered by the compact.

Within the Older Youth Program, there are services and funding provided through the Chafee Foster Care Independence Program. The CFCIP is contracted out to private agencies to administer and deliver services and funding to older youth in foster care, youth adopted or who have obtained legal guardianship after the age of sixteen, as well as former foster youth. Services have been contracted out since January 2008. In SFY12, new contracts were awarded and service delivery began under this contract on October 1, 2011. This contract will remain in effect until October 31, 2015 with annual renewals. Six agencies are providing services for six regions and one circuit of the state. In SFY16, the contract will be rebid. A stakeholders meeting was held in April 2014 for the purpose of reevaluating the program and contract requirements. Feedback was sought electronically from current providers. An internal review was held with the Older Youth Transition Specialists in November 2015. Based on the feedback from the stakeholders meeting, providers, and the Older Youth Transition Specialists, changes were made and the contract was submitted to procurement in December 2014. The requirements remain the same with the addition of one purpose to be compliant with H.R. 4980: Assist youth who are likely to remain in foster care until age 18 years of age with regular, on-going opportunities to engage in “age or developmentally-appropriate” activities.

Language was added requiring providers to attend trainings offered by the state agency as there has been occasion where training was offered on something being implemented and a provider opted not to attend or have a representative attend consequently requiring individualized attention to be successful.

A statement was added that the contractor could not use youth for publicity or media purposes without the consent of the court. This was added as it became an issue on another contract.

The Transitional Living Program contract was rebid in April 2012. A pre-bid meeting was held and the evaluation process was completed at the end of April 2011. Contracts were awarded to most of the previous TLP providers and four new providers received contracts. This contract remains in effect until June 2016. The TLP contracts allow Division of Youth Services (DYS) to use TLP providers under the Children Division’s contract. DYS remains responsible for youth served from their agency in these placements, but it allows for the same service provisions that youth in Children’s Division custody placed in TLP receive. An amendment to the contract has been submitted to procurement to be compliant with H.R. 4980 and adding the purposes of Chafee: Assist youth who are likely to remain in foster care until age 18 years of age with regular, on-going opportunities to engage in “age or developmentally-appropriate” activities.

On-going communication occurs with the providers of Chafee and TLP services via electronic mail from the Independent Living Coordinator as well as quarterly visits from the OYTS. In SFY15, a training session was provided by the Children’s Division to all Chafee and Transitional Living Providers. The OYTS also attended. The training was focused on three topic areas, including:

- coaching/mentoring older youth in foster care to facilitate their own Family Support Team meetings (one hour, 45 minutes),
- child development of youth in foster care and the impact of trauma on healthy development (one hour, 45 minutes), and

- mandated reporting of abuse/neglect (one hour, 30 minutes).

Participants were provided electronic information after the training so information could be shared with new staff on an ongoing basis. Communication and meetings will continue as needed in SFY16.

The Chafee and Transitional Living Program contracts contain language about the Four Core Principles identified by the Muskie School of Public Services, University of Southern Maine and the National Resource Center for Youth Services for successful adolescent transition programs - positive youth development, collaboration, cultural competence and permanent connections. The expectations and requirements are that Chafee and TLP contracted providers will engage the youth in case planning, design life skills instruction specific to the youth's needs with youth input, and offer a variety of methods in which youth can gain competency in life skills. These principles will continue to be the basis of and guide the Older Youth Program in SFY16 and will be included in future contracts.

The Older Youth Program (OYP) reflects the philosophy and the services offered to foster and former foster youth, ages 14 and older. The program addresses:

- The philosophy of youth permanency and positive youth development;
- The responsibilities of case managers of older youth, Chafee Contractors, TLP Contractors, and Older Youth Transition Specialists;
- Procedures for using the Casey Life Skills Assessment and the Adolescent FST Guide & Individualized Action Plan (IAP) Goals; and
- Helpful resources to engage youth in transition planning and self-sufficiency.

The Adolescent FST Guide and IAP Goals assist workers and youth in planning for the transition of a youth becoming an adult and leaving foster care. It details the goals of the youth and facilitates the involvement of identified adults in the youth's life. Although transition planning is ongoing, the Adolescent FST Guide is completed within the first four months of a youth turning 14 or entering care after age 14 and is updated every six months and 90 days prior to the youth exiting care. A PowerPoint presentation on transition planning is available on the intranet/internet for staff to view at any time. The use of the Adolescent FST Guide and IAP Goals will continue in SFY16 and will be revised as needed.

The Casey Life Skills Assessment (CLSA) is an evaluation of youth's independent living skills. It consists of statements about life skills the youth and his/her caregivers complete and a copy is provided via e-mail. The CLSA was designed to be as free as possible from gender, ethnic, and cultural biases. A two-hour training on the tool is available on the Employee Learning Center, and tips sheets for the youth, caregiver, and Children's Service Worker are available on the intranet. The use of the CLSA to evaluate life skills will continue in SFY16.

A portfolio assessment is used for each youth ages 14-21 to give the youth the opportunity to take some control of the assessment and demonstrate what they have learned. The portfolio is a collection of samples which communicate a youth's interest and give evidence of the youth's talents. It is used to show others what the youth has accomplished, learned, or produced. The portfolio is created during life

skills instruction and is guided by the learning goals. The portfolio process involves the appreciation and evaluation of one's work. Portfolio items are completed for each life skill instruction and may include report cards, resumes, and certificates. The youth may share the successes included in their portfolio at a job interview, Court, FST or other time as appropriate. All contracted life skill providers must assist the youth with portfolio development. Performance and portfolio items are recorded on the Individual Life Skills Progress form so staff may see the concrete results of instruction. The portfolio assessment will continue to be a contractual requirement of Chafee and TLP providers in SFY16.

The Individual Life Skills Progress Form is used to record performance of youth in achieving life skills by using a Likert scale of Got It, Working On It, or Needs Assistance. It is completed through direct observation of the youth's work during and just after instruction has taken place and helps the youth appreciate what has just been demonstrated. Together, the youth and the instructor decide where the youth is on the three-point scale. It also provides the agency with historical data on the youth's overall life skill development. This form will continue in SFY16 to be completed quarterly by the person teaching life skills, typically a contracted Chafee or TLP provider.

The Life Skills Strengths/Needs Assessment Guideline Questions and Life Skills Strength/Needs Reporting Form are interview style tools to assist in the planning process. The strengths/needs assessment uses a holistic approach to develop rapport and engage the youth. The assessment covers nine domains and provides a snapshot in time. This tool is used to assist in determining goals a youth wants to work on (need statement) in the Adolescent FST Guide and Individualized Action Plan Goals and is filed in the youth's record. The youth receives a copy of the completed form. This form is completed within the first 60 days of a youth turning 14 or entering care after the age of 14. The form can also be completed as the youths achieve their goals and when they identify a need to set additional goals. The usage of this tool will continue in SFY16.

Life skills training is provided by contracted providers, including contracted transitional living programs. Each youth is evaluated individually to determine strengths and identify areas of need. Life skills are taught based on the unique needs of the individual youth. Youth are evaluated using the Casey Life Skills Assessment and progress is tracked on the Individual Life Skills Progress Form. Portfolio items are a component of life skills that have been achieved. Contractors receive a current CLSA with each referral for Chafee services or TLP placements and are to reevaluate the youth once a year using the CLSA. Contractors are required to provide outcome data on each youth served with CFCIP funds. Contractors work with youth in the National Youth in Transition identified domains of independent needs assessment, academic support, post-secondary educational support, career preparation, budget and financial management, housing education/home management training, health education and risk prevention, family support and healthy marriage education, mentoring, education financial assistance. Missouri has added the domain of youth leadership. Aftercare services are also provided through the contractors. Youth exiting care after the age of 17.5 and not yet 21 are eligible for these services. Youth must be 18 to receive housing assistance. Services provided will continue to be individual in nature.

The Older Youth Program was converted to an electronic format in the FACES system in June 2013. An electronic referral system for Chafee, Chafee Aftercare, and TLP is utilized. The following Older Youth Program forms are available in FACES:

- Adolescent FST Guide (Transition Plan)
- Individualized Action Plan (IAP) Goals (Transition Plan Goals)
- Individual Life Skills Progress Form
- Life Skills Strengths/Needs Assessment Reporting Form
- Quarterly Outcome Reporting
- Referral - Chafee Independence Services
- Referral - Transitional Living Group Home / Scattered Site Services
- Referral - Chafee Aftercare Services

The dates of the CLSA and credit checks can be captured electronically as well on the Adolescent FST Guide.

Another tool in FACES is the NYTD/Older Youth Outcome Comparison Report which displays outcome information on youth who complete the NYTD Older Youth Survey. The survey contains the youth's direct response on outcome areas such as employment, education, and healthcare. The Outcome Report is the contracted Chafee or TLP provider's record of a youth's outcomes in these same areas. The report can be used to see strengths and needs related to education in a format that is youth reported versus agency reported.

The Chafee and TLP program contracts with providers to serve a minimum of 65% of referred youth every quarter in identified life skills domains. This is a step to ensuring the bulk of services being provided are the core services research has shown improve outcomes for older youth. On the NYTD Older Youth Services and Financial Expenditure Screen, the percentage of services provided in a quarter per agency, the number of youth who received at least one service per agency, and the percentage of services provided by an agency out of all service domains can be viewed monthly and quarterly.

Children's Division continues to work at ensuring youth are referred for Older Youth Program services. In SFY15, the Older Youth Transition Specialists began receiving monthly reports with referral status information of all youth eligible for Chafee services. The report is produced by a Research Analyst from Division of Finance and Administrative Services. The report is a snapshot of each youth age 14 and older which contains information such as referral status, placement, permanent connections, date of last physical exam, school year and grade, dates of fraud prevention checks, and if the youth has a driver's license. The report contains many fields of information and usability revisions have been requested in SFY15.

Following are three examples of support assistance to increase the number of youth referred for Chafee services and the quality of those services are provided by the OYTS:

In order to increase Chafee referrals in the Kansas City region, twice a month computer lab time is available. The OYTS is in the computer lab for the day to help case managers with forms or anything else related to the Older Youth Program.

The Northern Region OYTS sorts and updates the listing of eligible youth provided through Central Office, and sends to each of the 21 circuits in the region. As a means to improve the quality of the information provided for referrals, the OYP tools (Adolescent Family Support Team Guide and the Individualized Action Plan) are reviewed in FACES by the OYTS at time of referral and detailed instructions are sent to case managers and supervisors for entering additional required information in the system. The Field Support Managers (FSM) have assigned Program Managers and Children's Service Specialists in their sub-region to assist the circuits with follow-up on these tasks. The FSMs are supportive of the OYP, and continually include OYP agenda items in the sub-region meetings. The FSMs follow up with the Circuit Managers when listings are sent to the circuits, and also assist in setting deadlines for referrals and action to be taken within the circuits. The FSMs are also supportive of the OYP in assisting the OYTS to arrange meetings and trainings to educate and review progress and barriers to progress.

In October 2014, the St. Louis Region OYTS broke down the list of youth still needing to be referred by supervisory unit or contracted agency. The OYTS then met with the supervisor in person and if that wasn't possible, an email was sent with the list of youth needing to be referred. The St. Louis OYTS discussed this at the monthly supervisory meetings in the City and County which included Alternative Care supervisors. Circuit managers and supervisors were copied on the emails. The Foster Care Case Management agencies were emailed. The OYTS worked with the CD liaisons to get the referrals completed. At the January 2015 PIP advisory meeting, the region QA Specialist presented data which reflected the improvements made in ensuring youth were being referred.

A flowchart of the electronic Chafee and TLP referral path and a Power Point training overview is available on the FACES webpage for staff reference and assistance. The monitoring of referrals for eligible youth and efforts to maintain and increase referrals to the Chafee program will continue in SFY16.

Additionally, the older youth program served youth in transitional and independent living placement settings. As of November 30, 2014:

- 151 youth are in Independent Living Arrangements
- 16 youth are in the Transitional Living Advocate Program
- 103 youth are in Transitional Scattered Site Placements
- 101 youth are in Transitional Living Group Homes

The Children's Division policy currently requires staff to begin transition planning for all youth ages 14 and older. The purpose of conducting transition planning is to identify anticipated service needs and arrange for meeting the needs of older youth who will soon be exiting foster care. To prepare youth for their exit from the foster care system, the Case Manager or Children's Division Worker meets with their

youth to coordinate exit planning 90 days prior to release from custody. The Adolescent FST Guide and Individualized Action Plan Goals are used to capture the transition plan for the youth and are intended to be a proactive, youth driven case planning tool. This tool should be discussed and utilized at least every six months at the FST meeting with youth ages 14-21. A critical alert is received notifying the case manager a youth's transition plan needs to be updated per the federal requirement within 90 days of turning 18 and 21.

Exit packets are also provided to youth upon discharge from care. Exit packets contain information on ETV, MoHealthNet, Chafee Aftercare Services, National Youth in Transition Database (NYTD), Healthcare Treatment Decisions, and options for re-entry, local community resources and a consent form to access administrative data for NYTD. A verification letter indicating the youth's time in care is also provided to aid the youth in receiving assistance within the state and out of state for services which require eligibility verification. Continued education of staff on transition planning will continue in SFY16.

