

## General Information

<b>Agency Name</b>
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**State of Missouri  
Department of Social Services  
Children's Division**

<b>Period Under Review</b>
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**October 1, 2002-December 8, 2003**

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## **Introduction**

Missouri's public child welfare system has embarked on significant changes that will have long-term, positive impact on the safety and permanence of Missouri's most vulnerable children and their families.

Over the past eighteen months, Missouri's child welfare system received much attention, following the tragic death of a child in foster care. Having the public's attention on vulnerable children and the child welfare system presented a unique opportunity for a range of stakeholders to learn more about child abuse and neglect and the service delivery system that helps protect children.

The Governor, legislature, judiciary, state auditor, and media each used their respective processes and leadership to examine safety issues and share recommendations. In addition, the child welfare agency conducted internal reviews, commissioned an external review and employed problem-solving teams. These processes resulted in well over 100 recommendations. Some of these were issued in reports, newspaper editorials, legislation, and executive orders. Children in Missouri deserve this leadership, attention and support.

Consequently, action has been taken. The Governor's executive order reorganized the Department of Social Services, creating a Children's Division with a primary focus on vulnerable children. All recommendations have been analyzed and the following priorities set:

- Increase the utilization of Kinship Care as the preferred placement for children, when a child's safety is assured.
- Expedite permanency for children through more inclusive Family Support Team meetings.
- Prioritize and appropriately handle calls to the Child Abuse and Neglect Hotline.
- Enhance background checks for foster parents and emergency placements.
- Improve coordination between the Departments of Mental Health and Social Services to increase access to mental health services for children.
- Increase Performance-Based Contracting.
- Enhance activities that will lead to increased accountability with stakeholders of the child welfare system.
- Enhance internal activities that will lead to increased accountability of the child welfare system.
- Enhance activities that help prevent child abuse and neglect and foster care drift.

These priorities are guiding agency action. Several are significantly changing how the public agency operates in meeting its statutory and regulatory mandates. Working with the courts, other public agencies and the community, a number of the recommendations are in various stages of implementation; and more are in the planning phases.

All of the examination, planning and action are occurring in the context of the most challenging economic times for our state. Missouri has faced unprecedented cuts in

financial and staff resources. There can be no greater agency mission than the one charged to the public child welfare agency ? helping to keep children safe from abuse or neglect. Increased accountability for our mission continues to drive the pace of change while increased partnership with families, communities and other systems that work together to protect and ensure the safety of children will ultimately make the difference.

The federal government is also a vital partner in these efforts. The recently established, “Child and Family Service Review,” developed by the United States Administration for Children and Families is welcomed. Most importantly, for the first time, the review focuses on outcomes and sets federal benchmarks high. While no states have “passed” all the benchmarks, in fact, the majority of states have passed one or in some cases two, it indicates where all states need to be if our country’s children will be safe and grow up in nurturing homes.

This state assessment is the first component of the review. The Children’s Division appreciates the efforts by community stakeholders throughout Missouri and staff who served on the statewide assessment team to develop this report and the recommendations contained within. These recommendations will be carefully considered in light of the priorities set following the reviews mentioned above and receipt of sufficient financial resources, allocated appropriately on how and who can best perform the work. These recommendations offer another perspective of what is needed to create a system that Missouri’s children and families deserve.

## Overview of the Missouri’s Children’s Division

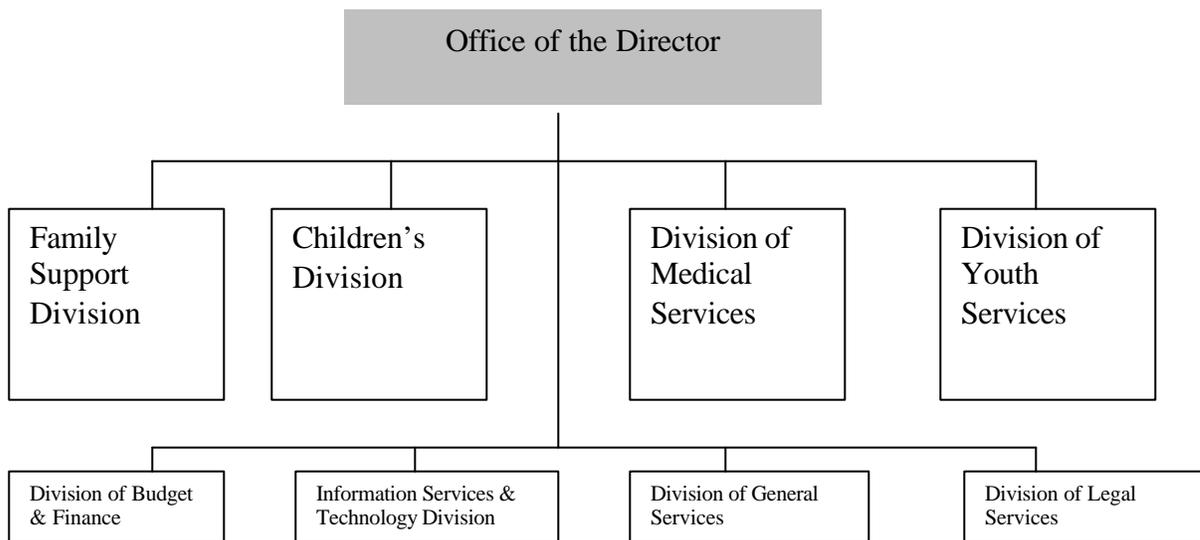
In Missouri, programs aimed at preventing child abuse and neglect, keeping families together, and encouraging self-sufficiency and independence are state administered by the Department of Social Services. The Department of Social Services is administered by a director who is appointed by the Governor and approved by the state Senate. This department director, in turn, appoints division directors.

### Department Structure

Missouri is undergoing a reorganization of the Department of Social Services. On April 4, 2003, the Governor’s Executive Order (03-03) was finalized and went into effect August 28<sup>th</sup>, 2003 directing the reorganization. The following changes have occurred under the new reorganization:

- The Income Maintenance functions currently in the Division of Family Services and the enforcement function currently in the Division of Child Support Enforcement are being joined under a new Family Support Division.
- The Workforce Development functions in the Division of Family Services and in the Division of Child Support Enforcement (Parents Fair Share) will move to the Department of Economic Development.
- The Family Support Payment Center function with the Division of Child Support Enforcement will move to the Department of Revenue.
- The Children’s Services functions currently in the Division of Family Services, will become the Children’s Division within the Department of Social Services.

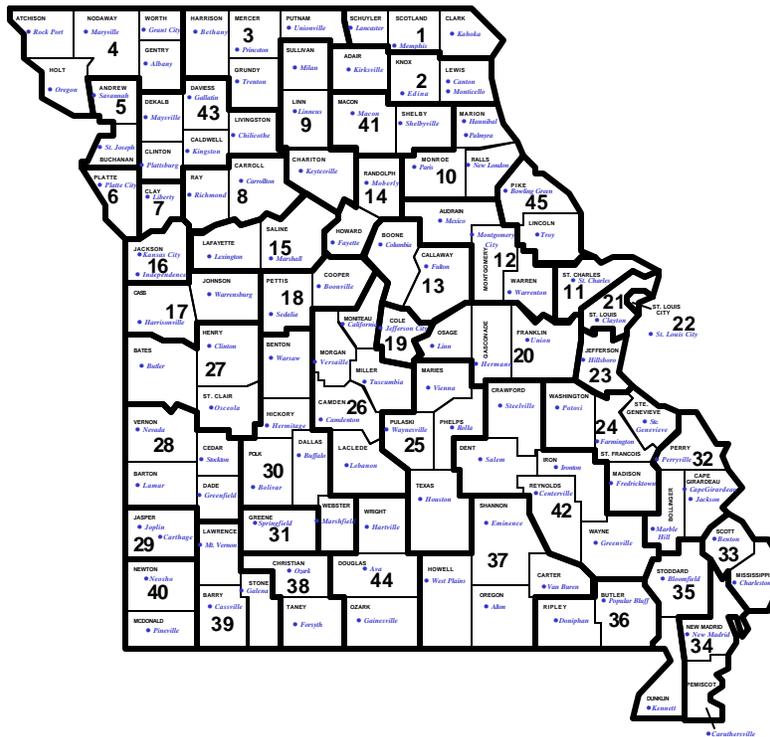
Below is the current organizational chart of the Department of Social Services.



## Division Structure

While the Executive Order for re-structuring was effective August 28, 2003, and the budget reflecting the changes became operational on July 1, 2003, transitional activities will occur throughout the state fiscal year 2004. Missouri has 114 counties plus the City of St. Louis, which by statute, requires maintaining an office in each county. Each office employed a county director to oversee both Children’s Services and Income Maintenance. County Directors varied in experiential background, education and clinical expertise. A decision was made to administer Children’s Services within Missouri’s forty-five judicial areas since there is a close partnership on child welfare with the juvenile courts. It was believed that continuity of practice could be better maintained if each circuit had oversight by a Circuit Manager. The Circuit Manager position would require an advanced degree (where available) and experience in the child welfare field. The Circuit Manager’s job criteria will enhance the clinical support to Children’s Services workers when making critical decisions for children. The map below divides Missouri into the forty-five circuits, each with a circuit manager.

Missouri’s 45 Children’s Division Circuits



## **Child Protection Services**

It is well recognized that child abuse and neglect can produce long term destructive effects upon a child. Intervention, at times, becomes imperative to prevent further abuse and/or neglect and to promote functional behavior by individuals and families. All Children Welfare Programs in Missouri are state level administered. One of the most significant changes for children in Missouri occurred when The Child Abuse and Neglect centralized hotline became operational in 1975. All abuse and neglect hotline reports are made to the Central Statewide Child Abuse and Neglect Hotline Unit, or otherwise known as the Central Registry Unit. Once screened and classified, they are transmitted by telephone, or computer terminal, to the appropriate county Children's Division office for further action as appropriate.

During the 1997-98 legislative sessions, Missouri Senate Bill 961 was passed that established expansion of the flexible-response-child-protection system for the entire state. In summary, this delivery approach is designed to focus the investigation efforts of the Children's Division and law enforcement on cases that would be a violation of law. The remaining families are served through a comprehensive Family Assessment in order to address any service needs.

Families who are investigated and those who receive a Family Assessment are entitled to prompt and effective delivery of services in order to address their individual child/family needs. An investigation of each report, excluding reports on educational neglect, must be initiated within 24 hours of the receipt of the report. Investigations of reports that list educational neglect as the sole allegation are initiated within 72 hours. All Investigations and Family Assessments are to be completed within 30 days unless documentation is provided for a delayed conclusion. When appropriate, Children's Division offers preventive and protective social services on a multi-disciplinary basis in cooperation with the Juvenile Court and other public and private agencies.

The primary goals of the Child Protection System are to:

- (1) Ensure the protection of children from abuse or neglect; and,
- (2) Provide this protection to the child and family in the most appropriate and efficient manner possible by collaborating with and better utilizing state, community and family resources.

## **Family Support Services**

Families entering the child welfare system receive case management services that are referred to as Family-Centered Services. The Family-Centered Services model acknowledges the importance of conceptualizing the family as a system that is constantly interacting with other systems in its environment. The emotional, sociological, and environmental circumstances of the family and its members must be considered.

The goal of these services is to assist the family in changing, as quickly as possible, conditions that bring, or could bring, harm to the children, and preventing placement out of the home.

## **Intensive In-Home Services**

Intensive In-home Services, previously known as Family Preservation Services, is a short-term, intensive, home-based, crisis intervention program that offers families in crisis the alternative to remain safely together, averting the out-of-home placement of children. Families that have a child or children at imminent risk of removal from the home due to neglect, abuse, family violence, mental illness, emotional disturbance, juvenile status offense, and juvenile delinquency are screened for Intensive In-home Services. Services are provided in the family's home or other natural setting. Families are assigned one principal specialist who is responsible for spending eight to ten (and more if needed) hours per week, in face-to-face, direct contact with the family. The Intensive In-home Services program combines skill-based intervention with maximum flexibility so that services are available to families according to their unique needs.