A reminder exit information checklist is housed in FACES and displays at case closing for older youth. The screen/checklist allows date entry for documentation of when exit packet information was provided for youth. It displays for youth who leave care after age 17.5.

In SFY15, a memorandum will be issued to remind staff of the importance of transition and exit planning to successful adulthood. Two charts, OY Services by Age and OY Tasks by Age, have been developed showing case manager tasks specific to older youth beginning at age 14 and services available based on age. A checklist on exit planning will be shared to assist with H.R. 4980, CD policy, and Council on Accreditation Standards regarding exit planning. Information on transition/exit planning is available as a PowerPoint presentation on the CD intranet, in the Child Welfare Manual, and the exit packet is available on the CD intranet. Documentation of youth receiving documents and exit packet material is completed in FACES on the youth's transition plan, the Adolescent FST Guide and Individualized Action Plan Goals.

Youth continue to receive information about available Chafee services through their case manager, OYTS, youth boards, CD website, and Facebook page. Services are to be used to assist youth in complementing their own efforts to achieve self-sufficiency and to ensure they recognize and accept personal responsibility in preparation for and the successful transition from adolescence to adulthood. Youth are involved in their case planning to address the development of skills and resources needed to facilitate their transition to self-sufficiency. Multiple assessments including a Strengths/Needs Assessment, the Casey Life Skills Assessment, Portfolio Assessment and Performance Assessment are used to establish goals and monitor progress and achievement. The Adolescent Family Support Team Guide and Individualized Action Plan Goals are utilized by case managers for development and documentation of the youth's transition plan, for youth ages 14 to 21.

The use of technology as a means to stay connected to Older Youth will continue in SFY16 via a Facebook page entitled "Missouri's Older Youth Program." This Facebook page began in 2010. Events, web resources, leadership opportunities, NYTD information, and general information pertaining to older youth are posted to this page. This is also connected to other youth serving organization's pages. As of

February 2015, 298 people “liked” the page. The Children’s Division hopes to increase this number in SFY16. Several links to web resources regarding Older Youth were added to the intranet and internet and resources will continue to be added and updated in SYF16. In addition, several of the OYTS have a Facebook page through work and have used this as a means to connect and contact youth to complete the NYTD survey.

In SFY15, a memorandum was issued to introduce revisions to “What’s It All About? A Guidebook for Youth in Out-of-Home Care”. This guidebook was originally developed in 1992 with the last revision in 2001. Providing this guidebook to youth was in policy but the reintroduction and revisions will reinforce the requirements of H.R. 4980, requiring states to provide youth in care age 14 and older with information on their rights, explain rights in an age appropriate manner, and document information was provided to youth regarding their rights. The guidebook is to be given to all youth coming into care after age 14 and those youth turning 14 while in care. The book is intended to assist youth while in care and transitioning out of care. The last page of the guidebook contains an acknowledgement form for the youth to sign and a copy is to be placed in the file under the Older Youth Program Section. Documentation of a youth being provided the guidebook occurs in the case narrative. The guidebook is available on E-forms and located on the CD internet so that youth may access it electronically at any time, however Children’s Service Workers are responsible for ensuring youth receive the information.

In SFY12, Missouri implemented the provisions of the Child and Family Services Improvement and Innovation Act which amends the case review system definition to require each child age 16 and older in foster care receives a copy of any consumer credit report each year until discharged from foster care and the youth must be assisted in interpreting the credit report and resolving any inconsistencies. Building and maintaining credit is vital to successful transition from foster care. Information on credit reports is used to evaluate applications for credit, employment, insurance, and renting a home. Monitoring credit reports is one of the best ways to discover identity theft. Children’s Service Workers assist youth in interpreting the credit report, resolving any inconsistencies and ensuring the youth has a copy of the report. The Division of Legal Service assists in resolving any inconsistencies or identity fraud. If there is a need to further educate youth regarding credit, Children’s Service Workers are to document this on the Adolescent Family Support Team Guide and Individualized Action Plan Goals, and submit new goals to the Chafee provider. The Chafee provider will assist with the identified tasks related to the new goals. The form is to be updated to reflect when a credit report has been received on a yearly basis, beginning when the youth turns 16 or enters care after age 16 and each subsequent year thereafter while in foster care. 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. In SFY16, this process will be amended to include ages 14 and 15 per H.R. 4980.

As this is life skill teaching, documentation of this service is also to be included on the NYTD Older Youth Services and Financial Expenditures Screen in FACES and entered by the Children’s Service Worker.

Missouri has an agreement with TransUnion to use a web based portal for 16 and 17 year olds in a batch process. Central Office personnel run the process and send information via email to staff regarding the checks.

In addition to completing checks on youth 14 and older, TransUnion has agreed to complete checks on any youth in foster care when there is reason for concern about credit history. This has been a request of staff and this will allow for proactivity beyond the requirements of Child and Family Services Improvement and Innovation Act and H.R. 4980.

These checks will be conducted on a monthly basis and only if there is a reason to be concerned. If the Children's Service Worker identifies a youth (s) under age 14 needing a fraud prevention check, a Request for Fraud Prevention Check must be completed by the Children's Service Worker and submitted to Central Office.

A webinar "*Obtaining Credit Reports for Youth in Care*" is posted on the CD website. Resource information on obtaining free credit reports has been shared and will be shared again with a memorandum that will be released in SFY16. A financial empowerment toolkit and tip sheets to assist and educate youth developed by the Department of Health and Human Services' Administration on Children, Youth, and Families and Office of Community Services will be shared. The toolkit is designed to provide caseworkers, independent living skills providers, foster parents and other supportive adults with strategies and resources to critically evaluate and improve their current ability to promote financial capability for youth in foster care. It is designed for those working with youth under the age of 18 and young adults preparing to transition out of the foster care system.

The Children's Division implemented the requirements of the National Youth in Transition Database in October 2010. A handout is included in the exit packet and a poster is available to be displayed where visible to youth. The Children's Division website has a section on NYTD. Step-by-step instructions regarding service reporting, youth surveys and an online tracking screen in the FACES system of survey completion has been provided to staff.

Three NYTD permanent contacts are in the FACES case member screen to assist with permanency and locating youth for the survey. The permanent contacts are recorded on the transition plan, Adolescent Family Support Team Guide. Information entered on this screen is used to survey youth if an attempt was made to survey the youth electronically via e-mail and no response is received within 15 days from the time the survey is sent. A hardcopy of the survey is mailed to the permanent connections and the youth's last known address when this occurs, and will be used in connecting with the youth in the follow-up survey.

Information on youth to be surveyed for each survey period in which a baseline has been established is sent to OYTS to distribute across the state. This information is also viewable in FACES via the NYTD Survey Online Response Tracking Screen.

Missouri has designated the OYTS to locate and survey those youth no longer in care. Children's Service Workers continue to follow up with youth in care. A case manager receives an email when a youth on

his/her caseload with an active Alternative Care function, care and custody with CD, turns 17 or 19. The email will be sent only on youth who are in the NYTD survey population as a reminder that the youth needs to complete the NYTD survey.

It has been a challenge to locate youth formerly in care, and this will be reevaluated in SFY16 from lessons learned in surveying the 21 year old cohort. Steps are being taken to ensure contact information is entered into our case management reporting system and the initial tools to locate youth are being used through the monthly report received from research.

In SFY15, Missouri received its first penalty for completion of surveys after the 45 day reporting timeframe. The penalty was 1.25% of the Chafee allotment and amounted to \$41,589.

Missouri participated in the NYTD Assessment Review (NAR) Pilot in SFY15. The purpose of the review was to evaluate the state's policies and practices related to collecting and reporting reliable and accurate data on youth in transition. Going beyond the compliance checks performed on semi-annual data files, the NAR assesses the extent to which a state is meeting all of the NYTD data collection and reporting requirements and has sustained a high level of quality data. A complete review of the state's survey methodology was conducted. Missouri received the final report in February 2015 and initial plans are underway to improve the NYTD process. Missouri submitted an improvement plan in April. Based upon the findings from the review, enhancements will be made to ensure continued NYTD compliance with survey and service reporting as well as improving data collection for driving outcomes for youth in Missouri. This will encompass system and policy changes.

In SFY15, a thumbnail on NYTD tips and reminders was placed on the CD intranet and was easily viewable for several months. This thumbnail is still available as an archive thumbnail file as well. The SYAB reviewed the NYTD survey instrument, NYTD instruction letter, and NYTD definitions in March 2015. The process for which youth are surveyed will be changed for the next cohort of 17 year olds in SFY17. All 17 year olds will not be sent a survey as surveys will be conducted in person by the case manager. Instructions will also be revised so youth and staff have a better understanding of how to take the survey. The state's survey element will be revised with the correct response options. Missouri's survey instrument will be revised with the correct version of each required NYTD survey question and additional definitions will be added to the survey to ensure youth understand the questions. Clearer instructions will be provided as to the date to be entered on the paper survey when no date has been recorded by the youth.

The ETV contract was revised to include service reporting for youth receiving this service and testing has been completed for a systems change in FACES to allow reporting of youth over age 21. A conference call was held with Foster Care to Success on accessing the system in April. Missouri will provide additional training to assist staff with identifying adjudicated delinquent youth and correctly reporting this element. A systems change will be made to pull the highest grade level rather than current grade level and to add to/from dates for special education in FACES to better capture actual dates special education services were offered. The option of "declined" will be added to the NYTD Tracking screen to indicate when the youth truly declines versus when a youth cannot be located.

In October 2014, after the NAR, another Older Youth Specialist position was granted to assist with monitoring in the Southern Region. A conference call was held in April with the OYTS to discuss efforts and ideas for improvement in monitoring life skills and contracted service provision. The OYTS will review 20 Chafee files and five Transitional Living files from each agency on a quarterly basis by random sample. The monitoring tool was revised in April from a checklist to more narrative and detail. A training day with the ILC and the OYTS is held in May to discuss consistency and quality in monitoring. The state will modify the existing reporting system so life skills are entered on one screen which will reduce error and improve consistency.

In March, staff throughout the state completed train-the-trainer training on FosterClub's Permanency Pact. Staff were to be trained statewide on the use of the tool by May 2015. The tool was introduced by memorandum and the three permanent contacts will be reinforced through policy. By ensuring this information is captured and visited throughout beginning at age 14, CD is more likely to locate youth at age 19 and 21.

CD staff and contracted providers are and will continue working jointly in the NYTD effort in SFY16. The program and information technology units work closely to ensure timely submission and compliance measures are met and this will continue in SFY16.

The CD plans to continue efforts to be in compliance with the requirements set forth in order to receive the full Chafee allotment in SFY16.

Examples from providers on how this purpose is being achieved:

The Community Partnership, Chafee Provider, Southeast Region - Most of the youth receive life skills through one-on-one sessions based on the youth's needs and skill level. A variety of resources are used including career interest inventories, the AC Curriculum, PAYA, Building Strong Families, Making Proud Choices, etc. In addition, the Community Partnership offers periodic group classes on things such as banking and money management, and has staff from Phelps County Bank that volunteer time to teach the class.

Every Child's Hope (ECH), Transitional Living Provider, St. Louis Region - ECH administers a wide variety of assessments to determine youth's strengths and challenges. Youth gradually assume responsibility for portions of their rent and utilities until they are financially stable. ECH provides individual life skills and group life skill meetings, including but not limited to, employment, education, money management, emergency and safety, housing, home life, health/medical, knowledge of community resources, pregnant and pregnancy teens, reliable transportation and most importantly, supportive, healthy, and stable relationships.

Epworth Children and Families, Chafee and Transitional Living Provider, St. Louis Region - Epworth hosts Life Skills classes weekly Monday-Thursday from 6pm-8pm. Three classes are run each evening with a maximum of 12 youth in each classroom. Group classes offer youth not only life skills education, but social experience and learning in a safe environment. Life Skills classes encompass topics such as: self-esteem, decision making, stress management, anger management, conflict resolution, self-care,

bullying, nutrition, fitness, leisure time activities, cooking, personal safety, etiquette, sewing, housing, home maintenance, budgeting, credit, banking and savings, etc. Epworth offers approximately 150 different classes for youth to participate in. Guest presenters are used regularly from the following agencies: NCADA, Project HART, KUTO, Planned Parenthood, Legal Services of Eastern Missouri, Safe Connections, Federal Judicial Speakers Bureau with the United States Courts, United States Probation and Parole Office, FosterClub All-Star, Operation Food Search, Community Action Agency, A Pathway to the Heart, PYC, League of Women Voters, and Chads Coalition. Youth complete a pre and post-test for all classes to determine class effectiveness for that youth. Youth also receive a Certificate of Completion for all classes attended. In addition to group classes, life skills are taught on an individual basis with youth who cannot attend group classes and as extra help for youth who attend group classes but may need additional assistance to grasp the material.