## **Family Reunion**

Family Reunion Services is a short-term, intensive, family-based program designed to reunify children with their families who are in out-of-home care and who, without intensive intervention, are likely to remain in care longer than six months. The goals of Family Reunion Services are to assist a family in removing barriers to the return of their child(ren), assist in the transition of returning the child(ren) to the family, and to develop a plan with the family that will maintain the child(ren) safely in the home for at least one year following the intervention.

## **Alternative Care Services**

### **Kinship Care Program**

Relatives or non-related persons, who have a close emotional relationship with children, who are in out-of-home care, provide kinship care foster homes. Kinship is defined as: Persons related by blood, marriage or adoption including parent, grandparent, brother, sister, half brother, half sister, stepparent, stepbrother, stepsister, uncle, aunt, or first cousin. It also includes those non-related persons not living in the same household but whose lives are intermingled with the child and appears as one of a blood relative. Kinship care is the least restrictive family-like setting for children requiring out-of-home placement. Kinship care is the placement of preference and should, if at all possible, be pursued prior to any other out-of-home placement arrangement.

### **Foster Care Program**

Foster parents are individuals who meet all licensing regulations as set forth by the Division in order to provide family foster care, a temporary home for children who have been removed from their families. The foster parents are considered team members along with Children's Division staff, the parents from whom the child was removed, and professionals who have a common goal of establishing a plan for permanency and safety for the child.

## **Medical Foster Care Program**

Children's Division also administers a Specialized Foster Care Program. This program addresses the needs of two distinct groups of children, medically fragile, and behaviorally challenged, who would otherwise require institutional care, in order to meet their needs. The Medical Foster Care Program was established to provide care and treatment to a foster child with acute medical problems or severe physical/mental disabilities and the intent of this program is to assure that a child is cared for in the most appropriate and least restrictive setting. The program will assist the special needs child to reach a goal of permanency, and serve his/her special needs and best interests.

## **Behavioral Foster Care Program**

Behavioral Foster Care is a specialized foster family placement program designed for children suffering moderate to severe behavior problems. These children require a family setting that can provide greater structure and supervision. These children have sometimes experienced multiple placements due to their unacceptable behavior and/or uncontrollable behavior in previous unspecialized out-of-home care placements. A goal of the Behavioral Foster Care program is to provide children with moderate to severe behavior problems with an individualized, consistent, structured family setting in which they can learn to control behaviors which prohibit their being able to function in a normal home setting and in society.

## **Career Foster Care Program**

The Career Foster Parent Program provides full time care by a foster parent for children with multiple, complex needs. These foster parents are paid a higher rate to compensate them for caring for children full time rather than seeking outside employment. It was developed as a result of seeing an influx of children with diverse and complex needs which were not appropriately met through existing out-of-home care placement resources. These children experienced multiple placements as they were moved from foster family to emergency shelters and back again in an attempt to secure stability. Such moves were often expensive and very traumatic for the children. The program is also responsive to the needs of children who previously have been hospitalized, placed in highly structured setting, and/or experienced multiple placements. A goal of the program is to provide children with serious behavior and emotional disorders with intensive individualized intervention in a family and community based setting.

## **Residential Treatment Program**

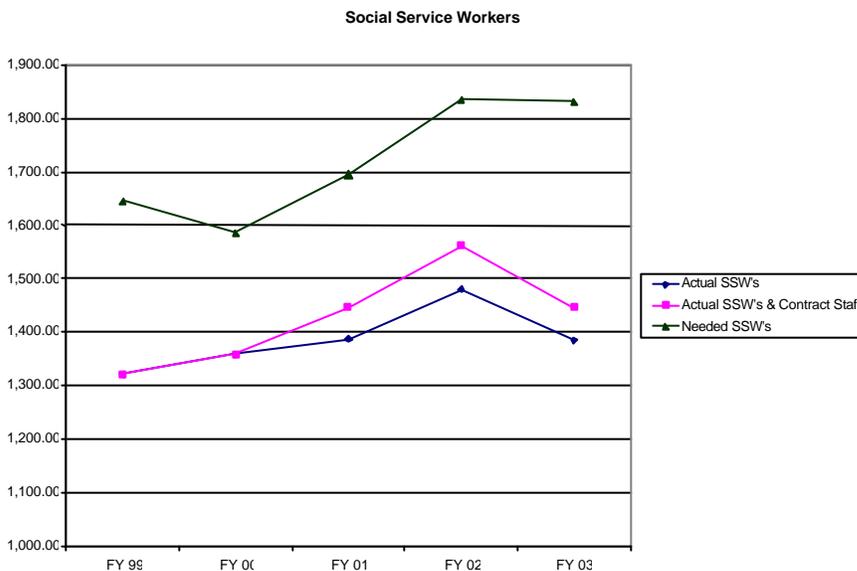
Some children are diagnosed as having emotional and/or behavioral disorders, which preclude living in a family home setting. These children may require a structured, institutional setting and placement with residential child care agencies for treatment. Children with the most severe problems are placed in residential treatment, and they are placed temporarily. Our goal is to assure children are provided appropriate treatment services and when they are able to function in a less restrictive setting, such as; returning to their own home, placed in an adoptive home, placed with a guardian, or prepared to live independently in the community.

## Adoption Services

When it is not possible or in the best interest of the child to return to the biological family, consideration is given to placing the child for adoption. Missouri law identifies the Division as one of the child placing agencies that may place a child for adoption, and establishes time frames for the completion of court ordered/requested adoptive assessments.

## Staff Reductions

Missouri is experiencing the worst economic conditions in more than a decade. The staff reductions began at the end of the Social Services Block Grant during State Fiscal Year 2001 (SY-01) which resulted in the reduction of 115 front line workers and 55 supervisors. Since that time the Children’s Division has experienced periodic hiring freezes during SFY-02 and SFY-03. Missouri’s financial forecast appears to have little growth in tax revenues for SFY-04. The Children’s Division was forced to decrease spending in some areas to compensate for demands in other program areas. These decreases included some discontinuation of Juvenile Office Liaisons, and contracted case management caseload limits with some cost reduction. Administration, travel and office equipment expenses have faced budget reductions for several years consecutively.



The table above depicts actual number of direct service workers in comparison to COA standards (as represented in the “needed SSW”). The table below represents the front line supervisor’s ratio for the past several years. As the chart reflects, if the needed number of field workers were fully staffed, the burden on the supervisors would increase significantly. The supervisors are responsible for on-the-job training of new hires and case consulting and reviews. The ten to one ratio would be unmanageable.

<b>Fiscal Year</b>	<b>Actual Supervisors</b>	<b>Need Based on COA standards</b>	<b>Percentage Staffed</b>	<b>Actual Ratio</b>	<b>Ratio if workers were fully staffed</b>
SFY-99	171	235	72.72%	7.73 to 1	9.63 to 1
SFY-00	180	227	79.26%	7.57 to 1	8.83 to 1
SFY-01	204	242	84.33%	6.79 to 1	8.30 to 1
SFY-02	209	262	79.89%	7.07 to 1	8.76 to 1
SFY-03	183	262	69.76%	7.59 to 1	10.03 to 1

### **Approach to the Statewide Assessment**

As Missouri embarked on the mission of writing a statewide assessment, a couple of resources were considered. First, the Children's Division inventoried all of the information available from recent reviews. This included reports from the Commission for Children's Justice, the Dunn-Connelly investigative report commissioned by the Governor, the state auditor reports, Senate Interim Committee, State of the Judiciary speech, the survey for employee excellence, the peer record reviews, the practice development reviews, the Missouri Child Welfare Outcome Measures, the annual child abuse and neglect report, and consumer surveys. This collection provided a wealth of information about how the Division functions, recommendations for improvement and how the child welfare system is perceived by communities and stakeholders.

Second, Missouri wanted to gain stakeholders' perspective from many geographical areas of Missouri and from many disciplines. Stakeholders were chosen from the Department of Mental Health, Department of Health, Department of Public Safety, Division of Youth Services, Department of Elementary and Secondary Education, university partners, Guardian Ad Litem, court personnel, adoptive parents, foster parents, contracted providers, advocacy groups, faith community as well as Children's Division employees from all program areas.

Therefore, Missouri created a team of external and internal partners. The group was divided into two teams and reviewed policy, data, and recommendations from other review bodies to evaluate how well we were serving families and children. Discussions focused on strengths, barriers and potential solutions for improving practice. The results from the roundtable discussions are located at the end of each section.

Missouri is very grateful to all the people, listed below, who participated in the development of this statewide assessment.

Jeff Adams, Children's Division Training Unit Manager  
 Judge Susan Block, Administrative Judge, Family Court of St. Louis County  
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 Andrea Cleeton, MSW, Children's Division Staff Training  
 Marge Cole, RN, MSN, Department of Health

Dr. Chuck Cowger, University of Missouri School of Social Work  
Ruth Ehresman, Citizens for Missouri's Children  
Harvey R. Fields, Jr., "One Church, One Child", St. Louis  
Ms. Shari Finnell, Parent, "Who's Children Are They?"  
Janeene Foley, MSW, Children's Division Foster Care and Adoption Unit Manager  
Vince Geremia, M.Ed., LCSW, Children's Division & Adoptive Parent  
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Veronica Stovall, Children's Division Program Development Specialist  
Kurt Valentine, J.D., Guardian Ad Litem, Foster Parent, Attorney  
Sandy Wilkie, MSW, Children's Division Assistant Deputy Director

## **A. Statewide Information System Capacity**

*A.1. Discuss how effectively the State is able to meet the State plan requirement that it operates a Statewide information system that can determine the status, demographics, location, and goals for all children in foster care in the State. In responding, consider the accessibility of this information to State managers and local staff and the usefulness of the information in carrying out the agency's responsibilities.*

### **Statewide Information System Description**

In adherence with the Administration for Children and Families requirements, Missouri is creating a compliant State Automated Child Welfare Information System (SACWIS). This system will be known as the Family And Children's Electronic System (FACES). Missouri's current legacy system provides all the data elements used to prepare federal and state reports. A gap analysis of the existing system documented that the existing application used by the Children's Division contains 76% and 80% of the SACWIS required and optional data elements, respectively. Therefore, Missouri is developing a federally compliant and user-friendly SACWIS that will leverage our investment in the existing mainframe with an HTML presentation that will maximize user utility.

For example, the legacy system did not provide the functionality required by the different child welfare program areas to accommodate a user-friendly and intuitive interface that can be rapidly developed and deployed for an automated search of all child welfare program areas. Based on recent SACWIS compliant development, Missouri launched a new routine that now produces a comprehensive report for a Departmental Client Number (DCN) utilizing a name search and display prior case history for any member who has received services from any of the programs offered. Users were previously required to access 40 to 60 separate inquiry screens to gather this information on paper.

All the clients in the subsystems are linked together by a common DCN. This is an eight digit, unique number that will identify a certain person to which it has been assigned. The same DCN number is used for all Department of Social Services programs and will remain in the system, attached to the particular person to which it was assigned, until their death. FACES has already compressed many on-line legacy inquiry screens into a DCN Comprehensive History report that has resulted in an estimated statewide annual savings of \$1.9 million. (16 minutes to search 60 inquiry screens reduced to 4 minutes using the report by number of field staff times the number of children in foster care).

FACES is incorporating the existing data elements and functionality that exists in the current system that in some instances exceed, federal, state, local requirements, and statutes by incorporating child welfare best practices into our state policies and practices. Over the next few years, FACES is being developed incrementally beginning with Intake Management, and moving through Eligibility, Case Management, Financial Management, Resource Management, and Administration with the required interfaces to other systems data.

FACES is being designed to incorporate all SACWIS required functional components, interfaces into other information systems outside the Children's Division and provide the appropriate alerts,

ticklers, and notifications. Further, FACES is incorporating structured decision making tools for risk and safety assessments in the automation for Intake Management based on the Children's Research Center's Child Protective Services model.

FACES is being designed to provide data integrity, reduce redundancy, improve work efficiency and provide cost savings throughout the Children's Division by automating its case management functions and reducing the dependency on paper files when feasible. FACES will provide an automated statewide single system that is user-friendly, and intuitive.

FACES is being designed to improve the quality of data collected and encourage timeliness and completeness of data entry. FACES is also being designed to incorporate on-line training activities, policy manuals, desk manuals, forms manuals and the ability to send written problems or questions through the automated system.

FACES is being designed to include the legacy system's ability to share data on children in foster care with various partners including courts and schools as part of the Missouri Juvenile Justice Information Sharing (MOJJIS) system. Utilization and participation in MOJJIS: 1) provides for children with multiple needs; 2) Allows for a comprehensive assessment of children and families; 3) Assists with coordination of service plans; 4) improves decisions about children and families; 5) avoids duplication; and 6) avoids conflicting demands.

The current legacy system is separated into several subsystems, which enables personnel, based on approved security clearances to access all or selected subsystems. The subsystems are: Departmental Database (Personnel training, worker's numbers and names, etc); Children's Services Integrated Payment System (CSIPS); Alternative Care Vendor Subsystem; Alternative Care Client Subsystem; Family-Centered Services Subsystem; Preventive Services Subsystem; Child Abuse and Neglect Subsystem.

There are 284 management reports spanning all subsystem produced from the legacy system. Manager's reports are automatically printed and distributed through pre-programming by data processing. Periodically a review of the management reports is completed and a determination is made whether the report continues to be useful. New reports can be added and old ones deleted, based on current need. A new technology tool allowing us to automate sending reports versus printing and sending paper copies is in process.

Each month, Research and Evaluation aggregates program data that has been entered into the subsystems and develops a monthly report. The monthly report, often referred to as the "pink book", is broken into four sections representative of our program areas: Child Abuse and Neglect, Family-Centered Services, Out-of-Home Care, and Intensive In-Home Services (formerly Family Preservation). The monthly report is sent to every area and county office, as well as, management personnel in Central Office. In addition, Research and Evaluation use the information from the subsystems to provide the requested elements to the National Child Abuse and Neglect Data System (NCANDS) and Adoption Foster Care Analysis Reporting System (AFCARS).

Information presented in the monthly report is the best available at the time of publication. Due to delays in processing data, the reports can be incomplete at month's end. Therefore, fiscal and calendar year end reports are produced. The calendar year end report focuses on child abuse and neglect incidents and provides detailed aggregated information such as child demographics, type of neglect, perpetrator demographics, etc. The fiscal year end report covers all program areas and provides more detailed information than monthly reports.

The IIS program data is included in both the monthly and calendar year end reports, but a separate program report is produced on a fiscal year basis. This report gives demographics of families and children served by this program, as well as, specific site information. The IIS fiscal year end report aggregates site data such as: reasons not accepted for program, referral source, head of household information, and follow-up information.

Aggregated information from all program areas are utilized when developing preventive programs, identifying trends, and providing technical assistance to field staff. A task force was organized to study various sources of data currently collected and distributed to determine if changes were needed for strategic planning purposes. Domains were constructed for safety, permanency and stability, well-being and quality assurance. Then, the task force developed outcomes measures which are currently available to all staff on the Division's "intranet".

## **Roundtable Discussion Results**

### Strengths Identified

- *Missouri's information system has the ability to retrieve information for long periods of time. Missouri has the ability to look at data longitudinally and at a point-in-time to determine practice trends.*
- *Missouri's information systems can provide "real time" information.*
- *Some program data is used to drive practice and influence allocation of workload decisions.*
- *Outcome measures and "pink book" (monthly aggregated report) data are available through the intranet and internet. All Children's Division personnel have access to the outcome data and are encouraged to use the information.*
- *Missouri has many on-line inquiry screens accessible to staff.*
- *Missouri's system can accurately determine the status, demographics, location, goals, and other key information for all children involved in the foster care system statewide.*
- *A SACWIS compliant system is being developed to provide a flexible and responsive source of management information with increased accessibility, and utility of the data and improved quality of the data.*

### Challenges Identified

- *A need for timely and consistent entry of information about the children and families served.*
- *A need to use data information to advocate for the agency. Missouri has a need to develop a structure for sharing information, such as providing consumers with information about the good things accomplished.*

- *A need to increase the use of child welfare outcomes measures for short and long term planning.*
- *A need for staff to manage information about their cases electronically.*

#### *Recommendations for Improvements*

1. *Continue involvement with the Missouri Juvenile Justice Information Sharing (MOJJIS) project.*
2. *Train staff to more thoroughly analyze data and to use it to drive practice.*
3. *Use data information to inform the general population and legislature.*
4. *Link certain systems together to prevent duplication of information.*
5. *Develop a case management tool for the information system.*
6. *Clarification of data definitions so they may be used in short and long term planning.*
7. *Research and narrow the use of the “other” categories used for the collection of some data elements.*
8. *Study other state SACWIS systems to assess best practices to help meet Missouri development of FACES.*

## **B. Case Review System**

***B.1.** How effectively is the State able to meet the requirement that each child in foster care under the State's placement and care responsibility has a written case plan with all the required elements?*

In Missouri, permanency planning and its inherent decision-making permeates the child's placement in out-of-home care. The goal of out-of-home care is to provide to each child who enters a safe and stable environment with nurturing caregivers. Acceptance of this goal implies that no child should be allowed to drift in out-of-home placement and the Family-Centered-Out – Of-Home Care (FCOOHC) policy requires that case planning decisions must be made within specified time frames through utilization of Family Support Teams (FST).

FCOOHC policy dictates that the Family Support Team shall meet within 72 hours of a child coming into care. Each child's FST consists of the Children's Division Worker, the Children's Division Supervisor, the parents/caregivers, child (if age appropriate), juvenile officer, Guardian Ad Litem and/or CASA, parents' attorneys, if applicable, family helper/advocate, placement provider, currently involved treatment providers and school personnel. A child must have a FST meeting even though it is anticipated that the child will be reunified with parents within a short period of time; or, the Division is planning to place the child for adoption within a short period of time. Family Support Team Meetings (FSTM) are conducted according to the time schedule as long as the court holds jurisdiction of the child, the Division has custody, and the child is in an out-of-home care setting because FSTM's are believed to be an effective vehicle to problem solve around child and families' needs.

The 72-hour FST meeting is a mechanism for acquainting team members with the circumstances which contributed to the out-of-home placement. Also, this meeting facilitates early identification and response to the family's strengths and needs. The FST determines if the child can be reunited immediately with his parents or if continued out-of-home care is warranted and develops an appropriate plan.

Prior to this 72-hour FST meeting, the Children's Division Worker begins an assessment of the family and child utilizing the CS-16 (Family Assessment) form and the CS-1 (Child Assessment and Service Plan). The entire assessment and case planning process is to be completed within 30 days from when a child enters care. FST meetings are then held at a minimum of every 30 days until adjudication by the court and then every six months thereafter.

### **Case Plan Contents**

FCOOHC policy dictates that thorough assessments of the family and child must be completed prior to development of the service plan. Needs and strengths identified during the assessment process are the basis for service planning with a family. The CS-16 and CS-1 are the tools used during this assessment process.

The CS-16 tool is a family assessment tool used during initial assessment and for ongoing assessments. The tool is designed to facilitate a family-centered approach to assessing the family

structure, strengths, supports and service needs. The CS-16 is used with intact families as well as those families who have a child in care.

The newly revised CS-1 form (released September 2003) incorporated the requirements of P.L. 96-272 for the development of a child assessment and long-range permanency treatment plan. It is a child specific assessment and case plan which is completed for every child who comes into care. The tool identifies the existing problems leading to placement and the services a family needs to expedite reunification. It assesses and documents each child's individual safety, permanency, and well-being needs. Additionally, the new CS-1 serves the following purposes:

- Provides an organized way in which information is gathered about a child's specific safety, permanency, and well-being strengths and needs
- Provides a standardized way in which services provided to child and family are documented in the record
- Provides documentation of visitation plan
- Records invitations to and attendance of the FST meeting
- Documents understanding/acceptance/disagreement of the FST recommendations
- Provides a standardized format for recording and documenting the case plan
- Provides information in an organized manner to the FST and to the court on the services needed and progress made by the child and family to ameliorate the conditions which created the need for placement
- Provides documentation of compliance with federal requirements which must in all out-of-home care cases, as stated in P.L. 96-272

### **Evaluation and Summary of Findings**

The Division has three review stages to ensure the permanency planning process occurs according to policy. The first review is a self-review by the Family Support Team (FST). Every thirty days the FST meets and reviews the permanency plan (until the adjudication hearing, or more often if requested).

The second review occurs when supervisors have on-going consultation with the workers through various points of an intervention such as: initial case assignment, during the assessment process, case planning, service delivery, court-related activities, case recording, and case transfer.

The third review process is accomplished through peer reviews of the record. Missouri has two types of peer review processes through which a record may be reviewed, the Peer Record Review (PRR) and the Practice Development Review (PDR).

The PRR is a strategy designed to ensure documentation of essential services exist in the family record, provide objective input regarding quality service provision, and identify systemic barriers to quality services. Approximately 10% of all out-of-home records are reviewed through a random list of cases provided to front line supervisors. These reviews are conducted on a quarterly basis and all staff have the opportunity to participate. The PRR results pertaining to case planning for each quarter of 2002 (reported by % of acceptability) are shown in the chart below:

<b>PRR Results for Section IV: Service Plan and Service Delivery</b>	<b>2002 1<sup>st</sup> Qtr.</b>	<b>2002 2<sup>nd</sup> Qtr.</b>	<b>2002 3<sup>rd</sup> Qtr.</b>	<b>2002 4<sup>th</sup> Qtr.</b>
The service plan addresses family/child needs and strengths from the assessment	n/a	n/a	78%	79%
There is a correlation between the needs and strengths of the family/child identified through the assessment	72%	74%	77%	80%
The service plan clearly identifies tasks for each participant	n/a	n/a	77%	78%
The tasks outlined in the service plan are time limited	59%	61%	65%	67%
The tasks outlined in the service plan are behaviorally specific	75%	75%	76%	75%
The tasks in the service plan are reasonable and achievable	n/a	n/a	79%	79%
The service plan was developed within 30 days	68%	71%	73%	74%
The tasks outlined in the service plan were accomplished	n/a	n/a	63%	67%

The PRR results indicate a positive trend in the percent of acceptability in three areas: time frame in which the service plan is developed (30 days), correlation between the needs and strengths of families identified in assessment, and tasks outlined in service plan are time limited. Other measures in this area remained constant over Calendar Year 2002.

<b>PRR Results for Section V: Out-of-Home Care</b>	<b>2002 1<sup>st</sup> Qtr.</b>	<b>2002 2<sup>nd</sup> Qtr.</b>	<b>2002 3<sup>rd</sup> Qtr.</b>	<b>2002 4<sup>th</sup> Qtr.</b>
The placement provider is involved in the service planning process	84%	89%	86%	87%
A permanency plan was developed for the child within 30 days	81%	87%	86%	81%
The permanency plan was developed and it includes options for concurrent planning	78%	86%	82%	82%

These 2002 PRR results indicate a 3% acceptability increase in provider involvement in the service planning and a 4% acceptability increase in concurrent planning. The percentage of acceptability for the time frame in which a permanency plan is developed fluctuated some over the year but reflected an average of 81%.

The second type of peer review, the PDR, is an intense performance appraisal process to conclude how children and families are benefiting from services. This type of review is conducted on less than one percent of out-of-home care cases. Key exam indicators are used to determine the status of children and families and the performance of key service functions.

Below are the results from SFY-02 and SFY-03 for the exam areas pertaining to case planning and service implementation.