Epworth assists youth with getting a driver's license. Youth who attend a transportation class and get their permit have the opportunity to participate in private driving lessons. Epworth pays for 12 hours of driving lessons. Youth drive the instructor's vehicle for lessons and on the last lesson, youth take the driving test in that same car. Epworth offers a Preparing for Your Permit class to assist youth in learning and studying for their written permit test. Epworth assists youth with opening bank accounts, completing housing applications, creating budgets, exit plans from foster care, advocacy training, leadership development, Metro Bus training, and Transitional Living Program tours.

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

Children's Division, Foster Care Case Management staff and Chafee and TLP contracted providers will continue to assist youth in resume development, interviewing skills, time management skills, employment aptitude testing and preparation for work and work life. They also will provide career planning which consists of job shadowing, internships, and job site tours. Career center information has been shared and is utilized across the state.

Contracted providers are required to assist youth in developing these skills. Examples provided include:

Alternative Opportunities (AO), Chafee and Transitional Living Provider, Southern Region - Alternative Opportunities assists youth with filling out applications, completing resumes, and teaching interview skills. AO assisted a TLP youth with CDL Training at Missouri Technical Institute. Staff are assisting a youth who is interested in a specialized career in horseshoeing. The Missouri Career Center will be able to financially aid the youth in his education at Heartland Horseshoeing School. Youth are provided education on AO vocational rehabilitation services for job needs at intake. Career preparation—US States' career cluster initiative (online) – was completed at a residential facility. Staff offers guidance on the importance of knowing how to dress for interviews and provide information about jobs. Staff assisted a youth with enrollment in Missouri Customer Service Training Partnership Program at Ozarks Technical Community College (OTC). The youth completed the program, received certifications and college credits, and is now employed at OTC's bookstore.

Family Facets, Chafee Provider, Northeast Region - Monthly meetings are offered to discuss current job postings and announcements, and how to best complete an employment application. There are

extensive discussions regarding the interview process followed by mock interviews for practice. Advisors meet with each youth individually regarding career plans and assist youth with researching two or three options. Research includes looking online for career information, holding an informational interview with a current professional in the field, and exploring colleges, universities or trade schools that offer the degrees to obtain the particular career choice. Advisors discuss career options with every youth starting at age 16.

Family Facets assists youth individually with applying for technical or trade school or a job placement program if that is their intended path after high school. Advisors have given more than 25 youth information or applications for technical or trade school or certificate programs. Family Facets offers youth group classes that assist with job skills such as creating a professional cover letter and resume, researching and applying for positions online, posting resumes and cover letters on job sites such as Monster, Linked In and college career center websites, hosting mock interviews, and teaching professional follow up skills following an interview. Advisors discuss education and employment skills to more than 45% of youth on a monthly basis.

Epworth Children and Families, Chafee and Transitional Living Provider, St. Louis Region – Epworth teaches classes to youth on a group and individual basis: career exploration, preparing for the workplace, dress for success, job search, fact sheet, applications, resume and cover letters, interview skills, mock job interviews, job maintenance, and Metro Bus training. Chafee staff also accompanies youth on personalized job searches, online application completion, follow-up calls, and assist with transportation to job interviews. Epworth takes youth to job fairs, career fairs, and hiring events. Epworth assists youth with locating community service and volunteer opportunities in the community. Community resources such as the Missouri Mentoring Partnership, Mission St. Louis, MERS Goodwill, Vocational Rehabilitation, and the Missouri Customer Service Partnership for employment readiness and job search assistance are utilized. Youth are provided with financial assistance in the following areas: background checks, original birth certificates, Social Security cards, State IDs, interview attire, work uniforms, and bus tickets until they get paid and can purchase them on their own.

In SFY14, CD began collaborating with Department of Economic Development, Division of Workforce Development to develop and initiate a pilot project in the St. Louis and Springfield areas. The Missouri Customer Service Partnership/Project Excel is a partnership bringing together business, government, and young people aging out of Missouri's foster care system to achieve employment readiness goals. Through shared commitment and responsibility, the partners will address business demand for good customer service employees, meet public expectations for reliable and courteous service, and get young people started on meaningful career paths.

Project Excel is a professional training program designed specifically for young people aging out of foster care to introduce them to meaningful careers with opportunities for advancement in six occupational fields including: hotel/resort desk clerks, receptionist/information clerks, customer service representative, retail salesperson, cashier, host/hostess. Career-seekers learn essential universal skills that build on a strong foundation for longevity and career advancement including interpersonal and business communications, problem-solving, conflict resolution, critical thinking, teamwork, effective

customer assistance, diversity, and service excellence. It also prepares career-seekers to earn employer recognized certificates such as the National Career Readiness Certificate (NCRC) offered by ACT, the National Retail Federation's National Professional Certification in Customer Service, and the Internet and Computing Core Certification (IC3). Project Excel is partnered with companies who have a large workforce of service employees and are committed to continuous employee learning and development. Upon completion of the program, Project Excel represents the participant and provides a professional referral to these partner companies to ensure a successful employment match.

To be eligible for Project Excel youth must:

- Be between the ages of 17-21
- Be aged out or transitioning from foster care or Division of Youth Services and not on a post-secondary or career path
- Have a high school diploma or HiSet
- Be interested in better employment opportunities
- Live in Springfield or St. Louis areas
- Be drug-free

Youth enrolled in the ten week program receive training and mentoring as well as a certification and follow-up for one year. The first cohort began in SFY15 with 17 youth graduating. The second cohort began in February 2015. There are 12 students enrolled in the program. There are plans for a third cohort to begin in June 2015. The Children's Division plans for this program to be available statewide. Youth at the Springfield location receive four hours of college credit. Workforce Development has contracted with the colleges to provide the training. Department of Social Services has an agreement with two Community Partnerships to provide the mentoring and supportive services for the continuous learning. ARCHS, the partnership in St. Louis, has subcontracted with Epworth, a Chafee provider, for the provision of these services.

CD staff will continue to refer youth to Job Corps, AmeriCorps, and all branches of the military as well as utilize the Missouri Mentoring Partnership (MMP), Workforce Investment job opportunities, and vocational rehabilitation services.

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 SFY16.

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

(See Educational Training Voucher Section for additional information)

Early and on-going support for education is extremely important in preparing youth for self-sufficiency. Education is being approached in a comprehensive and integrated manner in the early years. Setting and monitoring educational goals assists youth in understanding the importance of having a vision of

educational success. The Children's Division believes the utilization of the Adolescent FST Guide and Individualized Action Plan increases the support for positive educational outcomes and guides the CD case manager to provide that support and assistance to the older youth in foster care. CD case managers are encouraged to utilize the education supplements available through the Casey Life Skills Assessment, which is required for all youth 14-21 receiving Chafee services. Chafee and TLP contracted providers are required to assist youth participating in their programs with academic achievement by providing an array of services including but not limited to advocating, planning, and coordinating for education needs, goals, and aspirations, assisting youth in assessing financial aid opportunities, ensuring the development of technology skills, and preparing the youth to make the transition from high school to post-secondary education or employment. Missouri plans to continue supporting contracted providers in providing these vital services and increasing the number of youth serviced by these programs.

As a result of Senate Bill 205 passed in SFY14, beginning July 1, 2014, youth age 15 or older who are in the foster care system within the Children's Division are to receive a visit to a state university, community or technical college, or an armed services recruiter before being adopted or exiting from foster care. The visit includes an entry application process, financial support application and availability, career options with academic or technical training, a campus tour, and other information and experience desired by the youth. Children's Division had resources in place to implement the legislation and provided some specific guidance to staff to ensure youth are assisted and more emphasis is placed on this. The post-secondary visit is first discussed at a Family Support Team meeting. The visit occurs three primary ways: the case manager, the contracted life skills provider or the contracted life skills/housing provider. Youth can be referred for this life skill opportunity through a contracted provider (Chafee) who is charged with teaching life skills to youth. This was a contractual requirement prior to the legislation but the legislation has emphasized the need for all youth to have the opportunity. Once a visit has occurred, it is documented on the youth's transition plan. The visit and related processes are sometimes selected as life skills goals the youth wants to work on. The Older Youth Transition Specialists monitors this and addresses it in Family Support Team Meetings they attend (in addition to the case manager and supervisor).

In addition to the specific requirements, organizational changes are being made as well. In Jefferson County, a group has convened to help address educational issues with Older Youth.

Participants in this group consist of the Circuit Manager, two Juvenile Office Supervisors, and several people from the local college. The goal of this group is to increase the number of older youth who complete some type of post-secondary education and assist the youth with permanency and future career planning. Specific youth have been targeted with the criteria of being age 14 or older and having a goal of APPLA. The chair of the group has developed surveys that will be sent to the targeted youth as well as the placement provider; a plan is also to create one for case managers. The group hopes that the surveys will help with understanding how youth are receiving educational information, who is talking to youth about it, and how often.

Some case managers have been directly involved with the requirements of the legislation while others utilize the contracted providers in place for life skills teaching. CASA and foster parents have assisted in getting information on career paths, military options, and colleges and universities.

Visits are occurring through the case manager/county taking the youth individually/in a group, through Chafee taking a youth individually/in a group, and through Transitional Living Program providers taking youth individually/in a group. Some visits have been in the area the youth resides while some have been outside.

LINC, a Chafee provider in the Kansas City Region has offered this as a life skill class. One of the evening classes is devoted to walking the group over to Penn Valley Community College which is located right across the street from the agency. The group of attendees takes a quick tour of the campus and meets with one of the financial advisors who share some valuable information about what to expect and available supports for students who choose to enroll. One group went through this last fall and another is scheduled for this spring.

Some providers have travelled to see a specific college that has a particular interest for a youth and one provider has a sign-up sheet for certain colleges and arrangements are made based on this.

One youth who was considering the military talked to a recruiter and a retiree that was a volunteer at the agency in which the youth receives services. The youth left for basic training in December. 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. An example of this is a 15 year old who is receiving assistance thorough the Department of Mental Health (DMH) Regional Office/County Board of Services for education and Sheltered Workshop activities. The case manager is working with the school and DMH on meeting the youth's educational needs, and this is discussed at FST's, but the youth is functioning on the 5th grade level, so college or technical school is not a plan.

Examples from providers on how this purpose is being achieved:

Family Facets, Chafee Provider, Northeast Region – Family Facets takes youth on visits for college tours where the youth views dorm rooms, talks with financial aid, admissions, degree program departments, and athletic departments. Chafee Advisors assist youth with completing the FAFSA and ETV and ensuring the youth learn how to properly follow up when submitting an application. Advisors have assisted more than 30 youth with completing the FAFSA and ETV. Advisors encourage youth to take the ACT and take advantage of offered practice sessions. Advisors have assisted more than 35 youth with information on when and where the ACT test is being offered. Advisors use materials from Journey to College and Missouri Department of Higher Education (MDHE) to assist the youth in preparing for and being successful in college. Advisors have provided Journey to College and MDHE information to more than 75 youth. Family Facets assists youth with the payment of pre-college classes and have assisted five youth with more than ten dual credit classes. Advisors assist all youth with researching their college options of choice, contacting the college for general information and material, and reviewing the information along with helping the youth to understand the cost, location and degreed program offered by that college.

Epworth, Chafee and TLP Provider, St. Louis Region – Epworth offers life skills classes on the topics of preparing for college, career preparation, study skills, time management and goal setting, college essay workshop, and college life. During the “College Life” presentation, current college students from the University of Missouri discuss what it is like being a college student. This includes challenges, fears, school activities, and adjusting to the class schedule and routine.

Epworth’s Chafee program assists youth in paying their senior expenses such as: caps and gowns, announcements, prom tickets, prom dresses, tux rentals, and senior dues required by schools. Epworth has professional photographers who volunteer their time to take senior pictures with youth. Each youth receives a personalized sitting and a disk of pictures to be developed at the location of choice. Pictures usually occur on a designated day in the spring and again in the fall.

Staff meets individually with all high school seniors for a “Senior Night” class. During this visit, the primary focus is ensuring all HS graduation requirements are met and discussion of next steps for the youth’s education and/or career paths. Staff review ACT test dates and school requirements, financial aid options, college application processes, scholarship opportunities, discuss college debts, and financial assistance for senior expenses. Further appointments are scheduled in accordance with timelines to complete FAFSA applications, ETV applications, college applications, ACT registration, personalized scholarship searches, college housing applications, etc. Epworth’s Chafee program will assist with paying college application fees, paying or getting housing application fees waived, and dorm start up kits. Chafee staff enjoy attending high school graduation ceremonies in support of the youth’s achievements and are often part of a very small supportive audience in attendance.

The Community Partnership, Chafee Provider, Southeast Region – The Community Partnership has a good relationship with several of the area colleges. Each year at "Education Night" representatives from area schools, Job Corps, and the military are invited to come and set up booths to talk to the youth and provide information. Missouri S&T also does a financial aid program to explain student loans and how they work/are applied by the school. The Community Partnership employs an education coordinator that works extensively with the youth on helping them research degree programs/schools of interest, complete the FAFSA and ETV applications, and submit paperwork. Most schools that youth have been interested in are local community colleges, so official college visits aren’t offered. But the Community Partnership does help facilitate the process and connect youth with the admissions office to get questions answered. The Community Partnership has a partnership with a local foundation that donates money to the agency each year for the specific purpose of providing scholarships for post-secondary education (to be used for tuition, books, supplies, equipment, etc.) to program participants. Youth have to apply, and typically four to six scholarships are awarded to Chafee youth ranging in value from \$500 - \$1500.