<b>Planning Vision Definition:</b> A long-term view is a guiding strategic vision used to set the purpose and path of intervention and support. It is used to focus a coherent service plan and process for the child and family. It may be expressed as strategic goals to focus and unify service planning efforts, especially when multiple interveners are involved. A long-term view anticipates and defines what the child must have, know, and be able to do in order to be successful following his/her next major developmental or placement transition. Smooth and effective transitions require such a strategic vision and its fulfillment through the service process. To be acceptable, a long-term view must “fit” the child/family situation and establish a strategic course to be followed in a service process that will lead to achievement of strategic goals. The long-term view should answer the questions of where is the case headed and why.	
<b>SFY-02</b>	<b>SFY-03</b>
<b>71% Acceptability in Cases Reviewed</b>	<b>64% Acceptability in Cases Reviewed</b>

<b>Integrated Service Plan (ISP) Definition:</b> A cross-agency ISP unifies the efforts of all service team members into a single, coherent set of processes designed to help the child become successful in school and functional in life. The ISP specifies the goals, roles, strategies, resources, and schedules for coordinated provision of assistance, supports, supervision, and services for the child, caregiver, and teacher. It is the vitality and intelligence of the planning process that is of essence here, not the elegance of a written document. The written ISP is the collective intentions of the child's service team that simply states the path and process to be followed.	
<b>SFY-02</b>	<b>SFY-03</b>
<b>68% Acceptability in Cases Reviewed</b>	<b>66% Acceptability in Cases Reviewed</b>

<b>Plan Implementation Definition:</b> To fulfill the purpose and path of intervention with the child and family, the provisions of the Integrated Service Plan (ISP) have to be implemented via timely delivery of adequate services. Implementation involves the arrangement of supports, services, and other intervention activities are being delivered in a timely and competent manner, consistent with identified needs and preferences, and following the principles of the system of care. Timeliness, competence, intensity, and consistency lead to dependability, consumer satisfaction, and positive results.	
<b>SFY-02</b>	<b>SFY-03</b>
<b>73% Acceptability in Cases Reviewed</b>	<b>73% Acceptability in Cases Reviewed</b>

<b>Functional Assessment Definition:</b> A combination of clinical, functional, and informal assessment techniques should be used to determine the strengths, capabilities, needs, risks, and lifestyle preferences of the child and family. Members of the child's service team, working together, should synthesize their assessment knowledge to form a common big picture view that provides a shared understanding of the child's situation. This provides a common core of team intelligence for unifying efforts, planning joint	
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strategies, sharing resources, finding what works, and achieving a good mix and match of supports and services for the child and family. Developing and maintaining a useful big picture view is a dynamic, ongoing process for the child’s service team.	
<b>SFY-02</b>	<b>SFY-03</b>
<b>73% Acceptability in Cases Reviewed</b>	<b>73% Acceptability in Cases Reviewed</b>

<b>Service, Mix, Match and Fit Definition:</b> All planned elements of supports, services, and interventions for the child/family should fit together into a sensible process that is tailored to fit the child/family’s situation and preferences. The goodness-of-fit between the mix/match of supports and services and the child/family to participate in and benefit from the service process. Goodness-of-fit requires that programs, services, and supports are integrated seamlessly across providers and funders. Seamless integration requires a holistic approach to services, a coherent weave of supports and services, and continuous delivery of dependable services.	
<b>SFY-02</b>	<b>SFY-03</b>
<b>88% Acceptability in Cases Reviewed</b>	<b>75% Acceptability in Cases Reviewed</b>

<b>Tracking Adaptation Definition:</b> An ongoing examination process should be used to track service implementation, check progress, identify emergent needs and problems, and adapt services in a timely manner. Tracking and adaptation provide the “learning” and “change” processes that make the service process “smart” and, ultimately, effective for the child and caregiver. The ISP should be modified when objectives are met, strategies are determined to be ineffective, new preferences or dissatisfactions with existing strategies or services are expressed, and/or new needs or circumstances arise.	
<b>SFY-02</b>	<b>SFY-03</b>
<b>80% Acceptability in Cases Reviewed</b>	<b>75% Acceptability in Cases Reviewed</b>

The above PDR data indicates a trend of negative decline in percentage of acceptability in planning vision, integration of the service plan, goodness-of-fit of services, and tracking of service implementation. The percentage of acceptability in plan implementation and functionality of the assessment have remained stable over 2002 and 2003.

**FST DATA**

Because FST’s are such an integral part of the assessment, planning, and treatment process for families and children in out-of-home care, the Division surveyed randomly selected staff regarding various aspects of the FST process. The goal of the survey was to determine the strengths and challenges of the FST process, with the ultimate goal of improved practice. Conducted in December 2001, the survey response rate was quite high at almost 50% (about 300 surveys returned). The following trends were identified from the survey results:

- FST meetings were predominately initiated and facilitated by the worker and rarely by the family. Meetings not always family-centered in nature.
- The family is typically invited to attend the meetings and attend them on a regular basis indicating parents are truly invested in their children’s future and willing to participate in the service delivery process.
- It appeared relatively few family advocates and extended family members are invited to participate in the meetings.

- There is a lack of representation of Guardian Ad Litem, treatment providers, and school personnel in meetings.
- The majority of FST meetings are held in the Children’s Division office with very few taking place in the family home or other neutral settings. Meetings are taking place during normal working hours. The survey also indicated the meetings were scheduled at a time convenient for the family.
- Treatment plans are being developed during the meetings, however, the documentation varied, which led to inconsistencies in the record and how the family retained a copy of the plan.
- Documentation of the FST varied as well as documentation of the treatment plan. This inconsistency in practice impacts PRR results. The survey results also indicated that the management information system is not consistently updated to reflect the FST meetings. This has a direct impact upon our AFCARS compliance.

Missouri gathers outcome data about the FST process as entered into the Legacy system by staff. In September 2003, FST meeting compliance, as entered into the Legacy system, was 68% statewide. Below is 2002 quarterly PRR data on FST’s by % of acceptability:

PRR Results for Section V: Out-of-Home Care	2002 1st Qtr.	2002 2nd Qtr.	2002 3rd Qtr.	2002 4th Qtr.
Family Support Team meetings are held on a regular basis.	78%	82%	83%	77%

The Legacy FST data and the PRR FST data differ by as much as 18%. There is concern the Legacy data may not be accurate as caseworkers who have an overabundance of cases are having difficulty scheduling and facilitating FST’s and then following up with the inputting of data in the management information system. Below are staffing percentages for each region in August 2003 compared to the Council on Accreditation caseload standards:

NW REGION	NE REGION	SE REGION	SW REGION	KC REGION	ST. L REGION	STATEWIDE
82.04%	80.79%	84.86%	77.69%	84.09%	89.48%	84.09%

The above staffing percentages indicate fluctuations as much as 11.8% within regions and staffing percentages as low as 77.7% in some region.

**Roundtable Discussions**

Strengths Identified

- *The Children’s Division’s Family-Centered Out-of-Home Care (FCOOHC) policies fully support federal requirements, which serve to ensure safety, secure permanency and enhance the well-being of children.*
- *FCOOHC policies guide staff to build upon family strengths and community support to attain these goals for children.*
- *The 72-hour FST meetings provide for a structured process immediate case plan development and early service delivery.*

- *Families are invited to attend FST meetings and attend them on a regular basis, indicating parental investment in the FST process.*
- *When invited, family advocates and extended family participate in the FST process.*

### Challenges Identified

- *There is a lack of consistent documentation that case plans are completed on each child.*
- *There is an inconsistent use of forms (CS-1 and CS-16) by Children's Division Workers.*
- *Staff are not entering FST data into the management information system accurately or timely.*
- *There is a need to find a more accurate way of measuring the timeliness and quality of FSTM.*
- *Staffing decreases have greatly impacted the ability of the FSTM to occur in a timely manner. There is lack of clerical staff to send out notifications and as mentioned, an overload of cases per caseworker which impedes the process.*
- *Court requirements for social summaries vary from judicial circuit to judicial circuit. Sometimes, there is a lack of distinction between family case plans and legal court documents.*
- *Clarification is needed on the distinction of required FSTM versus those used as a best practice tool.*

### Recommendations for Improvements

1. *Each region should be at 100% staffing ratios per Council on Accreditation standards.*
2. *Provide and expand appropriate staff training and supervisory support for uniform practice with clearly defined requirements for each FSTM.*
3. *New Children's Division Workers should attend specialized training early in employment to understand the philosophy and intent of the FSTM.*
4. *A competency-based training is needed to assure staff possesses the skills to develop measurable goals and case plans.*
5. *Increased accountability of staff through enhanced supervision and modeling. There is a demonstration grant project through the University working to achieve this.*
6. *Improve the process for getting correct information entered into the management information system.*

**B.2.** *How effectively is the State able to meet the case review system requirement that parents of children in foster care participate in developing the child's case plan? In responding, consider their participation in activities such as identifying strengths and needs, determining goals, requesting specific services and evaluating progress related to their children.*

FCOOHC policy and FST procedures include requirements that parents and children participate in case planning, goal setting, and FSTM. Policy dictates that parental involvement in the planning process occurs immediately. Within 24 hours of the child being taken into protective custody, the intake worker and the family worker will meet with the parents and child, if age appropriate. The purpose of this meeting is to provide the parents/caretakers and child with as much information as possible about what will be happening with their child and to engage them

in the decision-making process. It is recognized that continuous parental involvement throughout the child's placement is significant in early and successful reunification.

The preliminary treatment plan developed with the family during the 72-hour FSTM establishes the foundation for the initial 30-day treatment period. The initial 30 days is critical to timely family reunification and selection of the most appropriate placement provider. The Children's Division Worker has frequent contacts with the parent(s), child, and placement provider to complete the family/child assessment and provide needed support and resources.

Every thirty days (until adjudication) during an out-of-home placement, the FSTM is held to assess progress of services, visitation plans, financial support, and continued case planning. All members of the family are invited to participate in the FSTM along with key stakeholders vital to the child's case planning. FSTM are to be scheduled at a time which is convenient for the family.

FCOOHC policy states that effective treatment planning with the family occurs when:

- The Children's Division Worker actively involves the family in the planning process. As in the family assessment process, the treatment plan is developed with the family, not for them.
- The FST identifies reasonable and achievable goals and tasks that address identified risk factors.
- The FST addresses the relevant needs and risk factors identified in the assessment. The family's strengths and resources are to be considered when determining the tasks needed to achieve treatment goals.
- The FST decides how achievements and goal attainment will be measured.
- The FST reviews the plan every 30 days, or more frequently, if necessary, to evaluate progress and the need for plan revision.

Throughout the entire intervention with a family, it is imperative that the Children's Division Worker explains to the child, in an age appropriate manner, and the parents, each step of the process and why each step is happening. This is inclusive of the initial interview during the investigation, plans for placement, placement, treatment planning, permanency planning, court hearings, etc.

In order to achieve early permanency for the child, a diligent search must be made to locate and maintain contact with both parents of the child when the whereabouts of one or both of the biological parents is unknown. A complete and diligent search is thoroughly documented to clarify that all efforts have been made to find the parent(s). A complete and diligent search requires the following:

- Using all known variations of the parent's name and searching available community resources and agency records;
- Using child birth information;
- Making in-person and/or telephone contacts with family, friends, neighbors at the parent's previous addresses; document results of each contact individually and specifically;
- Send "certified, return receipt requested" blind copy letters to the previous addresses of individuals not contacted in person;

- Address a letter to the parent and place in an unsealed envelope and send to the Social Security Administration, Bureau of Data Processing, Baltimore, Maryland 21232, with a request that it be forwarded to the parent. Include the Social Security number if available;
- Pursue leads developed in all efforts.

In an attempt to reach out to parents of children in care who are incarcerated, the Children's Division partners with the Department of Corrections. The partnership is a collaboration of Missouri stakeholders such as Department of Corrections, Department of Mental Health, Department of Economic Development, Family Support Division, Department of Health and Senior Services, and Office of the State Courts Administrator, as well as not-for-profit agencies such as Mothers and Children Together (an advocacy group for incarcerated women based out of St. Louis, Missouri). This collaboration effort works together to improve transition practices for offenders in order to enhance public safety, reduce recidivism, and maximize all available resources.

The Children's Division participates on the Children's Service Commission Subgroup for Incarcerated Parents. This group is in the process of developing a manual for Missouri's Incarcerated Parents. This manual will address the legal rights and responsibilities of incarcerated parents working toward reuniting their families.

Representatives from the Children's Division, the Family Support Division and Family's First, an advocacy group for incarcerated mothers, travel to the Vandalia Correctional Center, once a month to talk with women offenders about the Adoption and Safe Family Act as well as child support and custody issues. The offenders are given an opportunity to ask individual questions relating to their children.