Members of the SYAB will continue to advocate for educational needs of youth in foster care.

The Children’s Division plans to continue providing ETV and Missouri Reach services to youth as well as providing support and training to staff that work with older youth.

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

Young people transitioning out of or who have exited foster care need to develop a support network. The influence of informal role models to serve as mentors in a support network is critical. Missouri currently offers personal and emotional support to young people through job placement, extracurricular activities, community involvement, and formal and informal mentors. Committed and caring adults are essential in guiding young people and helping them maneuver in their community.

It is in this belief that the Adolescent FST Guide and Individualized Action Plan were developed. It is the intent of CD staff to cultivate their community network to develop permanent connections for youth in care. It is the expectation this tool be a guide for case managers and assists them and the Family Support Team to become aware of available services to the youth. The youth is aware and fully engaged in this process. This tool also specifically requires up to three adult supports to be identified by the youth and this is an integral part of the NYTD requirements.

Community service or volunteering is a critical component in life skills training. Youth who volunteer in community service programs have an opportunity to develop work skills and to meet and develop relationships with adults and other youth who are involved in the same projects. Some of the contractors have implemented their own mentoring programs by connecting to resources in their communities. The SYAB's strategic plan states that local boards complete at least one community service activity a year and youth regularly report at meetings about community activities the local boards are involved in.

Examples from providers on how this purpose is being achieved:

Family Facets, Chafee Provider, Northeast Region – Family Facets assists with connecting youth to individuals in the community in the field of study that youth are interested in learning more about as a career by requesting informational interviews and internship opportunities.

Family Facets connects youth with members of the community that are caring and nurture positive development to serve as a mentor to that youth. Family Facets has developed a training packet for both mentors and mentees which spells out the process of being a mentor and mentee and contains contracts that the youth and mentor sign to participate.

The agency assists youth with joining programs such as Big Brother Big Sister, Junior Achievement, Youth Empowerment Zone, and free afterschool tutoring programs through different city services. They also discuss the Teen Club program with Foster Parents that have youth with disabilities. The NE Region Chafee has assisted more than 20 youth with getting connected with programs in the community and/or connecting them with a mentor.

The Community Partnership, Chafee Provider, Southeast Region – The Community Partnership has a mentoring program for teen parents. The Community Partnership has a very strong working

relationship with CASA, and CASA is receptive to staff's opinions on older youth that may benefit from a volunteer being assigned to the youth.

The Missouri CD promotes interaction between youth and dedicated adults through the Transitional Living Advocate program. Through this program youth are connected with adults who become their advocate or mentor. These adults receive 18 hours of training from CD staff on adolescent issues, including three hours each in cultural/race sensitivity, Older Youth Program life skills training overview, adolescent development with an emphasis on what to expect from adolescent behavior, emotional obstacles out-of-home care youth must overcome, adolescent sexuality and behavior management via natural consequences. These adult advocates provide the youth a safe place to stay, continued life skills training, encouragement and guidance with regard to employment, education and/or training, and preparation for successful transition from CD custody. This program will continue in SFY16.

Missouri Court Appointed Special Advocates also play a vital role in mentoring Older Youth. These volunteers, as an organization statewide, have assisted youth throughout the state in advocating for their needs and providing emotional support.

The Missouri Mentoring Partnership (MMP) has been a resource throughout the years and will continue to be a resource and provide resource coordination for youth and volunteer mentors recruited from the community. These mentors provide positive role modeling, friendship and guidance around employment and parenting issues to youth who are entering the workplace or have become parents. MMP helps prepare youth for success and self-sufficiency. The hallmark of MMP is the support youth receive from volunteer community mentors and committed local businesses.

The MMP Work Site program provides job readiness training, mentor recruitment and training and support services and local business partners provide the youth with paid employment and an on-site employer-sponsored mentor.

The Young Parent Program provides parenting classes, mentor recruitment and training, support groups and resources such as books, diapers and car seats. Both programs stress continued education and many youth advance on to post-secondary educational programs. Participants are provided with the necessary tools to achieve outcomes that promote self-sufficiency and help them become productive members of their communities.

In SFY15, Children's Division is sponsoring statewide training on the Permanency Pact in conjunction with FosterClub All-Stars including Missouri's 2014 All-Star. The train the trainer format will be used. Three sessions with 45 participants each were held in March. The Permanency Pact is a tool designed to encourage life-long, kin-like connections between a young person and a supportive adult. Missouri has shared this resource with staff in the past as a tool, however has not put anything in policy. In SFY16, Children's Division will be using this tool in a more formalized way in case planning for youth with the goal of APPLA. The tool will be introduced through policy.

In SFY15, youth participating in Project Excel received a formal mentor who was matched and will work with the youth throughout the one year follow-up period. To date, 17 youth have a mentor. Additional

youth will be supported in the current cohort. Mentors are currently being sought and matched with youth.

Local and State Youth Advisory Boards are a means for youth to have peer mentorship opportunities and this will continue in SFY16.

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.

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

Missouri will continue to provide services and support for youth in foster care, youth adopted or who have obtained legal guardianship after the age of 16, or former foster care youth between 18 and 21 years of age. While in foster care, these older youth are provided with the same services as the younger youth. In addition, older foster youth also receive education, training, and other services necessary to obtain employment, prepare for and enter post-secondary education and training.

In SFY14, Missouri legislators passed re-entry legislation per SB205 (2013) and SB208 (2013). Effective August 28, 2013, youth who left care and are over age 18 but are not yet 21 may elect to come back into care, if it is deemed to be in the best interest of the youth. The youth may have his or her custody returned to the Children's Division through a petition to the Court from the youth, Children's Division, or Juvenile Officer. Youth are expected to participate in the case plan, meet with his or her Children's Service Worker, Juvenile Officer, and Chafee provider, and/or go to school and work to demonstrate his or her own efforts towards independence. Memo CD14-52 was issued to staff in August 2014 further clarifying re-entry procedures and a Frequently Asked Questions was placed on the internet. A re-entry brochure designed by SYAB members is incorporated in the exit packet. As of February 28, 2015, there are nine youth in care from re-entry. For the purpose of this legislation, Children's Division is defining a youth as a person who meets all of the following criteria:

- Any person age 17 through 20 who was previously placed in the care, custody and control (LS-1) of the Children's Division.
- Was released from care, custody and control within the last 24 months.
- Is otherwise competent, and not in a guardianship or conservator relationship and is not in the legal custody of any other individual or institution.
- Is not incarcerated or committed to any jail, detention facility, or the Department of Corrections.

Youth will work in conjunction with the Children's Division for services to be provided and:

- Participate in and comply with any transition plan developed by the Children's Division, Family Support Team, and the youth.
- Meet with his or her Children's Service Worker, the Juvenile Office, and Chafee Provider, as required.
- Participate in any services provided such as Chafee and Transitional Living Program Services.
- Enroll in and attend a "secondary school program of instruction" or an "institution of vocational or higher education," if determined the program will benefit the youth in their efforts to achieve independence by the Family Support Team.
- Find and maintain employment to supplement the youth's transition plan.
- Work to maintain his or her own efforts toward independent living.

Children's Division may amend the transition plan from time to time in conjunction with the Family Support Team, as determined by the Children's Division, and as it is in the best interests of the youth.

Children's Division may request the court terminate custody, and dismiss the case when:

- The youth is unwilling or unable to develop, implement, or otherwise cooperate with the implementation of the transition plan;
- The youth pleads guilty to or is found guilty of any felony, or any misdemeanor in which the youth is sentenced to a period of incarceration;
- The youth is committed to the legal custody of any sheriff or the Department of Corrections; or
- Any other circumstance where the youth fails to cooperate with the Children's Division or the Children's Division does not have services available or the ability to provide services.

If a youth is returned to custody under the re-entry legislation, and is then consequently released from jurisdiction for any of the above reasons for termination, another petition will not be filed by Children's Division on behalf of the youth.

Youth who exit foster care on their 17.5 birthday and have not yet reached age 21 are eligible to receive Chafee Aftercare services. Youth may access Chafee services as needed while in the Division's care and custody or as a former foster youth. Missouri also follows federal requirements of serving youth with special needs, youth who exited care in another state residing in Missouri, youth who are residing out of state in Missouri's custody, and youth who move to another state for the sole purpose of education (ETV only).

Aftercare services are flexible, short term and used as a safety net to meet the needs of the youth after they have exited CD custody. Aftercare services are provided by Chafee contracted providers. The array of services varies depending on the need of the former foster youth. Chafee funds may be expended for a variety of reasons and should be used as a support for the young adult, not an on-going supplemental

funding source. Aftercare services may include emergency/crisis intervention services, housing/room and board, educational/job training/employment assistance, and other support services. Room and board services are only available to youth who exited custody at age 18 or after, but they have not yet reached age 21. Room and board may include security and utility deposits, rent, utilities, food, start-up kits, basic necessities, and basic furniture. Support services provided include life skills training, transportation, child care, clothing, and other expenses as needed. Missouri Reach is also available to youth no longer in care or who were adopted after the age of 14.

Alternative Opportunities, Chafee Provider, Southern Region provides specific examples of working with aftercare youth:

- Helped youth complete FAFSA and ETV paperwork for college.
- Helped youth with employment by transporting to get applications and follow-up with employers.
- Assisted several youth with emergency room, board, and food while the youth negotiated re-entering care with Children's Division. AO recently provided shelter/support for a homeless, hearing-impaired youth who AO did not feel would be safe in a local homeless shelter. AO assisted with communication with Greene County Children's Division, who currently are in custody from re-entry.
- Assisted youth with purchasing clothing for serving job at Steak n' Shake, in addition to bus passes, which are used to get to work and maintain employment.
- Assisted youth with car repairs, which were necessary for maintaining employment.
- Assisted another youth with interview clothing, as well as winter clothing, as this youth currently has no income and is not eligible for clothing vouchers.
- Referred youth to Crosslines, a local food pantry, when notified the youth had no food. Chafee staff provided transportation for youth and youth's child.
- Assisted youth with scheduling and going to a doctor's appointment. Assisted with meeting with an intake worker to get youth enrolled in Medicaid.

Every Child's Hope, Transitional Living Provider, St. Louis Region - If a youth exits foster care between 18 and 21, the youth can come back and receive services under the St. Louis Children's Service Fund or a Federal Grant the agency received. The majority of youth, however, leave the program at the time of their 21st birthday. Youth return for assistance with education, employment, filing income taxes, purchasing a vehicle, accessing community resources, and most of all emotional support.

Case managers are required to provide an exit packet to youth prior to their release from CD custody. The packet includes information on aftercare, ETV, Missouri Reach, MO Healthnet, NYTD, re-entry, consent to access administrative data for NYTD, and a pamphlet on healthcare treatment decisions. A PowerPoint presentation is on the CD intranet for Children's Service Workers to review as needed. Information on aftercare services is on the CD internet's website.

Contracted providers are encouraged to speak with youth at exit time regarding services available through their programs should there be a crisis when the youth is no longer in care. The Chafee contract states that the contractor shall attend the exit meeting with youth who are aging out of care when possible and share information regarding the contractors' aftercare program with the youth.

Since 2007, Missouri has extended medical and behavioral health coverage through MO HealthNet Division (MHD) for youth who left care after age 18 but are not yet 21. Effective August 28, 2013, SB127 expanded this coverage to include youth "in foster care under the responsibility of the state of Missouri on the date such persons attain the age of eighteen years, or at any time during the thirty-day period preceding their eighteenth birthday, without regard to income or assets, if such persons:

- Are under 26 years of age;
- Are not eligible for coverage under another mandatory coverage group; and
- Were covered by Medicaid while they were in foster care."

Youth who are "not eligible under another mandatory coverage group" are those who are disabled, receiving Supplemental Security Income (SSI), or receiving Medicare.

Youth must have aged out in Missouri and reside in Missouri. Coverage can still be provided in another state if a provider is willing to participate in the MHD program. The Children's Division website contains the Mo HealthNet Exit Pamphlet and Mo HealthNet Outreach Poster. The intranet has a PowerPoint presentation on exit planning for older youth. As of November 2014, there are 1,841 youth enrolled in this service and 3,268 youth eligible for this service.

Efforts will continue to ensure that youth are made aware of this benefit and how to access it in SFY16. A Practice Point is pending on assisting youth with the application process.

The Missouri Customer Service Partnership/Project Excel will also serve youth who have transitioned from foster care in SFY16.