The Family Support Division was awarded a grant for a federal demonstration project, the Incarcerated Fathers' Collaboration Project, later changed to The Fatherhood Initiative. The primary goal of the project was to provide opportunities, resources, and supports to promote responsible fatherhood in hope that fathers will assume emotional and financial responsibility of their children, both during and upon release from incarceration. Fathers scheduled for release within 18 months from the Western Reception, Diagnostic and Correctional Center in St. Joseph and Central Missouri Correctional Facility in Jefferson City were offered voluntary participation opportunities. This project had four principal objectives:

- Improve access to parenting information and referrals for incarcerated fathers;
- Increase parenting education and support for incarcerated fathers;
- Improve short-term and long term visitation experiences of incarcerated fathers and their children;
- Increase the capacity of incarcerated fathers to provide financial support for their children.

This project ended in September 2003.

Up until June 2003, the Children's Division was part of the Collaborative Planning Process for Children of Incarcerated parents. The collaboration was made up of stakeholders such as the Department of Corrections, St. Louis City Police, St. Louis City Public Schools, Mother's and

Children Together, Girl Scouts Behind Bars, Parents As Teachers and Incarcerated Parents and Caregivers. This team worked together for a year to look at those issues that affect incarcerated parents and their children and families, specifically in the St. Louis City area.

FCOOHC policy directs that the Children's Division Worker will keep the incarcerated parent informed of the child's location, needs, and growth through interviews, letters, and other appropriate communication methods, (i.e., tape recordings, pictures, etc). The worker will arrange for visits of the child with the incarcerated parent as frequently as possible using parental and community resources to meet transportation costs. If community resources are not available, the worker is to seek supervisory approval for the Division to meet transportation costs. The Division will meet transportation costs if the child is eligible for Title IV-E alternative care, or homeless, dependent, neglected (HDN) children.

FCOOHC policy directs staff to provide two weeks prior written notification of an FSTM to the FST participants. This includes the time and place of the meeting. Parents are also to receive a letter of notification which includes an explanation of the purpose of the FSTM: that attendance is not a requirement, but is encouraged, the right of the parent(s) to bring someone with them, and a copy of the CS-1 to be presented at the FSTM.

All team members, both required and invited, are considered full partners in the review process and should attend the entire FSTM and have the opportunity to fully participate in the development of the child's case plan. The FST meets to review the case plan and long-range permanency plan of each child placed in out-of-home care within 30 days of the Division's receipt of custody.

An FSTM must be scheduled prior to the end of the child's first thirty days in out-of-home care and monthly until adjudication. Thereafter, FST's must be held at least every six months to review all aspects of the case.

### Evaluation and Summary of Findings

The PRR results for the CY-2002 are as follows (Percentage of Acceptance):

<b>PRR Results for Section IV: Service Plan and Service Delivery</b>	<b>2002 1<sup>st</sup> Qtr.</b>	<b>2002 2<sup>nd</sup> Qtr.</b>	<b>2002 3<sup>rd</sup> Qtr.</b>	<b>2002 4<sup>th</sup> Qtr.</b>
The family participated in the development of and signed the service plan.	73%	75%	83%	80%
The family is involved in making changes to the service plan.	83%	82%	89%	86%

<b>PRR Results for Section V: Out-of-Home Care</b>	<b>2002 1<sup>st</sup> Qtr.</b>	<b>2002 2<sup>nd</sup> Qtr.</b>	<b>2002 3<sup>rd</sup> Qtr.</b>	<b>2002 4<sup>th</sup> Qtr.</b>
The child, if age appropriate, is involved in the service planning process.	94%	96%	90%	89%
The child's parents are involved in the service delivery process.	92%	92%	87%	85%

This PRR data indicates a positive trend of increasing family participation in case planning over 2002. However, there is a negative trend in parental involvement in the service delivery process.

The PDR results for SFY-02 and SFY-03 for child and family participation are as follows:

<b>Child and Family Participation Definition:</b> The child and family should have a sense of personal ownership in the service plan and decision process. The central concern of this exam is that the child and family be active participants in shaping and directing service arrangements that impact their lives. Emphasis is placed on direct and ongoing involvement in all phases of service: assessment, planning, and selection of providers, provision of services, tracking, adaptation, and evaluation.	
<b>SFY-02</b>	<b>SFY-03</b>
<b>79% Acceptability in Cases Reviewed</b>	<b>76% Acceptability in Cases Reviewed</b>

<b>Permanency Definition:</b> Every child is entitled to a safe, secure, appropriate, and permanent home. Permanency is achieved through preservation of safe families, timely reunification, or timely alternative long-term living arrangements. A child removed from his/her family home should be living in a safe, appropriate, and permanent home within 12 months of removal with only one interim placement. Intensive services and timely family reunification should be provided, where indicated. Other permanency plans should be implemented immediately when reunification is determined not to be possible. Where appropriate, legal guardianship or termination of parental rights and adoption should be accomplished expeditiously. For an older youth (16 and up), extended foster care, an independent living program, or a group or independent living setting may serve as a permanent home. Permanency is achieved when the child is living in a home that the child, caregivers, and other stakeholders believe will endure until the child becomes independent. Evidence of permanency includes adequate provision of necessary supports for the caregiver and the achievement of stability in the child’s life, minimizing disruption in relationships and the length of stay in out-of-home care.	
<b>SFY-02</b>	<b>SFY-03</b>
<b>68% Acceptability in Cases Reviewed</b>	<b>74% Acceptability in Cases Reviewed</b>

This PDR data indicates a 3% decline from 2002 to 2003 in child and family participation in service planning. Acceptability of child’s permanency plan went up 6% from 2002 to 2003.

Consumers (parents, youth in care, placement providers) are randomly surveyed regarding the quality of services they receive and aggregated semi-annually. The 2002 consumer survey data for two particular questions that have to do with family involvement in case planning shows that less than 50% of family members perceive they are encouraged to participate or help plan for the services they need. This is in direct conflict with PDR and PRR data.

Exam Area	Jan-July 2002	Aug-Dec 2002
My worker encourages all family members to participate	49%	49%
My family and I are able to help plan for the services we need	42%	45%

## Roundtable Discussions

### Strengths Identified

- *FCOOHC policy and FST procedures include requirements that parents and children participate in case planning, goal setting, and FSTM.*
- *FSTM engage families early on in the case planning process.*
- *FSTM provide a structured process for involvement.*
- *FCOOHC policy indicates families can bring support to the FSTM.*
- *PDR interviews address the degree of family involvement.*

### Challenges Identified

- *There is limited effort made to reach out to majority of families to attend FSTM's and fully engage them in the process. Some FSTM's appear to be "talking at families" not "discussing with families".*
- *Staff need sufficient time and continual skill-building training to achieve the optimal results from the FSTM's.*
- *The Division serves families who face multiple and complex problems.*
- *There is a need for supervisor modeling and clinical supervision for Children's Division Workers.*
- *Clear and attainable case plans are not always developed or presented to families.*

### Recommendation for Improvements

1. *There is a need for more advocates for parents participating in the FSTM.*
2. *A community-based program should be created where parents train other parents in skill areas and to help them understand the system.*
3. *The Division staff should be trained in the use of effective facilitation skills in FST meetings.*

**B.3.** *Citing any data available to the State, discuss how effectively the State is meeting the requirement that the status of each child in foster care be reviewed periodically, i.e., at least every 6 months, by a court or by an administrative review.*

## Policy and State Statute Description

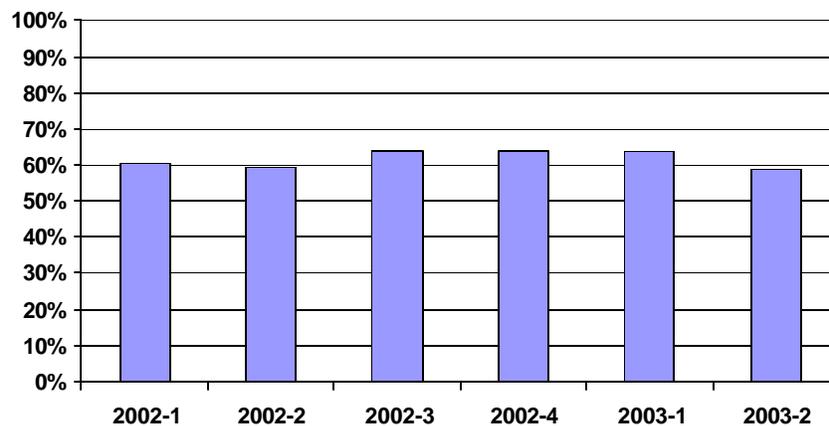
In the Child Welfare Manual, Section 4, "Out-Of-Home Care", Chapter 9.8.2 provides policy for timeframes to review permanency plans for children in out-of-home care. The policy states, "In order to determine the best permanency plan for each child and to meet the time frames specified in legislation, the Division will facilitate FSTM. According to current policy, every child who resides in out-of-home care and in the custody of the Division must have a review of his/her permanency plan during a FSTM every six (6) months. When a child is initially placed in out-of-home care, the emphasis is usually placed on making reasonable efforts to safely return the child to his or her parents. Therefore the emphasis during initial FSTM is usually placed on treatment planning and implementation that will allow for reunification. All recommended permanency plans and actions must be documented and immediately provided to the juvenile court."

## Evaluation and Summary of Findings

The Peer Record Review Tool, Section V, Question 15, asks: “Was the FSTM held on a regular basis?” In 2002/1<sup>st</sup> quarter, 78% of the cases reviewed met the criteria; 2002/2<sup>nd</sup> quarter, 72% met the criteria; 2002/3<sup>rd</sup> quarter, 73% met the criteria; 2002/4<sup>th</sup> quarter, 77% met the criteria. These results are based on an objective review of the record by a peer.

The findings below are from the management information system derived from the computer entries by the Children’s Division workers. Children are counted as being in FST meeting compliance if one of the following is true: 1) Length of stay in Children’s Division custody is under one month, 2) Length of stay in Children’s Division custody is under six months and the child has a FSTM date within 30 days of entry, 3) Length of stay is six months or greater and the child has a FSTM within six months of the end of any given quarter)

**Percent of Children with Timely FSTs**



The data above is questionable in validity due to the discrepancies from results of actual case reviews. It is believed that the occurrences of FSTM are higher than the management information system data reflect. The discrepancies may be a result of large caseload size which may delay the timely entry of information into the data system.

## Roundtable Discussion

### Strengths Identified

- *Policy requires FSTM to occur more often than every six months which exceeds best practice standard..*

### Challenges Identified

- *There is a need to strengthen monitoring of FSTM and Permanency Hearings.*
- *Documentation needs to be improved regarding FSTM effectiveness and entry of information in the data system.*

### Recommendations for Improvement

1. *Establish FSTM as a priority. Children’s Division workers must feel the benefit of the case progressing faster. Create a check and balance for assuring data entries are made.*

2. *Use outcome measure data in CQI teams to determine why FSTM percentages are low and provide deeper analysis of issues.*
3. *Renew data from the FSTM outcome measures for deeper analysis.*
4. *Create a definition on what constitutes a review and who are the key players. This will provide consistency with the FSTM format.*
5. *Review and possibly reduce caseload sizes for FCOOHC workers.*

**B.4.** *Citing any data available to the State, discuss how the State meets the requirement that permanency hearings for children in foster care occur within prescribed timeframes. Discuss effectiveness of these hearings in promoting the timely and appropriate achievement of permanency goals for children.*

### **Bench Cards for Juvenile Judges**

The Supreme Court's Family Court Committee completed in spring 2003, the second installment of the *Missouri Resource Guide for Best Practices in Child Abuse and Neglect Cases*. This installment included **bench cards** for the dispositional review (pre-permanency) hearing, permanency hearing, and post permanency review hearings, as well as informational cards on Indian Child Welfare Act (ICWA), Interstate Compact on the Placement of Children (ICPC) and the Multiethnic Placement Act (MEPA). The Family Court Committee, in collaboration with the Juvenile Court Improvement Project, planned multi-disciplinary workshops designed to assist juvenile family court commissioners and other key stakeholders in utilization and implementation of the *Best Practice Recommendations* in the *Resource Guide*.

The new bench cards address the hearing timeframes, federal law and "Scope of Inquiry" that should occur during the Permanency Hearing. The first question that should be answered is whether the permanency plan is the most appropriate permanency option for the child? If not reunification, is placement with a fit and willing relative being considered; is termination of parental rights and adoption being considered; is guardianship being considered; is a planned, permanent living arrangement being considered? There are also "Mandatory Factors" (per Section 210.720 RSMo requires that a permanency hearing be held within 12 months of the date of the child's "initial placement" and at least annually thereafter) that should be considered during a permanency hearing: interaction and/or interrelationship of the child with the foster parents, parents, siblings, and other significant parties; child's adjustment to the foster home, school and community; mental and physical health of all individuals involved; including any history of abuse; needs of the child for a continuing relationship with the parents; and the ability and willingness of the parents to actively meet the needs of the child. "Discretionary Factors" (Rule 119.08) are: parties' compliance with the court-ordered social service plan; need for continued placement of the child in out-of-home care, appropriateness of the current placement; need for modification of the court-ordered social service plan, anticipated date for achieving reunification or commencing termination of parental rights proceeding; and individual needs of the child.

### **Juvenile Court Improvement Project**

The Juvenile Court Improvement Pilot (JCIP) Project was designed to focus on the effect of this legislative reform on Missouri's juvenile courts. Specifically, this project will measure the

effectiveness of the courts in carrying out these reforms, recommend any statutory or administrative rule changes deemed necessary, and develop a plan to improve reform implementation. Missouri's Juvenile Court Improvement Project is divided into the following three phases:

- Assessment
- Recommendations for improvement
- Plan for improvement

Five areas were identified through the assessment phase as needing change and a plan was developed to pilot specific core requirements and supplemental recommendations for court reform designed to improve the judicial process for child abuse and neglect cases. Three courts are currently implementing the project requirements, which include:

- Establishing mandatory hearings and accelerated timeframes for hearings;
- Increasing the thoroughness of the judicial review;
- Providing for the timely appointment of the guardian ad litem for the child, and when appropriate, legal counsel for indigent parents;
- Ensuring that all parties and their legal representatives are present at all hearings;
- Establishing case management practices to reduce continuances that lead to delays, such as setting the next court date and providing copies of court orders at the end of each hearing;
- Holding all parties, including the parents, accountable for assuring that timely permanency plans for children are made within 12 months of the child entering care;
- Participating in training for all key personnel in the child abuse and neglect system.

The findings to-date indicate that all three courts have been successful in implementing the required court reforms and that these efforts have resulted in improved outcomes for children as they relate to safety, permanency and child well-being.

In the spring 2001, as a direct result of the positive results in these courts, the legislature appropriated state funds to continue the reform efforts already underway in the three project courts. They also authorized expansion of the project, renaming it the Permanency Planning Project Court Expansion, to five new sites, but did not appropriate state funds for this expansion.

The plan calls for the JCIP Steering Committee to provide guidance and oversight to Office of States Court Administrators (OSCA) in the selection, implementation and evaluation of the five new expansion court projects once funding becomes available.

In spring of 2003, seven regional, multi-disciplinary workshops on *the Missouri Resource Guide for Best Practice in Child Abuse and Neglect Cases* were held in five sites throughout the state. The workshops, which were mandatory for all judges and family court commissioners who hear child abuse and neglect cases, were provided in May and June 2003 to 941 participants, as follows:

- 181 Judges/Commissioners
- 199 Juvenile/Family Court Staff (includes JOs, DJOs and other juvenile/family court staff, except attorneys)
- 119 Attorneys and GALs

- 19 CASA volunteers
- 423 Children's Division child welfare staff (majority were Children's Division workers and supervisors, also some area and state office administrators and staff trainers)

The workshop was provided free of charge and each participant received a copy of the *Resource Guide*. Court employees, including the judges, may also access it electronically through the OSCA Missouri Courts Information Center (MCIC) database.

The Missouri Supreme Court and the OSCA have a long history of collaboration and partnership with all the state agencies that serve children and families, including the Children's Division, Division of Youth Services, Family Support Division and Department of Mental Health. OSCA staff and numerous juvenile judges and commissioners from throughout the state actively serve as members on a number of boards, commissions and committees. These include the Missouri Juvenile Justice Association, the Children's Justice Act Task Force, and the Missouri Bar Commission for Children and the Law, The Supreme Court's Family Court Committee, the Commission on Alternative Dispute Resolution in Domestic Relations Matters and the Children's Services Commission.

As such, the Missouri Juvenile Court Improvement Project, in partnership with all state key stakeholders, remains committed to assisting the judiciary, as directed by the Supreme Court and its Family Court committee, to fulfill any current or new federal or state requirements, and to support implementation of "best practices" recommendations that are designed to provide for the safety, well-being and permanency of children in out of home care.

The findings from the upcoming CIP statewide re-assessment and Title IV-E and CFSR reviews will also serve as guidance to the JCIP Steering Committee and will be incorporated into any additional recommendations to the Supreme Court for statewide improvement to the court process.

## **Roundtable Discussions**

### Strengths Identified

- *OSCA has trained judges and court personnel on best practice for children at various stages of the court timeline.*
- *The system produces a computer reminder report when the child's permanency hearing is overdue.*
- *Some courts set up the next hearing date while all parties are present and then follow up with a written court order specifying the day and time of next court hearing.*
- *The management information system produces reminder lists of any child who has been in care 10 of 22 months. These lists are routed to each Circuit Manager.*

### Challenges Identified

- *There is no existing method to measure quality and quantity of Juvenile Court hearings statewide.*
- *Some courts in judicial circuits have developed an internal mechanism for tracking the timeliness of hearings, but there is no statewide accountability system.*

### Recommendations for Improvements

1. Automate a court reporting system statewide for tracking permanency hearings.
2. Provide Division staff access to some information in the court database.
3. Develop system edits to require court data fields when inputting child information.
4. Partner with the Court Improvement Project and consult with National Resource Center for Court Improvement to determine if other states have accountability systems in place.

**B.5.** *Citing any data available to the State, discuss how the State meets requirements to provide foster parents, pre-adoptive parents, and relative caregivers of children in foster care with notice of and an opportunity to be heard in any review or hearing held with respect to the child in their care.*

Missouri State Statute 210.761 states “any person who has provided foster care to a child any time in a two-year period prior to any hearing conducted shall be allowed to testify at any hearing after the child has been adjudicated”. The court may limit such testimony to evidence the court finds relevant and material. In Statute 211.171.3, “...the current foster parents of a child, or any pre-adoptive parent or relative currently providing care for the child, shall be provided with notice of, and an opportunity to be heard in, any permanency or other review hearing to be held with respect to the child...”

After a termination of parental rights petition has been filed, RSMo 211.453.2 states a service of summons would be in effect. This statute states: “2. Persons who shall be summoned and receive a copy of the petition shall include: 1) The parent of the child, including a putative father who has acknowledged the child as his own by affirmatively asserting his paternity, unless the parent has filed a consent to the termination of parental rights in court; 2) The guardian of the person of the child; 3) The person, agency or organization having custody of the child; 4) The foster parent, relative or other person with whom the child has been placed; and 5) Any other person whose presence the court deems necessary.” Foster parents and others may present evidence through State Statute 211.464; “1. Where a child has been placed with a foster parent, with relatives or with other persons who are able and willing to permanently integrate the child into the family by adoption, the court shall provide the opportunity for such foster parent, relative or other person to present evidence for the consideration of the court. 2. Current foster parents or other legal custodians who are not seeking to adopt the child shall be given an opportunity to testify at all hearings regarding the child. Upon the filing of a petition concerning a minor child who is in the care of foster parents or other legal custodians, the court shall give notice to such foster parents or legal custodians of the filing, any future hearings held on such petition and their opportunity to testify at any subsequent hearings held in relation to such petition, unless such notice and opportunity is waived by such foster or custodial parent.”

Currently, there is no aggregated data that can advise the Courts and the Division how they are doing with giving notice to foster/adoptive parents, pre-adoptive parents, and relative caregivers.

In June 2002, the Division introduced the Know Your Rights brochure, CS-132, and a new Service Delivery Grievance Process. Providing a simple explanation of consumer rights and the Service Delivery Grievance Process, the Know Your Rights brochure is provided during first

contact with a family when providing Family-Centered Services, Family-Centered Out-of-Home Services, Intensive In-Home Services, Family Reunion Services, Independent Living Services, or Adoption and Guardianship Services. This brochure is also given upon request during the course of an assessment or investigation. These brochures and a Know Your Rights poster are placed in the receiving lobby of all county and regional offices.

The Division's Service Delivery Grievance Process allows families the opportunity to express their concerns regarding any perceived inequities, unfair treatment, or dissatisfaction with agency actions or behaviors. A grievance may be related to a variety of service provision issues.

### **Roundtable Discussions**

#### Strengths Identified

- *The Office of the State Courts Administrator provides training to judges and court personnel regarding the need to notify caregivers of hearing and allowing them to testify.*
- *Children's Division workers provide information to foster, relative and pre-adoptive parents or other caregivers if they cannot attend hearings.*
- *Information is provided to consumers about their family's rights.*

#### Challenges Identified

- *Some parents believe there is a lack of notification when meetings/hearings are to be held. Some courts are adopting the practice to set the next hearing date before ending a current hearing to help address this challenge.*
- *Foster parents are not always notified by courts causing a barrier for participation.*

#### Recommendations for Improvements

1. *Clearly define more effective ways to notify and identify who is responsible for hearing notification in what circumstances.*
2. *Allow court personnel access to the Division's management information system to help locate individuals.*
3. *Develop automated process to send notification for hearings and track contact information.*
4. *Encourage the practice of setting the next court date before concluding the current hearing and provide a court order that includes the date of the next hearing.*
5. *Develop an electronic notification system for permanency hearings for Division supervisors, circuit managers and workers.*

## C. Quality Assurance System

*C.1. Discuss how the State has complied with the requirement at Section 471 (a) (22) of the Social Security Act to develop and implement standards to ensure that children in foster care placement are provided quality services that protect their health and safety, and any effects of implementing the standards to date.*

Section 471 (a)(22) of the Social Security Act requires states to develop and implement standards that ensure children in foster care placements are provided with quality services that protect their health and safety. The State of Missouri has implemented a number of policies and licensing requirements that comply with the requirements set forth by this section of the Social Security Act. The policies and licensing requirements can be found in the state's Child Welfare Manual (CWM). The CS-1 (Child Assessment and Service Plan) form has captured the information about a child's physical and mental health.

### **Child Welfare Manual: Foster Family Home and Residential Care Agencies Licensing Rules**

Foster homes are required to meet minimal qualifications to ensure safety for the children while placed in the home. The Children's Division Child Welfare Manual mandates persons who express interest in becoming a foster parent must be licensed according to the state guidelines. The home must meet basic safety guidelines. Some of the minimal standards include adequate space for the child(ren) to sleep, a fire safety plan, a fire extinguisher and other requirements relating to basic care and safety. Additionally, the foster parent(s) must be in good physical health to be able to care for the children in their home. To assure a child's physical safety, foster parents are trained on alternative disciplinary actions, as corporal punishment is prohibited for children in foster care placements.

The *Foster/Adopt STARS (Specialized Training Assessment Resources and Support Skills Program)* training program is designed to facilitate the development of relationships between prospective foster parents, adoptive parents, co-trainers, and the Division which promote the communication necessary for team building (CWM Section 6.2.A). Through this team building the children benefit from the networking that occurs between foster parents and Children's Service Workers. This training program provides a networking and mentoring opportunity from more experienced foster and adoptive parents which in turn creates a "safety net" for children.

The Child Welfare Manual also provides guidelines for the licensure of Residential Care Agencies. The manual outlines the procedure for application, the investigation process for initial licensure and re-licensure. Protection of children is assured while placed in a Residential Care Agency as specific guidelines are in place on discipline actions which can be administered. As with foster home settings, corporal punishment is prohibited. However, due to behaviors displayed by children in these settings, staff are also trained on discipline and control functions as well as proper physical restraint techniques. In order to be licensed, Residential Care Agencies must also meet minimal guidelines for safety and fire protection. This includes maintaining adequate sanitation, space and necessary equipment to meet the child's needs. While the child is placed with the Residential Care Agency, their physical and mental health needs must

be maintained. Licensing requirements set forth the procedures regarding the Agencies responsibility to meet the child's health care, emergency medical care, psychiatric and psychological care, and medication oversight.