Training Planned for SFY16

All new employees are trained through a separate curriculum regarding the OYP requirements. The Older Youth Program Training, which includes training on the Casey Life Skills Assessment, Adolescent FST Guide and Individualized Action Plan Goals, positive youth development, permanency issues specific to older youth, cultural competency, and community collaboration, was incorporated into the core curriculum for all new hires in July 2008. The training is conducted by CD staff trainers in the Professional Development Unit. Sessions are held across the state with youth co-trainers, if available. Training staff have on-going processes for changing training to meet current policy and to ensure that it is meeting the needs of the local agency and seek input from Older Youth Transition Specialists and the Independent Living Coordinator. In SFY15, training responsibilities are transitioning to be regionally based. At the writing of this report, it is understood that Older Youth will continue to be a component of training.

In June 2012, members of the SYAB made a training video for Children’s Service Workers basic training entitled “What’s It All About.” This was in coordination with the Professional Development and Training Unit and is utilized.

The Older Youth Transition Specialists will continue to provide follow-up training to case managers, contracted staff, and supervisors in their respective regions regarding the Older Youth Program as requested or as problems are identified in a specific area.

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

Children’s Division and its private partners also have on-going opportunities to receive no cost training on adolescent sexual health issues and suicide prevention through relationships with the Department of Health and Senior Services.

Since 2011, 4-H and the University of Missouri Extension have offered the “Youth Development Academy”. The program’s goal is to provide youth development professionals with the knowledge and skill necessary for work with youth in public, private, or civic sectors. Topics included 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.

Court Appointed Special Advocate (CASA) has a training program. The Fostering Futures Initiative is a specialized curriculum for CASA volunteers who specifically focus on older youth and its goal is to help volunteers more effectively advocate for older youth based on their unique needs. The curriculum is based on the possible selves’ theory. It is available to the 22 Missouri CASA programs.

Permanency Pact training will be offered to staff. Training will be provided in Older Youth Summits on national topics from Clark Peters, University of Missouri-Columbia, Professor of Social Work and Law.

Service Design and Delivery of the Trust Fund Program

Missouri has not established a trust fund program for youth receiving independent living services or transition assistance. Some of the Transitional Living Providers and Chafee Providers have been able to initiate Individual Development Accounts within their regions through private donors and United Way.

Transitional Living Providers are required contractually to help youth transition to independence including financial. This is usually done by developing a savings account to be used when the youth exits care, with the agency and youth both contributing. Children’s Division also has a KIDS Account – Children’s Income Disbursement System. Some youth who come into out-of-home care have an independent source of income such as Supplemental Security Income (SSI), Veterans Affairs, Railroad benefits, child support, lump sum payments and inheritance. This money is used to provide for the

youth's care. Once an account is established, expenses are paid from this account such as the maintenance paid to the care provider, health care expenses, counseling expenses, and clothing allowances. At age 16, a savings of the money deposited begins to accrue up to \$999.00 to assist the youth when leaving care. However, if a youth leaves care prior to age 16, any debt that could have been paid the previous five years from this account but was not, is recouped. If a youth leaves care after 16 but prior to living independently, the funds are released to the guardian.

In November 2012, Children's Division and Citizens Bank & Trust (CB&T), a regional bank, entered into a Memorandum of Agreement to provide a Student Checking Account Program (SCAP) for youth age 14 and older in foster care, employed, and participating in Chafee. This is collaboration in which youth receive instruction about bank accounts and then can open an account without having to have a co-signer, which is a major barrier to youth in foster care.

The purpose of the program is to assist with basic banking skills while having an account for hands on learning and asset development. In SFY15, this program was considered for closure due to not enough participants. Because there is a bankcard component specific to the program and costs associated with this from the bank, the bank considered offering the specialized cost of bank card percentages to another non-profit organization. The Northeast Region is rural and at least four youth must be in attendance for a class to be held and the class is not able to be virtually offered. However, the program is still in place and there are four participants ready for a class so the program has been given another chance.

Some examples of services being offered:

Family Facets, Chafee Provider, Northeast Region - In partnership with US Bank, Family Facets assists and sponsors youth with opening an Individual Development Account (IDA). Prior to opening an IDA, each youth must attend Student Banking 101, usually taught by a US Bank staff member, and in conjunction with their Chafee Advisor create a budget and financial plan for their IDA. Family Facets matches the IDA accounts up to \$500 in \$100 increments. Family Facets currently has three Chafee youth who have opened an IDA and seven youth who are anticipating opening one in the next year. Family Facets offers monthly budgeting classes, savings and banking classes and how to live successfully on your own. Advisors have offered the IDA program and classes to more than 50 youth.

Epworth, Chafee and Transitional Living Provider, St. Louis Region – Epworth offers Life Skills classes on the topics of credit, budgeting, banking, saving, shopping on a budget, holiday budgeting and gift ideas, and cooking low cost meals. Youth with more basic needs are taught how to count money during individual sessions with staff. Epworth creates budgets individually with youth and teach youth how to view credit scores.

Epworth is a partner in an Individual Development Account program with the United Way. As part of this program, participants must be employed and be able/willing to participate in 16 hours of Financial Literacy classes offered through the UMSL Education Extension program. After completing the 16 hours of classes, youth will open a Custodial savings account. The youth have a maximum of 24 months to save money in this account toward the purchase of a United Way approved asset. The United Way

provides the youth with a 2:1 match, \$2000 match maximum, to assist with this purchase. Approved assets consist of vehicle, new apartment start-up including furniture, house purchase, post-secondary education tuition, books, or supplies, and opening a long-term savings venue. Epworth opens accounts of this nature every summer. All youth involved in Chafee are eligible for this program. If a youth ages out of the program prior to the 24 month completion date, Epworth will continue working with them in the IDA program until the goal has been reached and a purchase made.

The ILC is a member of the Missouri Asset Development Coalition which discusses asset-building efforts in Missouri and shares resource information.

Activities Undertaken to Involve Youth in State Agency Efforts, such as the CFSR/PIP Process

(See State Youth Advisory Board Section for more information)

Local Youth Advisory Boards contribute to efforts at the community level:

The Community Partnership, Chafee Provider, Southeast Region - Youth regularly participate in speaking engagements. Youth speak on STARS panels for foster parent training, speak at special committee meetings in Jefferson City, and participate in focus groups. Youth have rung the bell for Salvation Army, walked dogs at the Humane Society, and volunteered running craft tables for younger kids at foster parent appreciation events.

Epworth, TLP and Chafee provider, St. Louis Region – Epworth’s Chafee program hosts an annual Youth Leadership Camp in the fall at Camp Wyman in Eureka, MO. In September 2014, 42 youth participated in this weekend long camp opportunity. Activities included low ropes course, group building activities, high ropes challenges, archery, dancing, ice cream socials, field games, an inspirational performance by “Sheltered Reality”, slide show, and a camp award ceremony.

Epworth’s Area Youth Advisory Board meets one time per month. In June 2014, the youth wrote a project proposal and received a \$500 mini grant from the St. Louis Mental Health Board. The funding was used to purchase items and create care bags for the homeless in St. Louis. The Youth Board delivered these bags to area homeless shelters. In July 2014, the board presented and spoke about the community service project to a group of community members and those on the Mental Health Board. The youth participated in the Older Youth Summit in December 2014, which was a remarkable success. Youth participated in a panel discussion and shared stories, obstacles, and achievements. On March 20, 2015, Youth Board members will participate in a Legislative Breakfast at Epworth. Youth will have the opportunity to discuss their items of concern with their area legislators in a setting in which they are familiar and comfortable. On April 1, 2015, the Youth Board will participate in Child Advocacy Day at the Capitol Building in Jefferson City, MO. Afternoon appointments will be scheduled with legislators. The Youth Board is planning a Food Bank Community Service Project for May 2015. In June 2015, they will participate in a Leadership Picnic with training, group building games, and finish with a barbeque. The Youth Board is preparing a workshop and general session for the Statewide Youth Leadership Conference to be held in July 2015.

Older Youth Efforts

Over the past few years discussions have been held on incorporating LGBTQ into the state's Child Welfare practice and increasing awareness. Missouri continues to use the Casey Life Skills assessment which has available an LGBTQ assessment supplement. The supplement is designed to help youth who have needs in this life skills area and is available through the Casey Life Skills website. In SFY15, it was decided that awareness would be a regional responsibility.

“What's It All About? A Guidebook for Youth in Out-of-Home Care” was revised in SFY15 and includes state and national resources on LGTBQ for youth. The revisions will be introduced by memorandum in SFY15.

The ILC is a member of a listserve for the Central Missouri Stop Human Trafficking Coalition. A Central Office CD employee is a member of an advisory board regarding human trafficking. In SFY16, CD will work on implementing the requirements of H.R. 4980, the Preventing Sex Trafficking and Strengthening Families Act.

Since 2012, the Department of Health and Senior Services (DHSS) has collaborated with the CD on implementing Missouri's Personal Responsibility Education (PREP) Program. The Children's Division has an MOU agreement with DHSS for the purpose of providing PREP program services, specifically the Making Proud Choices (MPC) and Becoming a Responsible Teen (BART) programs to selected foster care youth.

“Making Proud Choices (MPC): A Safer-Sex Approach to Reducing Sexually Transmitted Diseases (STD), Human Immunodeficiency Virus (HIV), and Pregnancy”, is an eight-module curriculum designed to empower adolescents to change their behavior in ways which will reduce their risk of becoming infected with HIV and other STDs, and significantly decrease their chances of being involved in unintended pregnancies. The curriculum acknowledges abstinence is the most effective way to eliminate these risks. However, realizing abstinence is not the path many young people will choose, the curriculum encourages the practice of safer sex and condom use. The curriculum also addresses the underlying attitudes and beliefs many young people have about condoms; provides information and exercises which teach adolescents how to use condoms correctly; and give them the confidence they need to choose and negotiate safer-sex practices.

“*Becoming a Responsible Teen*”, is a group-level education and behavior skills training intervention designed to reduce risky sexual behaviors and improve safer sex skills. The eight intervention sessions, delivered to groups of 5-15 youth, provide information on HIV and related risk behaviors and the importance of abstinence and risk reduction. The sessions were designed to help participants clarify their own values and teach technical, social, and cognitive skills. Through discussions, games, videos, presentations, demonstrations, role plays, and practice, adolescents learn problem solving, decision-making, communication, condom negotiation, behavioral self-management, and condom use skills. The participants also have a discussion with local, HIV-positive youth to promote risk recognition and improve their perception of vulnerability. In addition, the intervention encourages participants to share

the information they learn with their friends and family and to provide support for their peers to reduce risky behaviors.

To date, only the MPC curriculum has been provided.

In addition to education on abstinence and contraceptive use, PREP projects also offer services to prepare young people for adulthood by implementing activities which address three or more of these subject areas:

- Healthy relationships, including development of positive self-esteem and relationship dynamics, friendships, dating, romantic involvement, marriage and family interactions;
- Positive adolescent development, to include promotion of healthy attitudes and values about adolescent growth and development, body image, racial and ethnic diversity, and other related subjects;
- Financial literacy, to support the development of self-sufficiency and independent living skills;
- Parent-child communication skills;
- Education and employment preparation skills; and
- Healthy life skills, such as goal-setting, decision making, negotiation, communication and interpersonal skills, and stress management.

The funding comes as a result of the Patient Protection and Affordable Care Act which amended Title V of the Social Security Act to include PREP. The Administration on Children, Youth and Families and the Family and Youth Services Bureau (FYSB) jointly oversee the program. Missouri Governor Jay Nixon named DHSS 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.

The Children's Division worked in collaboration with DHSS to amend Chafee contracts with the Community Partnership providers of Chafee services in Jackson County, an urban area, and the 25th Circuit, a rural area. Two Community Partnership and two LINC staff persons are Certified Facilitators for MPC.

The Community Partnership and LINC both served youth in FFY14 and will continue to serve youth in FFY15 through the use of the MPC program. In FFY14, Community Partnership implemented five MPC programs and served 33 students (all 33 attended at least 75% of the program). In FFY14, LINC has implemented the MPC program five times for 30 youth (25 of which attended at least 75% of the program).

Another Chafee provider, on their own, was also awarded a PREP grant. Of the statewide overall PREP grant participants, from 18 contracts, 16% of the 763 participants were in foster care. According to DHSS's contracted researcher with the University of Missouri, overall, PREP participants had a statistically significant increase in their knowledge regarding pregnancy, STD's and HIV. Additionally, participants indicated they were more likely to avoid sexual intercourse and more likely to use a condom

if they decided to have sexual intercourse as a result of the programs. Continuation of grant funding has been awarded through September 2015.

In SFY15, an educational workgroup was convened. This workgroup has been put on hold due to other projects taking precedence.

Since April 2013, Older Youth Summits have been held to address issues of youth transitioning at the community level, where youth are exiting and depend on the much needed resources provided where youth reside. OY Summits focus on education, employment and job readiness, cross systems collaboration, health and mental health, permanency and life-long connections. The goal of the summit is develop a common vision of where a community is and where the community would like to be in helping older youth transition successfully to adulthood. The summit is intended to allow community members to identify next steps with responsible partners to achieve a community vision. It is the intention of the Children's Division and its partners to have Older Youth Summits across the state. In December, 2015 an OY Summit was held in St. Louis with over 200 attendees. The next summit will be held in June in the Southwest Region of the state.