### **Safety Assessment in Out-of-Home Care**

ASFA requires that at the time a child is placed outside their home, the safety of the placement is assured. Further, ASFA requires the case plan include information on how the safety of the placement was considered and will be reviewed and confirmed and at a minimum of every six months.

In an effort to comply with this ASFA requirement and ensure the safety of children in kinship and foster care placements, Missouri purchased the *Confirming Safe Environments* curriculum, developed by ACTION for Child Protection. Additionally, consultation on this curriculum was obtained from National Resource Center for Child Maltreatment (NRC).

The *Confirming Safe Environments* curriculum assists staff in identifying and providing rationale for standards of care associated with kin and foster care; describes a specific work process designed to confirm and maintain child safety while in placement; demonstrates information collection skills and methods related to critical attributes of a safe environment; completing an analysis of a safe environment; and identifying conclusions based on confirming a safe environment and describing how supervision contributes to those conclusions.

Three supervisory groups (1 supervisor, 3 alternative care workers, and 1 licensing worker) were presented with this curriculum in a three-day training in May 2003. From June through August, 2003, these groups field tested the *Confirming Safe Environments* concepts and forms. In September 2003, the groups re-convened to discuss the successes, barriers, and systemic implications of the curriculum. Initial feedback and data gathered from the test sites indicate:

- Staff accepted the importance of assessing safety in out-of-home care and credited the training with being the key to their buy-in (good foundation and justification).
- Staff want the rest of their "units" and in some cases entire circuits to be trained on the curriculum.
- Staff continue to be very "form driven" in their implementation. The required forms are completed however, there needs to be more training and practice for staff to gain an understanding of the concepts and how the tool can best support their work.
- Test sites need more time to implement as they are still in a learning mode.
- Staff need increased supervisor support and clinical supervision regarding the curriculum concepts.
- Supervisors need increased support and buy-in from upper management (centrally and regionally) following increased information being provided to upper management.

The enthusiasm staff has demonstrated in response to this curriculum is encouraging. Information and data from the test sites is currently being reviewed for consideration of future use.

### **Out of Home Investigation for Alternative Care Providers**

The relationships, causative factors, and dynamics between child(ren) and alleged perpetrator(s) are entirely different in investigations involving family situations and in child caring facilities. Realizing these differences, the Out of Home Investigative (OHI) Unit functions to investigate referrals alleging child abuse and neglect in those child caring facilities. These facilities include licensed foster homes, residential treatment centers, licensed day care providers, and schools.

The OHI Unit consists of fifteen investigators, one field supervisor and a unit manager. The fifteen investigators are assigned by geographic area and are supervised by the field supervisor and unit manager. The field supervisor assists with some administrative duties. The Unit maintains a central office in Jefferson City with one full time clerical staff. Investigative records are stored in the central office regardless of where the investigation took place.

The following data covers the time period of July 1, 2001 through June 30, 2002:

#### **OHI Investigations**

<b>Type of Referral</b>	<b>Total # of Referrals</b>	<b>Probable Cause</b>	<b>Unsubstantiated</b>
<b>Licensed Child Care</b>	<b>468</b>	<b>59</b>	<b>408</b>
<b>Schools</b>	<b>460</b>	<b>34</b>	<b>399</b>
<b>Residential Treatment</b>	<b>457</b>	<b>49</b>	<b>406</b>
<b>Foster Homes</b>	<b>391</b>	<b>48</b>	<b>342</b>
<b>Other</b>	<b>284</b>	<b>57</b>	<b>227</b>

Please note: The above numbers are not only alternative care children. These numbers are reflective of all children served.

### **Roundtable Discussions**

#### Strengths Identified

- *There is good policy in place for foster parents and residential providers for safeguarding children's health and safety during an out-of-home placement.*
- *The Division's contractors do follow State regulations.*

#### Challenges Identified

- *The information system lacks medical data on foster parents and foster children. However, Jackson County has a data base available for alternative care children's medical data.*

#### Recommendations for Improvements

1. *Federal/National (across states) database for child abuse and neglect background checks is recommended.*
2. *Conduct more in depth criminal checks.*
3. *Fingerprint every member of foster/adopt family over 18 years of age.*

**C.2.** *Discuss the effectiveness of the agency's quality assurance system in helping to ensure safety, permanency, and well-being for children served by the agency and their families in all jurisdictions of the State. In responding, discuss the jurisdictions in the State covered by the*

*quality assurance procedures, the capacity of the system to evaluate the adequacy and quality of the State's child and family services system, and its capacity to produce information leading to program improvements.*

### **Statewide Efforts**

In Missouri, quality assurance exists at every level. As described in Section II, A., question 1, the Continuous Quality Improvement (CQI) is the structure for the quality assurance effort. CQI uses case related data in an aggregated, non-identifying way to provide feedback and accountability to staff in a timely manner. Individual workers and supervisory units then use the information and take inventory of their individual and unit strengths and weaknesses. CQI is not intended to replace supervision. As Fotena Zirp, an expert in the CQI process has stated, "CQI and Supervision provide complimentary functions to the agency. The supervisor's change is to provide personal feedback to staff and to work with employees on remediating weaknesses and building on strengths. The CQI process looks at a different piece of the work environment. Its job is to look at processes and programs and to remove barriers that exist in doing the work. The specific work of the individual workers is not the focus, but rather the system that all workers function within."

Supervisory staff is responsible for ongoing case reviews which monitor service effectiveness and agency success in providing time-limited services. The first level supervisor conducts a formal case review of each treatment services case at the completion of each treatment plan period. This review occurs at a minimum of every 90 days. The supervisor's comments, recommendations regarding case closure and signature are listed on the Treatment Summary Page of the Family Assessment. During this review, the supervisor reviews the case record for duplicate material, and ensures that duplicate material and information are removed from the case record.

The first level supervisor conducts a formal case review at the end of each treatment plan. Case consultations focus upon the effectiveness of services and the reduction of risk. Risk factors are compared to those existing at the beginning of the treatment plan. A new assessment and treatment plan is due within 30 days of the plan's expiration.

### **Missouri's Peer Review Process**

Missouri has two direct avenues for quality assurance, peer reviews and outcome data, which feeds into the overall CQI System. The goal of Missouri's peer review process is to assure quality services are provided to children and families served by the Division. Ongoing quality improvement efforts include a comprehensive examination of the status of families and children receiving child welfare services, how well the services systems are performing to meet the needs of children and families, and the documentation of such services. These two components include the Practice Development Review (PDR) and the Peer Record Review (PRR).

#### Practice Development Review

The Practice Development Review (PDR) is based on Service Testing™ methods. The PDR uses a performance appraisal process to conclude how children and families are benefiting from services. Key indicators are used to determine the status of children and families and the performance of key service system functions. This approach is designed

to look at outcomes for individual children and families and for the service system as a whole. The purpose is to identify strengths and areas of needed improvement. Improved system performance, strengthened front-line practice, and achievement of better results for children and families are the goals of the process. The PDR provides a combination of quantitative and qualitative data that reveal in detail what is working now for a child and family. The PDR examines the current status for children and their caregivers and the impact of the service system on their status. The PDR results are useful in understanding and improving the practices of the division as well as other child and family service agencies.

Teams comprised of two individuals conduct the review at the designated site. Each team member completes a training session prior to the review. The review is comprised of a random sample of children who are from intact families as well as children in out of home care. The number of children reviewed is from 12 to 24 families, depending on the size of the review site.

The review spans approximately five days and the review teams review two families. The review team begins by familiarizing themselves with the “core story” by reviewing the family case record. To obtain additional information, interviews are conducted with key informants such as the child, their foster parent, the biological parent and service providers. Upon obtaining the case information, the review teams use the PDR Protocol “Blue Book” to rate the status of the child and overall service system performance.

Each review team has an opportunity to debrief with the other review teams. This provides an opportunity to process the information and receive feedback from the other reviewers regarding their findings. The debriefing serves as a time for reflection on the cases being reviewed and a time to develop a composite of the strengths and areas of needed improvement in the site being reviewed.

Concurrent to the case review is a process for interviewing community stakeholders. Information is gained from stakeholders, providing a general sense of how they perceive the status of children and families and the service system in the community. The interviewers use the designated protocol which mirrors the key status indicators utilized in the child and family interviews. Information gathered from these interviews is shared with the review teams, aggregated and contained in the final PDR site report.

The final phase of the review process is to share the findings with local Children’s Division staff and community stakeholders. Each review team has an opportunity to meet with the Children’s Division Worker and Supervisor assigned to the child’s case that was reviewed. At this time, they discuss their findings and provide feedback and any suggestions that may be necessary. The Children’s Division Worker also has the opportunity to ask questions and provide any additional information. Upon the conclusion of these meetings, the Central Office PDR Coordinator presents the aggregate findings and trends to the Children’s Division Staff and community stakeholders in a wrap-up community presentation. This presentation includes an opportunity for community members to ask questions and provide feedback.

All of the PDR results are posted on the intranet and all Children's Division's employees have access to the information.

#### Peer Record Review

The Peer Record Review (PRR) is a strategy designed to ensure documentation of essential service components exist in the family record, provide objective input regarding quality service provision, and identify systemic barriers to quality services. The process is to help ensure that the documentation captures the "story" of the family and/or child and that the services provided are appropriate and comprehensive.

The PRR is intended to be supportive in nature. Throughout the process, reviewers are asked to identify strengths in the records. Reviewers are expected to share their findings as well as the areas of needed improvement with staff through the use of the Peer Record Review Protocol. In addition to the Children's Division Worker gaining a new perspective, an added advantage of the process is the knowledge and skill enhancement of the reviewer.

The PRR is completed on a quarterly basis. The number of cases selected for each site is dependent upon the size of the service population. Approximately 2.5% of case will be reviewed each quarter. The review includes a random sample of Child Abuse/Neglect cases, Family Centered Service cases, and Out-of-Home Care cases. These are cases that are currently open or have been recently closed. Recently closed cases are those that have been closed within three months immediately preceding the quarter in which the review is being conducted. Adoption and Intensive In-Home Service cases are reviewed every six months on a statewide basis.

All staff has the opportunity to participate in the PRR process, yet it is intended that front-line staff complete the majority of the reviews. To prevent a conflict of interest and maintain objectivity, reviewers do not review any case in which they are or have ever been involved. Additionally, supervisors do not review any case in which their staff has worked with directly. Reviewers are provided the case record to obtain the information for the review. The reviewers use the Peer Record Review Protocol for each record reviewed. Once completed, the information is entered into the statewide database.

Once the information is entered into the database it is generated into reports reflecting results for each site, area and state as a whole. The information is provided back to the individual sites for further analysis and problem solving. The Division extracts the information and develops a plan for improving on-going service delivery in areas found needing improvement as well as develop processes to build upon the strengths found from the review.

All of the PRR results are posted on the intranet and all Children's Division's employees have access to the information.

Information gained through the two reviews is used to continually measure and enhance the quality of services provided to families and children being served by the division. Both processes are designed to be supportive of staff for continuous quality improvement. The reviews are designed to provide direct feedback to front-line staff, supervisors, and administration to assist them in improving child welfare services.

### **Missouri Child Welfare Outcomes Reports**

The second avenue uses outcomes and outcome measures to monitor agency performance and guide future initiatives. The term *outcome* is interchangeable with goal. These are results that the agency desires to achieve and reflect a condition of well-being for children, adults, families, and communities. Outcomes cross all program lines. *Outcome measures* are quantifiable information that indicates the degree to which desired outcomes are being achieved and provide a mechanism for evaluation of performance. Multiple measures can be used to fully indicate the degree to which the outcome is being achieved. A task force was formed to develop the outcome measures. Each of the outcome measures fits into one of the domains of safety, permanency and stability, well-being and quality assurance. The task force began by examining the overall outcomes/goals set by the Children's Bureau which include:

- Children are first, and foremost, protected from abuse and neglect,
- Children are safely maintained in their homes whenever possible and appropriate,
- Children have permanency and stability in their living situations,
- The continuity of family relationships and connections is preserved for children,
- Families have enhanced capacity to provide for their children's needs,
- Children receive appropriate services to meet their educational needs, and
- Children receive adequate services to meet their physical and mental health needs.