In the 2014 legislative session, HB 1092 was passed which allows youth 16 and older in Children's Division custody to contract for the purposes of automobile insurance with the consent of the Children's Division or Juvenile Court. Prior to this legislation, Missouri youth under the age of 18 were not allowed to enter into a contract, such as automobile insurance, on an individual basis. This legislation applies to youth in foster care only and benefits youth who own a vehicle – a co-signer is not needed. The youth is responsible for paying the costs of the insurance premiums and is liable for damages from an automobile accident. In 2012, CD12-96 introduced a Non-Owner Insurance Policy for Older Youth available exclusively through Missouri's Automobile Insurance Plan. Children's Division introduced this policy for 18-21 year olds. As a result of this legislation, the Non-Owner Insurance Policy was revised to include youth 16-21 in Children's Division custody. A Frequently Asked Questions was developed by the Department of Insurance for youth and caretakers and is available on the CD internet in the Older Youth Program Section.

The ILC has been a member of the Council for Adolescent School Health (CASH) for the last six years. CASH meets quarterly. The purpose of CASH is to inform and advise the Missouri Department of Health and Senior Service decision-makers regarding adolescent and school health issues and initiatives. The Council for Adolescent School Health may be invited to provide input and advice to other planning committees, work groups, task forces, and advisory councils seeking expertise on adolescent and school health. In SFY14, CASH revised its mission, purpose, vision, and goals to include professional development. Members of the task force share resources via e-mail on a regular basis and connect to collaborate on efforts for other projects. Recent topics include health homes, toxic stress and the adolescent, Department of Mental Health resources and programs, and LGBTQ resources. Meetings are scheduled for the remainder of SFY15 and the ILC will continue participating in this task force.

The ILC has been a member of the Child and Family Services Review Advisory Committee for the last six years and a member of the Department of Elementary and Secondary Education's Missouri Interagency

Transition Team (MITT) since 2010. MITT was formed in 2007 to promote interagency collaboration in Missouri at the state-level by establishing a group vision for improving outcomes for young adults with disabilities. The MITT, consisting of diverse state-level membership meets quarterly to share resources, develop goals and promote concrete activities to improve transition education and services. The ILC will continue participation in both groups in SFY16.

The ILC has been a member of the Emerging Adults Initiatives State Transition Team with Department of Mental Health (DMH) since SFY13 and continues involvement with this team. The group is meeting at the state level and works closely with a pilot project which is funded through a grant. The focus population is youth with a serious emotional disturbance ages 16-18 and young adults between the ages of 18-25 with serious and persistent mental illness who are currently being served by the community mental health center, or young adults who left treatment and have returned for ongoing services. The group does look at policy at the state level and changes have been made. In SFY15, DMH applied for an expansion grant but was not awarded it. In an effort to sustain the group without continued funding, the group semi merged with the MITT team by combining meetings every other meeting. Many of the participants were the same for both groups and the groups serve similar, but not entirely the same, purpose in terms of transition services as a focus. The ILC will continue participation in EAI in SFY16.

The Kansas City Region Older Youth Transition Specialist (OYTS) is a member of:

- The Healthy Transitional Initiatives/Uniting Pathways Coordinating Council. The Council oversees the implementation for services for youth with mental illnesses who are transitioning through four mental health agencies in Jackson County. The main focus areas are housing, education, employment and career, personal effectiveness and well-being, and community life functioning. The council is funded by a SAMHSA grant through the Department of Mental Health.
- The Coalition of Homeless Youth Providers of Services (CHYPS). This group is comprised of various agencies that work with youth that are homeless or may become homeless to provide support and information on what is available for this population. The goal is to alleviate homelessness among youth ages 12 to 24 and their dependents, through advocacy, coordination and collaboration of direct services. Speakers address topics of interest and need.
- The Special Placement Support/Screening Team Meeting (SPSTM). This occurs within the Children's Division to examine and recommend placements for children in residential facilities.
- Youth Educational Success Program (YES) board member. This is a program through Cornerstones of Care that assists youth who would like to pursue post-secondary education.

The Kansas City Region OYTS partnerships in SFY15:

- Church of the Resurrection. Assisted with a workshop "Navigate Your Future" for youth from Kansas and Missouri. Panel discussions and presentations included: post-high school educational options, employment opportunities, and interviewing skills.

- Redemptorist Social Service Center – Empowering Families and Youth Outreach Program of Emergency Client Assistance. This program works to strengthen families at risk by helping to stabilize the household for the children and the entire family, and to assist youth as they transition from foster care to independent living.
- Older Youth Summit. Facilitated the youth panel and assisted with community presenters.

The Kansas City Region OYTS trainings in SFY15:

- Provided training on the Older Youth Program to Court Appointed Special Advocates, Guardians Ad Litem, and other community agencies.
- Provided training to Children’s Mercy Hospital social workers on services available to youth transitioning from foster care.
- Provided quarterly training to Children’s Division staff and Foster Care Case Management staff on the use of transition tools and forms to assist youth in achieving their case plan, and provided information on services available for youth.
- Provided training and additional support to the Transitional Living Providers and Chafee Provider in the Jackson, Clay and Platte areas.

The Kansas City Region OYTS provided additional support services:

- Attended Family Support Team meetings for youth over the age of 14 in the Kansas City area and participates in service plan meetings for youth in the Transitional Living Program.
- Provided assistance to community members on resources available for youth that are not in the custody of the Children’s Division.
- Visited TLP facilities in other regions to have a better understanding of what is available to youth across the state.

The Southeast Region OYTS began in October 2014. Since this time, the OYTS has:

- Completed trainings for seven out of the nine circuits.
- Visited all the Chafee and TLP providers in the Southeast Region to train and monitor programs being offered to the Older Youth.
- Completed two trainings with the contractors across the state.

The Southeast Region OYTS is working with the Chafee Providers to ensure participation in the Local Youth Advisory Boards are available to youth in all areas of the Southeast and youth are being offered the opportunity to participate in leadership by being supported to attend the SYAB. The OYTS has attended the LYAB meeting in Cape Girardeau. The OYTS is ensuring Circuits are helping to locate youth selected to complete the NYTD surveys. The OYTS has coordinated youth speakers at events in the state. The Field Support Managers have requested a youth to speak at the Circuit Manager/Supervisor training on March 26th in St Francois County.

The Southeast Region OYTS completed training for the 32nd Circuit CASA Director and Volunteer Coordinator. The OYTS attends the Perry County Counsel and the Fostering Court Improvement meeting in the 32nd Circuit. In SFY15, the OYTS will attend the Bollinger County Child Coalition and Caring Counsel meetings.

The Southwest Region OYTS is a member of:

- The Ozark Region Workforce Investment Board Youth Council. In SFY15, this council sponsored a seminar for area high school counselors that work with youth in foster care.
- The Homeless Youth Subcommittee of Community Partnership's Christian, Greene, and Webster Counties Continuum of Care.

The Southwest Region OYTS trainings in SFY15:

- Provided training for advocates for the Transitional Living Advocate Program.
- Provided refreshers on the core curriculum Older Youth training to five circuits throughout the Southern Region.
- Provided Older Youth Program information at three foster parent in-service trainings.

The Southwest Region OYTS provided additional support services:

- In October, a Chafee and TLP contractors' meeting was held to network and resource share. Policy updates and reporting forms were reviewed.
- The OYTS attends older youth Family Support Team meetings and residential reviews.
- The OYTS assists with the Missouri Customer Service Partnership Program/Project EExcel in Greene County.

The Northern Region OYTS conducted Older Youth Program (OYP) trainings and refresher meetings in SFY15:

- The 10th, 12th, 13th, 14th, 15th, 17th, and 18th Circuits from July 2014 to February 2015
- Foster Care Case Management providers in September 2014

The Northern Region OYTS is a member of:

- State Faith Based Initiative meetings, conducted on a quarterly basis.
- Quarterly Residential Review Teams in the region. These teams are divided among the seven Field Support Manager (FSM) sub-regions and are comprised of Case Manager, Supervisor, Circuit Manager, Youth with Elevated Needs Specialist, Residential Care Coordinator, OYTS, and FSM. The purpose is to review the progress/inhibitors of moving youth from residential settings into placements that may assist with transitioning youth out of care.

The Northern Region OYTS provided additional support services:

- 23rd Circuit Juvenile Court Community meeting for youth in foster care, with presentations from community agencies/programs
- Northern Region Circuit Manager and Supervisors meeting in September 2014
- OY Summit in St Louis, December 2014
- The OYTS conducts quarterly meetings in the seven FSM sub-regions, alternating the quarters between meeting with Alternative Care supervisors and Alternative Care case managers. The meetings with the supervisors are intended as a way to explore ideas and methods for the supervisors to support the case managers in their efforts to refer the youth and report on the work with the youth. The meetings with the case managers are to support them in their efforts to increase and maintain referrals for program services, as well as exploring ways of connecting youth to members and institutions of their communities.

The St. Louis Region OYTS is a member of:

- St. Louis Older Youth Resource Network (OYRN) - Chairperson. OYRN meets quarterly with OYTS, Deputy Juvenile Officers, Guardians Ad Litem, Court Appointed Special Advocates, Chafee providers, and Transitional Living Program providers. Presentations are provided at the meetings on older youth services by a community partner. The network discusses new legislation or policy changes, shares resources, networks, and discusses any concerns regarding older youth in foster care.
- SPOT-Coach Project. The Coach project is for youth ages 13 to 17 years old in foster care in the St Louis region. The SPOT provides a medical home for these youth and provides safer sex intervention to help address the high rate of teen pregnancy for foster youth.
- Missouri Mentoring Program Advisory Board (MMP). MMP is an employment mentoring program that serves youth 16 to 21, with the majority of youth from Children's Division and Division of Youth Services. MMP matches youth with employers and workplace mentors while providing job skills to the youth. The advisory board meets quarterly and focuses on program development and recruiting business partners.
- Homeless Adolescent Task Force through Legal Services of Eastern Missouri. The task force meets quarterly with community individuals who work directly with adolescents who are homeless or at risk. Resource and legal issues pertaining to this population are shared in conjunction with the schools and Legal Services of Eastern Missouri to ensure that the needs of this population are being met. Legal Services of Eastern Missouri chair the meetings. They also have a yearly law forum which educates professional in the community on youth issues including McKinney Vento, consumer lending, special education students, and navigating Family Support Division.
- Behavioral Health Network meetings. Meetings are held monthly and the focus is on transition aged youth.

The St. Louis Region OYTS provided additional support services:

- Assisted with the Missouri Customer Service Partnership Program/Project EExcel through recruitment. The OYTS has helped recruit youth by sending an email on two occasions for both cohorts City/County wide asking for case managers to provide a response on reasons a youth was not referred to the program if a youth was above the age of 17. The OYTS promotes this program at different meetings attended. The OYTS shares the flyer often and continues to talk to the TLP providers about this program.
- Member of the interagency self-evaluation and PIP advisory meeting where the focus has been on youth with APPLA goals along with older youth services in general.
- Assisted with the planning of the Older Youth Summit held in December in St. Louis.
- Attended the leadership camp conducted by Epworth's Chafee program in October.
- Facilitated a TLP provider meeting in October. All providers were invited and challenges and successes of each program were discussed. The contract was reviewed for areas of concern. Resources were shared and ideas for improvement were sought. It is the plan to have these regional meetings twice a year.

The St. Louis Region OYTS trainings and presentations in SFY15:

- Provided three FACES trainings to St. Louis City case managers on the Older Youth Program forms and referral system.
- Spoke to new employees during On-the-Job Training about the Older Youth Program.
- Presented information on the Older Youth Program and referrals to the South office, Page office, and all St. Louis City staff.
- Presented to the City and County resource units which included contract liaisons, adoption/guardianship subsidy workers and resource licensing workers.
- Presented information to Great Circle, Missouri Baptist Children's Home and Lutheran Family Services. Discussed the process and need for Chafee referrals.
- Attended monthly meetings in the City and County where Alternative Care supervisors and management are present to discuss importance of older youth referrals, NYTD, and other information pertaining to older youth.
- Attended the City frontline meetings which include City CD workers and Family Court. In SFY15 the Older Youth Program referral process has been discussed.
- In SFY16, the St. Louis OYTS is focusing on the importance of youth facilitating their own meetings and the importance of permanent connections with alternative care units. This began in SFY15.

In SFY15, several topics that are not captured through data were explored for further information by seeking input from the field in each region. Each was originated by an anecdotal concern:

- Issues with credit checks being completed for youth over the age of 18. It was suggested that there were barriers for youth over 18. It was determined that these were very specific issues with youth who had obtained credit cards and could not remember from where.
- Encouraging youth to remain in care until age 21. It was determined that this was occurring throughout the state and was part of practice as well as philosophy in training being offered.
- Assisting youth to be prepared upon exit. This will be evaluated further by working with a national consultant through the lens of the five domains of well-being.

The Children's Division issued memos specific to older youth in SFY15:

- CD Memo 14-52 was issued clarifying re-entry procedures and process.
- CD Memo 14-51 was issued introducing the ability for youth in foster care age 16 and older to contract for automobile insurance.
- CD Memo 14-44 was issued regarding increasing opportunities for post-secondary success.

In SFY16, a memorandum will be issued:

- informing staff of the additional purpose to Chafee to ensure that children who are likely to remain in foster care until age 18 have on-going opportunities to engage in "age or developmentally-appropriate" activities as a result of H.R. 4980,
- introducing the Permanency Pact tool, and
- introducing credit fraud checks for age 14 and 15 as a result of H.R. 4980.

The ILC presented information about the Older Youth Program in October to the Workgroup on Retention and Recruitment.

The Children's Division shared information specific to older youth in the monthly newsletter from the FACES Help Desk:

- May 2014 - Tracking Older Youth Independent Living Skills and Understanding NYTD Assessment Review
- October 2014 - Education Information Screen
- November 2014 - Older Youth and Permanent Contacts and Physical Address for Transitional Living Placements

Several forms in the exit packet were converted to Spanish in 2015.

The ILC will continue to give program presentations and trainings as needed in SFY16.

The Children's Division intranet and internet have been updated in SFY15 with resource information specific to older youth and this will continue in SFY16. CD also utilizes Facebook as a means to share information specific to the Older Youth Program and on average makes one post per week. This will continue in SFY16.

The Chafee contract is in effect until October 2015 with annual renewals. There are six agencies across the state providing Chafee services.

The TLP contract expires June 2016 with annual renewals. There are 16 agencies across the state providing Transitional Living Group Home Services, Transitional Living Structured Services, and Transitional Living Unstructured Services.

The ETV and Missouri Reach contract expires March 2015 with annual renewals.

For SFY16, CD will continue contracting Chafee, TLP, and ETV and Missouri Reach services and continue development of community resources to support these contracted services. The Children's Division continues to monitor and provide support to providers of the ETV, Chafee and TLP contracts, as well as continue to educate staff and stakeholders about providers and the services they offer. The Children's Division will continue reporting services and outcomes on older youth. Meetings for providers will be held as needed in SFY16.

Education And Training Vouchers

Missouri uses grants, scholarships, tuition waiver and the Education and Training Voucher (ETV) funding to assist youth with costs of attendance for post-secondary educational and training programs.

With the passage of the Stable and Safe Families Act, Missouri offers the Education and Training Vouchers (ETV) program. Missouri uses ETV funding to expand and strengthen its post-secondary educational assistance to eligible youth. The ETV program is implemented through a contracted provider. The purpose of the ETV program is to provide resources to eligible young adults to apply toward the cost of attendance at post-secondary vocational and/or educational institutions.

Youth applicants must be graduating high school seniors, have their high school diploma, be completing their HiSET, or have a HiSET certificate. Youth must be preparing for enrollment in post-secondary education, have been accepted for enrollment, or are presently continuing their education at an institution of higher learning including a vocation/technical school. Youth must be making satisfactory progress (minimum GPA of 2.0 or otherwise agreed upon) and provide a copy of a transcript verifying their GPA in order to receive continued assistance. If youth are attending a program which does not use grades to document progress, the youth must provide a letter from the program verifying the youth is making satisfactory progress.

Funds provided under the ETV program may be used for expenses related to the cost of attendance as defined in section 472 of the Higher Education Act. Missouri has different types of post-secondary institutions which provide education and/or training beyond the high school level. Regionally accredited institutions of higher education in Missouri include two-year colleges, four-year colleges and universities

and state colleges. There are accredited independent nonprofit two-year colleges, four-year colleges and universities, technical and professional institutions, theological schools, and seminaries. There is also a long list of proprietary institutions which may be accredited and unaccredited but are certified to operate by Missouri Department of Higher Education. These generally offer education and training designed to prepare graduates for direct entry into specific occupations or professions.

Missouri continues to reinforce the ETV program to serve eligible youth. The CD has contracted with Foster Care 2 Success since 2006 to provide ETV services, allowing consistency and familiarity. The CD, through specific contract requirements, plans to utilize all of the ETV funding received and to continue collaboration with Foster Care 2 Success to provide these services. Missouri has utilized all of its ETV funds for the past nine years. The contracting out of services has allowed for a central means of youth to apply as well as providing a database and evaluative reports on services. As part of the contract, Foster Care 2 Success is also required to provide community outreach and awareness to identify eligible youth and the organizations that work with youth such as high schools, colleges, etc. Foster Care 2 Success provides promotional brochures and posters and has a website.

There are no plans to change the eligibility criteria for youth at this time.

Currently, eligible youth access the ETV program through the Foster Care 2 Success website at <http://www.fc2sprograms.org/>. Eligible youth are those who currently qualify for Chafee services and are in the process of transitioning out of foster care or are former foster care youth between the ages of 17.5–21. Foster and former foster care youth participating in ETV on their 21st birthday shall remain eligible until their 23rd birthday, provided they are making satisfactory progress. ETVs are also offered to youth who were adopted or achieved legal guardianship after age 16. Youth who move to Missouri for residence after transitioning out of care from another state are eligible for funding as well.

The application and all record keeping are online and available to appropriate state staff for oversight purposes. The website allows CD to monitor the youth's application and paperwork at each step of the process. Foster Care 2 Success looks at every ETV applicant individually, assessing their tuition need and cost of daily living, and each student gets the ETV disbursement that best suits these needs.

Current requirements for eligible youth to receive assistance are:

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

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

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

Missouri will continue to monitor any fluctuation in our funded youth numbers. If there is a significant change, CD will evaluate with service providers.

Foster Care 2 Success also continues to reach out to non-starters and offer suggestions about how they can develop a plan as long as Foster Care 2 Success can contact them. Foster Care 2 Success continues to send care packages, e-mails, and texts to youth who correspond with them, even when no longer receiving assistance.

In the 2009 legislative session, House Bill 481, Section 173.270, Tuition and Fee Waiver for Children who have been in Foster Care, passed. This legislation requires the Coordinating Board for Higher Institutions to make provisions for institutions under the board's jurisdiction to award tuition and fee waivers for undergraduate courses at state institutions of higher education for any incoming freshman beginning in the 2010 fall semester or term. This funding is dependent annually on budget appropriations. Funding appropriations were provided for this program for SFY15 in the amount of \$188,000. Implementation of the program fully began in fall of 2011.

As this is limited funding, and in order for the funding to be best utilized in conjunction with ETV, a priority criteria was established. Priority is given to:

- Those youth not otherwise eligible for Educational Training Vouchers (ETV)
- Students adopted from Children's Division after the age of 14
- Those youth who have at least 60 hours of college credit

The priority criteria is utilized when there are more applicants than funding available and decisions must be made as to who is funded.

In order to apply, youth must go to <http://www.fc2sprograms.org/> and complete the online application. This process was streamlined in SFY15 so that youth applying would apply for both programs in one place assisting youth as well as ensuring no eligible youth are overlooked. Older Youth Transition Specialists verify eligibility once application is made.

The Missouri Department of Higher Education (MDHE) approves applications based on the priority criteria. Youth eligible and accepted are notified as funding is available on behalf of MDHE.

Foster Care 2 Success processes the applications once accepted by reviewing the applicants' transcripts to determine academic standing, confirming the applicants' tuition and fees with the college or university, and working with students to develop a community service action plan.

MDHE has established the following types of community service and public internships that youth may participate in to meet this requirement:

- Volunteering with a non-profit community service organization
- Community service club activities (not meetings)
- Campus coordinated community service projects include unpaid practicum and internships as well as philanthropic activities conducted by student service organizations
- Institutional and community sustainability projects
- Volunteering at a hospital, convalescent home, or group home for youth in foster care
- Unpaid peer mentoring or tutoring programs, both on- and off-campus
- Weekend campus clean-up, beautification activities
- Helping with a community team such as AYSO soccer or Little League (helping with sports events of younger children, refereeing, etc.)
- Volunteering for Habitat for Humanity, locally or abroad
- Unpaid internships with local, state or federal agencies

The following are not considered appropriate for community service:

- Work often done by office, teacher or library student aides
- Service performed for a profit-making organization
- Service accomplished without obtaining prior approval
- Activities usually considered normal extracurricular (or co-curricular) activities,
- Service performed by a student for a family member or in instances where the family member supervises the service
- Service related to a class, credit for a class or the making of profit, defraying costs of trips, etc.
- Pay is received for the service rendered

Institutions of Higher Education the youth attends are to monitor compliance and report it to MDHE per the statute, but Foster Care 2 Success also assists with the monitoring. Once a youth is approved for the tuition waiver, continued participation in the program will be determined by academic standing, community service participation, and funding of the program.

In SFY15, 24 youth were funded and the total amount awarded was \$180,000.

- 44 MO Reach vouchers were awarded to 24 students.
- 23 vouchers were issued in the Fall and Winter semesters
- 21 vouchers were issued in the Spring and Summer semesters

There was an 83% retention rate as 20 students from SFY 14 continued their education.

SFY16 final information is not available at this time; 21 youth were funded for fall semester.

Missouri has utilized the funding since the inception of the program and will continue to do so. It is anticipated that the number of students funded will remain relatively the same.

In addition to financial assistance, the contracted provider has been able to offer outreach programs, probationary services, individual and group virtual mentoring and three care packages a year to eligible youth. Scholarships and internships are also provided through Foster Care 2 Success. Although Foster Care 2 Success is not headquartered in Missouri and the work with students is completed through technology, the employees have established good working relationships with staff and youth.

Foster Care 2 Success was awarded the contract on April 1, 2012. The contract was for one year with two annual renewals and expired in March 2015. The contract was initially amended to include Missouri Reach. By incorporating both programs within the same contract, there is a more efficient means of coordination, use of funds, and accessibility to youth and staff. A stakeholders meeting was held in April 2014 to evaluate the current program services and the contract requirements. Information gathered was used to determine the direction of the program and contract rewrites were made based on these discussions. Changes in the new contract were minimal but included services being offered by the current provider in the same web based structure but allowing historical data views for each student. Requirements were also put in place for the provider to access FACES and report educational services for National Youth in Transition Data reporting. The new ETV/Missouri Reach contract was awarded to Foster Care 2 Success and began April 1, 2015. The contract is for one year with the option of two annual renewals and will expire April 1, 2018. As this was the previous provider, there was neither an implementation period nor a disruption in services for youth. All systems changes and training for Foster Care to Success to begin reporting NYTD services have been completed.

A brochure for ETV/Missouri Reach is on the CD Internet and Intranet and a description of the ETV/Missouri Reach program is on the internet. The brochures have also been provided to the local CD field offices and providers via the Older Youth Transition Specialists. Information regarding FASFA and other educational resources is on the website as well as PowerPoint presentations on ETV/Missouri Reach. Information regarding ETV is also in the Child Welfare Manual. The brochures are included in the exit packet information. The Independent Living Coordinator also shares information on Facebook on "Missouri's Older Youth Program." The Department of Elementary and Secondary Education has also provided links for ETV/Missouri Reach on their agency's website.

Children's Division plans to continue the program structure in place as funding is utilized and CD is able to meet the needs of youth with the additional funding of Missouri Reach.

Foster Care 2 Success implemented a new program in SFY14 entitled Aim Higher. Aim Higher is a peer-to-peer mentoring program that seeks to improve college readiness for foster youth who are still in high school by tapping the experiences and unique perspectives of successful Foster Care 2 Success Scholars. The program is designed to help foster youth gain a better understanding of the differences between high school and college and to develop the academic and life skills they need to graduate.

The program has 25 carefully selected Foster Care 2 Success upper-classman college students known as Fellows, some of which are from Missouri. The Fellows spend three weeks in June in Washington, D.C., participating in workshops and training sessions to hone their communication and presentation skills and learn how to share the Foster Care 2 Success's Academic Success Model with foster youth in their home states.

They discuss time management, goal planning, study techniques and other important life survival skills with the younger students. Fellows share their experiences to help teens understand the role of a college student. They also emphasize how much hard work is required to progress and how earning a diploma can change a life.

Fellows are drawn from Foster Care 2 Success students who are majoring in education, social work, communications, public policy and similar fields. As participants, they receive valuable training and experience that can enhance their career potential and build their resumes. The program also provides Foster Care 2 Success Scholars with the opportunity to give back and lend support to other foster youth.

Missouri has utilized this program and will continue to do so as opportunities arise.

Youth from across the state advocated for continued funding for the tuition waiver program in April 2015 at Child Advocacy Day. They address this topic each year as appropriations for the program are reviewed annually. Youth have advocated for an increase in tuition waiver funding, continued funding, and extending the funding to age 25 to better serve foster youth struggling for successful transition at Child Advocacy Day.

In SFY14, CD and its partners began having Older Youth (OY) Summits. OY Summits are held at the community level and the focus is on education, employment and job readiness, cross systems collaboration, health and mental health, permanency and life-long connections. The goal of the summit is develop a common vision of where a community is and where they would like to be in helping older youth transition successfully to adulthood. The summit is intended to allow community members to identify next steps and responsible partners to achieve community vision. It is the intention of the Children's Division and its partners to have Older Youth Summits across the state. The first summit was in April 2013 with over 80 participants from four Judicial Circuits. The second summit was held in Kansas City in March 2014 for six Judicial Circuits with 144 registered participants. The third summit was held in December 2014 in the St. Louis and Northeast Regions with approximately 200 in attendance. At the

writing of this report, a summit is being planned for June 2015 in the Southwest region of the state. Children's Division plans to have additional summits in SFY16.

The CD will continue outreach and education efforts to youth, staff, and community partners on the ETV and Missouri Reach program. Missouri will continue to use different formats such as focus groups, webinars, and summits to share information and train staff on educational resources and improving outcomes for older youth.

For FFY16, Missouri plans to continue providing ETV and Missouri Reach services and to continue education and outreach efforts regarding the program.

In SFY16, CD plans to continue the program structure in place as we are able to utilize our funding and are able to meet the needs of our youth with the additional funding of Missouri Reach.

As part of the contract, Foster Care 2 Success provides an annual report. Please see *Attachment B 2013-2014 ETV-MO Reach Annual Report* for additional information on services provided and demographics of youth served through the ETV and Missouri Reach programs.

STATISTICAL AND SUPPORTING INFORMATION

CAPTA Annual State Data Report Items

See the CAPTA Report submitted separately for the required data items.

Sources of Data on Child Maltreatment Deaths

Missouri Statute requires coroners and/or medical examiners to report all child deaths to the Children's Division Central Hotline Unit; however, the hotline unit accepts death reports from any reporter, permissive or mandated. Deaths which are due to alleged abuse or of suspicious circumstances are accepted for investigation, and deaths which are non-suspicious, accidental, or natural in manner and cause are screened out as referrals. The SACWIS system (FACES) captures all fatality reports and screened out referrals. Missouri additionally determines substantiated findings when a death is due to neglect (in addition to abuse) as defined in statute, unlike many other states. The standard of proof for determining if child abuse and neglect was a contributing factor in the child's death is based on a preponderance of evidence. All fatalities are reported in the NCANDS Child File except fatalities removed due to duplicate records which are included in the agency file. The FACES system does not obtain a "reporter" description of the Child Fatality Review Program (CFRP) 115 county-based panels; however, the system does capture the professional status of law enforcement, coroner/medical examiners, physicians, nurses and other professionals who typically comprise the CFRP panels. While there is not currently an interface between the state's FACES system and the Bureau of Vital Records statistical database, the State Technical Assistance Team (STAT) has collaborative processes with the Bureau of Vital Records to routinely compare fatality information. The STAT unit also has the capacity to make additional reports of deaths to the hotline to ensure all deaths are captured in FACES.

It is noteworthy to mention, since Missouri captures 100% of child abuse and neglect reports and referrals based on the hotline (CPS) agency being the central recipient for fatality reporting, combined with the statute requiring coroners and medical examiners to report all fatalities, Missouri could appear worse; i.e., a higher number of fatalities, when compared to other states where the CPS agency is not the central recipient of fatality data. Other states may have to obtain fatality information from other agencies and thus, have more difficulty with fully reporting fatalities. Missouri is able to thoroughly report fatalities as compared to states which do not have similar statutes for reporting child deaths to the Child Welfare Agency.

In 2014, Missouri completed a comprehensive analysis of how fatality data was being entered, collected and extracted in the FACES system. To ensure accuracy of the data and to allow for meaningful comparison, the Children's Division revised the process for compilation, verification and reporting of this data. This analysis and revised process may cause differences when comparing past data information.

In 2011, STAT transitioned CFRP statewide data collection processes over to the National Center for the Review and Prevention of Child Deaths' (NCRPCD) Internet-based case reporting system which allows for the collection of more comprehensive data on child deaths from all causes. A portable document format version of the database can be found at <http://dss.mo.gov/stat/pdf/dataform-2-2s.pdf>. Another STAT requirement is the Child Fatality Review Program Final Report, found at <http://dss.mo.gov/stat/pdf/886-3883.pdf>, which must be completed on every reviewable child death. This completed form provides STAT additional opportunity to analyze information concerning community-based prevention activities surrounding the child's death.

All of the above processes are utilized to prepare the CFRP Annual Report – *Preventing Child Deaths in Missouri*. The latest annual report for CY 2013 and previous years' reports can be found at <http://dss.mo.gov/re/cfrar.htm>.

Missouri has incorporated a critical event/fatality review protocol whereby designated staff conduct a comprehensive review of critical events and/or child fatalities. The purpose of this review is to identify systemic issues and areas of need which can be addressed through policy or practice. In cases of child fatality where abuse or neglect is suspected and the child has relevant history with the agency, or has active involvement at the time of the incident which resulted in death, local management staff complete a review. The circumstances of the critical event are reviewed, the family's prior involvement with the agency is examined, and staff who are, or had been, involved with the family at the time of the critical event are interviewed and given the opportunity to make recommendations. In addition to the above circumstances, the critical event review is completed for child fatalities when the child is in custody of the agency at the time of his/her death.

Following completion of the critical event review, regional and state management staff work together to determine whether a panel review would be beneficial. A panel review is an opportunity for staff from various disciplines and divisions within the Missouri Department of Social Services to review and discuss the circumstances of the critical event and the agency's involvement with the family. Members of the

panel then make observations and recommendations that are shared with statewide and regional leadership.

Education and Training Vouchers

In 2012-2013, there were 291 youth funded from ETV. Of those 291, 159 (55%) were first time funded.

In 2013-2014, there were 279 youth funded from ETV. Of those 279, 143 (51%) were first time funded.

Final information for 2014-2015 is not available at this time. As of February 10, 2015, 437 youth have applied for ETV and 272 youth have been funded. Thirty-three youth have applications in progress and 132 are unable to be funded. Reasons for not being funded include still being in high school, application not competed, and not meeting the eligibility requirements in terms of age or foster care status. In 2013-2014, there were 502 applications and 223 were not funded. Missouri will continue to monitor fluctuation in funded youth numbers. If there is a significant change, CD will evaluate with service providers. There is a small difference in the numbers but it is not considered significant and can be attributed in part due to Missouri Reach, the tuition waiver program, now providing funding for youth that would have previously accessed ETV.

Inter-Country Adoptions

The Children's Division (CD) is the licensing body for all child placing agencies in Missouri. Many of these agencies conduct international adoptions. The rules for licensing child placing agencies require that such agencies conduct a variety of adoption services. The adoption services provided to families adopting internationally include pre-placement planning, and post-adoptive services, placement supervision, assessment of the child's adjustment into the home, and support services. Adoption disruptions are also assessed by the child placing agency. The section of the child placing agency's rules pertaining to international adoptions is in the process of being revised.

Children's Division collects information regarding children who are adopted from other countries and who enter into state custody as a result of the disruption of a placement for adoption or the dissolution of an adoption. A records check revealed there was one child entering state custody who was adopted internationally in CY14. The child entered care as a result of the adoptive mother being unable to maintain the safety of the child in her home requiring residential care in a psychiatric unit. The child's record notes the child was an orphan in Romania and a home study was completed through the Embassy at Bucharest, Romania. The file did not provide any additional information on the adoption. The child's permanency goal is another planned permanent living arrangement (APPLA) through DMH services due to the needs of the child.

FINANCIAL INFORMATION

1. Payment Limitations – Title IV-B, subpart 1:

The state did not use any title IV-B, subpart 1 funding for child care, foster care maintenance and adoption assistance payments for FFY05, nor plans to in FFY16. The state will not use any non-Federal funds for foster care maintenance payments that could be used as a match in FFY16. This information is contained within the CFS-101 report, parts I and II.

2. Payment Limitations – Title IV-B, subpart 2:

Family Preservation planned expenditures

62% on Family Preservation – IV-B funds are used for contracted services that may include intensive family preservation, post-adoptive support services, case management, counseling, day care, respite services, homemaker services, services designed to increase parenting skills, family budgeting, coping with stress, health, and nutrition.

Community-based Family Support planned expenditures

25% on Community Based Family Support - CD mainly provides these services through contracted providers. In FFY13, the State of Missouri started a two-year pilot project for the recruitment and retention of foster and adoptive families through a contract. This contract has been partially funded by IV-B.

Time-limited Family Reunification planned expenditures

13% on Time Limited Reunification - Expenditures on Reunification represent contracted services. In addition, the CD provides many Family Reunification services provided by in-house staff which are not included in this percentage. For Time Limited Reunification, Divisional Staff offer Family Centered Services to families of children in our custody and provide contracted counseling services to those families. Some or all of these activities could be claimed through IV-B funding. However, since the IV-B Subpart 2 grant is being fully claimed by the above activities, other funding sources are used.

Adoption Promotion and Support Services planned expenditures

0% Adoption Promotion Activities - The division has the equivalent of 73 FTE (\$2.4 million in salaries) devoted to maintaining and supporting current adoption placements. However, since the IV-B grant is fully utilized, these staff are funded from other sources. Additionally, approximately 78 FTE focus (\$2.6 million in salaries) on developing foster and adoptive homes. Some or all of these activities could be claimed through IV-B funding. However, since the IV-B Subpart 2 grant is being fully claimed by the above activities, other funding sources are used.

Children's Division estimated that \$0 of IV-B funds would be spent on Administration and Management. Actual expenditures will exceed this amount for Administration and Management.

3. FFY 2015 Funding – Revised CFS-101 Budget Request

4. FFY 2016 Budget Request – CFS 101, Parts I and II

Part I

In FFY14, the amount estimated for IV-B subpart 1 was \$5,413,443. The amount expended was \$5,386,501.

Part II

In FFY13, \$11,937,169 was spent on IV-B part 2 type activities.

- \$9,606,307 was spent on Family Preservation,
- \$823,885 on Family Reunification,
- and \$1,506,977 on Community Partnerships which provide community-based family support and other services including adoption promotion and support services.

Expenditures in excess of the grant are taken to other sources including state funds and other allowable federal sources. The above expenditures on Family Reunification are for contracted services only. The Division also contracts with private agencies to develop Adoptive and Foster family resources.

For IV-B part I, the amounts are similar

For IV-B part II, the expenditure amount represents the amounts claimed by area. Activities in these areas exceed 25% of the IV-B subpart 2 grant; however, not all of the activities are claimed against the IV-B subpart 2 funds. The amount set up in CFS 101 Parts 1 and 2 in FFY14, were based on past assumptions that the activities in these areas exceed 25% of the grant, therefore it was appropriate to budget the grant funding in this manner. The amounts expended represent what was actually claimed against the grant. Beginning in FFY08, these amounts were allocated according to expected expenditure levels.

The amount of Chafee grant funds expended in FFY13 was \$2,010,737, the total expenditures including the state match.

In FFY16, the Children's Division expects to fully use this funding. FFY16 expenditures will not be available until October 1, 2016. The Children's Division contracts the Chafee Foster Care Independence Program services out with private providers.

In FFY13, 291 youth received an ETV Grant. In FFY14, a total of 279 youth has received an ETV grant.

The CD is in a partnership with a private agency, Foster Care to Success in order to reach more children who need and qualify for the ETV grant. This is increasing the usage of the grant. The goal is to fully use the ETV grant to help more foster children pursue post secondary education. Based on the maximum grant of \$5,000 the goal is to reach 300 children who are in need of assistance.

For FFY13, the amount of ETV grant expenditures was \$1,411,483 (federal share of \$1,093,287) and FFY15, year to date, is \$1,204,402 (federal share of \$1,038,898).

5. FFY 2013 Title IV-B Expenditure Report – CFS 101, Part III:

In 1992, the total expenditures for Child Welfare programs were \$63.8 million, of which \$41.9 million was state funding. This funding included the appropriations for Children's Treatment Services, Family Preservation, Foster Care, Residential Treatment, and Group Homes/Independent Living. In SFY 2014, total expenditures were \$227 million, of which \$253 million was state funding.

The total amount spent for Family Preservation in 1992 was \$2.8 million, most of which was state funding. In FFY 2013, the amount was \$11.9 million. Approximately, 45% of the \$11.9 million was taken to the IV-B grant (\$5.3 million). The remaining \$6.6 million was taken to other sources, primarily state funding.

For Community Partnerships, there are no expenditures recorded in 1992. In 1993, Prototypes, which was a precursor to the Community Partnership Program, \$152,671 of state funding was spent. For FFY 2013, approximately \$1.5 million of the Community Partnerships expenditures account against the IV-B grant.

The remaining expenditures are funded from other sources. There are no expenditures in FFY 1992 for Family Reunification Contracts. The Division received authority for these contracts in FFY 2005. For FFY 2013, the amount was \$823,885

6. Financial Status Reports Standard Form (SF) 425

The SF 425 has been submitted through the OLDC for OA-ACF-AT-01-05.

UPDATES TO TARGETED PLANS

As specified in ACYF-CB-PI-15-03, the following plans are being submitted as discreet sections:

- Foster and Adoptive Parent Diligent Recruitment Plan
- Health Care Oversight and Coordination Plan
- Disaster Plan
- Training Plan

Each of the plans have been updated since last year, are inclusive of all changes, and are being submitted as such.