This information helped provide a framework for the development of each of the outcome measures. In addition to adopting those measures developed by the Children's Bureau, the task force decided upon other outcome measures. Examples of these outcome measures include the timeliness of the initial child contact when investigating child abuse/neglect hotlines, timeliness of completion of child abuse/neglect hotlines, adoption disruptions, placing children with relative care providers and the number of Family Centered Service Cases open over 12 months. These outcomes are believed to be reflective of good practice and paramount goals already established by the agency.

### **Central Office Constituent Response Unit**

In Central Office, a unit has been formed to respond to communication from consumers in the form of letters, calls, and email. This unit has streamlined constituent concerns by maintaining a tracking log and providing consistency in addressing child welfare issues. The diversity of knowledge of the unit members includes a working knowledge of resources to familiarity with policies and best practices of social work.

During calendar year 2002, a total of 2,409 responses were logged. The constituent concerns were received by a variety of means; 692 from emails; 432 from letters; 1,260 were phone calls, 20 were handled in person; 5 were from surveys. The Division uses the constituent tracking log for evaluating the Children Protection System and identifies potential improvements areas.

### **Jackson County Quality Assurance System**

The following descriptors are quality assurance efforts that have been established as a result of the Jackson County Consent Decree, *G.L. v. Stangler*. As part of the Consent Decree, an external Monitoring Committee also reviews the outcomes from all efforts in Jackson County and identifies action steps needed for improvement. The Monitoring Committee reports to the Federal Court the progress of the Jackson County Children's Division in meeting the requirements outline in the Exit Plan of the Consent Decree.

Semi-Annual Report of Compliance: Various case reviews are completed to provide the information for this report. The reviews are as follows:

- **Omnibus Reviews**-This review measures the compliance with the exit requirements contained in the Modified Consent Decree. These requirements include information provided to the child and alternative care provider at the time of placement, completion of pre-placement visits, parent/child and child/sibling visits, visits between the Children's Service Worker and child at the foster home, obtaining medical information for children, timeliness of case planning conferences, and attendance at case planning conferences. A random sample of approximately 141 records is reviewed for each semi-annual review.
- **Adoption Review**: Approximately 115 cases are reviewed for each semi-annual review to gather information to determine compliance with the adoption requirements. This review looks at the timeliness of the goal change and adoption planning process, timely review of adoption case plans, and timeliness of completing adoption recruitment activities to find an adoptive home.
- **Licensing Review**: The universe for this semi-annual review includes all newly licensed foster homes, as well as those needing re-licensure during the specified review period. The review monitors the timeliness of the licensure activity, including determining if the foster home meets state regulations for safety, all training requirements have been met, and that a Child Abuse/Neglect (CA/N) and criminal background check have been completed on the perspective foster parent(s) prior to initial or re-licensure.
- **Maltreatment of children in foster homes**-This review looks at all aspects of the investigations, why the child is in the care, was the child a victim of abuse/neglect or inappropriate discipline. This review monitors the compliance of timeliness of reporting the incident, timeliness of completing the report, if a staffing is held to determine any corrective action or revocation for the foster home, and the timeliness of the Program Administrator signing the completed investigation. The review also monitors the children who had been placed in homes on suspension for substantiated hotlines of abuse/neglect or inappropriate discipline.
- **Monthly PDR for Medical/Dental, Planning and Service Provision**: A random sample of 85 cases is selected during each semi-annual reporting. Using the PDR model, the reviewer completes a case record review as well as conducts in-person interviews with the service team members. The reviewer gathers information to determine the timeliness of dental examinations and required follow up services, timeliness of medical examinations and required follow up services, timeliness of case planning conferences and timeliness of the provision of identified services.

**Semi-Annual Community PDR:** This review is conducted in March and September of each year. A random sample of ten (10) to twelve (12) cases of children in the legal custody of the Children's Division is reviewed each period. The PDR method of service testing is used for this review. Information from this review is shared with Children's Division staff and community stakeholders, as well as with the Community Quality Assurance Committee (CQAC). The CQAC is comprised of professionals from child welfare and related disciplines in Jackson County. Professional members include a pediatric physician from a local children's hospital, an instructor of Social Work from an area university, a representative from Family Court, a Teaching Foster Parent, and representatives from area organizations such as Department of Mental Health, Domestic Violence Network, Cornerstones of Care Residential Care Agencies, and others. The members encompass a broad spectrum of professionals who create a multi-disciplinary perspective in carrying out the Committee functions.

The purpose of the CQAC is to ensure that program policy and practice improvements gained through the *G.L. v. Stangler* Modified Consent Decree are continued and expanded once Court jurisdiction is terminated. The members of the CQAC have been trained on the PDR process and are required to participate with the "story telling" time at the conclusion of each review. Participation in this part of the process provides a better understanding of the circumstances of the cases reviewed. The findings of the review are included in a written report which contains observations, comments and suggestions or recommendations for improvement for the Division and service community as a whole. The CQAC publishes this report semi-annually to local community stakeholders. The committee member's review the recommendations periodically to oversee completion and formulate action plans to overcome barriers when necessary.

### **Management Reviews**

Each month, the second level supervisor reviews ten percent (10%) of the county's cases (or five [5] cases, whichever is the greater amount) which meet the following criteria: 1) The case has been open eight (8) months or longer; 2) The case has no court involvement; and 3) The case has been randomly selected from the county's total non-court involved.

Case reviews by second level supervisors and area staff are intended to evaluate the effectiveness of the social service worker's Family-Centered approach and looking at first level supervision which holds the responsibility for ensuring such services are appropriately time-limited. Recommendations are considered for whether a case should be closed or remain open.

Each month, the Area Director or designee reviews 50% of the county's cases (or one [1] case, whichever is the greater amount) which meet the following criteria: 1) The case has been open 12 months or longer; 2) It has no court involvement; and 3) It has been randomly selected from the county's total non-court involved treatment services caseload.

The Area Director or designee also reviews all of the county's cases that meet the following criteria: 1) The case has been open 16 months or longer; and 2) It has no court involvement. Each case in this category is reviewed again at four-month intervals (i.e., a case that has been opened for 16 months will again be reviewed at 20 months and again at 24 months, and so on).

## Consumer Surveys

In efforts to build a total quality organizational culture, it is important to receive feedback from the children and families partnered with the Division. Their input helps to shape the service delivery system in a positive manner. The concept of gaining consumer feedback and using it to improve practice is interwoven throughout the Council on Accreditation Standards of Best Practice. The Division has been gaining consumer feedback for many years through the use of consumer survey letters, Family-centered Practice, and Family Support Team Meetings. The agency is a leader in this philosophy and practice in the child welfare field.

A team (including participants) from all levels of the organization took the initiative to develop a new survey mechanism. The surveys are generated and sent from the Department of Social Services' Research and Evaluation Unit. The process does not require staff to distribute surveys to those served by the agency. The surveys are sent based upon the information in the agency's computer system. Every survey mailed includes a self-addressed stamped envelope to facilitate a higher response rate and assure confidentiality. This feedback is entered into a database, aggregated, and sent in report form to the County and Area offices for review through our Continuous Quality Improvement (CQI) process.

There are five surveys that are distributed to obtain feedback from our consumers. The consumers targeted include: youth in out-of-home care; adults being served through the Family-centered Services or Family Centered Out-of-Home Care; adults served through IIS; adults who have recently had a completed investigation or assessment; and foster/relative care providers. Each survey addresses broad issues such as participation in the service delivery process, how they were treated, if their needs were met, and the availability of staff. In addition, each survey contains a few items that address the specific needs of each targeted respondent.

The Children's Division began sending out client and foster/relative family surveys in July, 2001. Each month the following surveys are sent:

- A random sample of 10% of families who recently completed a CA/N hotline
- A random sample of 10% of families who recently completed the IIS program
- A random sample of 10% of families who are active FCS cases
- A random sample of 100 active Youth in agency custody age 12+
- A random sample of 50 active Foster/Relative Families

Measures are taken to survey youth in agency custody and Foster/Relative families no more than one time per year.

To date the agency's response has been:

	<b>SENT</b>	<b>RETURNED</b>	<b>RESPONSE RATE</b>
CA/N	9080	1087	12%
IIS	2292	325	14%
FCS	5355	569	11%
LS1	2700	917	34%
VENDOR	1350	483	36%

## **Roundtable Discussions**

### Strengths Identified

- *The Practice Development Review is good for determining child status, how the system is performing and input from community partners.*
- *Outcome measures reports are another data source for driving practice.*
- *Peer Record Case review and administrative case review are essential for evaluating service compliance.*
- *The use and the continued use of the information from Consumer Surveys in driving policy and practice changes.*

### Challenges Identified

- *There is a need for a definition of the well-being measures.*

### Recommendations for Improvement

1. *Benchmarks for measuring well-being need to be further defined by the Federal and State governments.*
2. *Use of a peer review tool for administrative reviews*
3. *Increase the use of Peer Review information in CQI team meetings to identify trends and make improvements.*
4. *Glean information from constituent log for analysis and identify trends.*

## D. Staff and Provider Training

*D.1. Citing any data available to the State on the numbers and timeframes of staff trained, discuss the effectiveness of the State's initial and ongoing training for all child welfare staff employed by the agency that includes the basic skills and knowledge required for their positions.*

### Overview

The Children's Division Staff Training and Development Unit directly provides training to various levels of staff throughout the 115 local offices in the state of Missouri. Staff Training Unit also collaborates in the development and delivery of training programs with many other agencies and disciplines who serve children and families. The initial in-service Basic Orientation Training provided to new front line and contracted agency staff, as well as the training for foster parents, is conducted in a central location. Many of the ongoing in-service and regionally requested trainings are conducted in geographic locations throughout the state to accommodate staff and community partners. Children's Division Staff Training strives to be responsive on a continual basis to meet the needs of staff.

### Child Welfare Practice Basic Orientation Training -Initial In-Service

The Child Welfare Practice Basic Orientation Training (CWPT) is a competency based curriculum provided to new Children's Services Workers as well as contracted agency staff that provide case management services to families served by the Children's Division. The training is based on agency policy and includes social work knowledge and skills needed to implement policy and best practice. All new staff are required to attend the training.

This initial in-service training takes place during the first 3 months of employment and includes 129 hours of classroom training. The training is structured so that staff attend a one week classroom session followed by approximately one week of on-the-job training in the field office. The classes are structured sequentially which means the content from each class builds upon the previous session.

The training is provided 6 times per year with up to three sessions occurring simultaneously to accommodate newly hired staff. The classes average 20 staff per session to provide the optimal training and learning conditions. It combines classroom teaching by Children's Division staff trainers with suggested on-the-job training that is under the direction of the first level supervisor. In FY 2003 a total of approximately 360 new employees and contractors attended CWPT classes.

There are five classes in the curriculum:

- **Class One -Family Centered Philosophy and Skills Training-32 hours**  
Participants are introduced to the agency role in responding to child abuse and neglect reports, the laws that govern practice, the principles of family-centered, strengths based practice, and the basics of assessing a family's strengths through the use of assessment tools.

- **Class Two-Child Abuse and Neglect Investigations/Family Assessments and Application of the Family Centered Philosophy and Skills to working with Intact Families-32 hours**  
Participants focus upon the identification of child abuse and neglect, the types of abuse and neglect, screening of reports and referrals, the process of initiating and conducting investigations and family assessments, safety and risk assessment, treatment planning, as well as the process for providing ongoing services to intact families.
- **Class Three-Expedited Permanency and Out of Home Care and Application of the Family Centered Philosophy and Skills to Out of Home Care-32 hours**  
Participants receive an introduction to the impact of out of home placement on children and families, placement standards/policy/procedures, the guidelines of ASFA, how to plan for and expedite permanency, reasonable efforts, visitation issues, concurrent planning, and facilitating family support team meetings. Trainees also practice providing court testimony under direct examination and cross examination.
- **Class Four-Reinforcement and Evaluation-16 hours**  
Participants practice skills learned in the previous CWPT classes utilizing role play. Trainees follow a simulated family through the process from intake, responding to a hotline report, assessment and treatment services, the out of home care process, and then reunification and termination of services. During the session, trainers provide direct verbal feedback to trainees. Upon completion of the skills practice and role play session, trainers provide written evaluation and feedback to the supervisor of each trainee.
- **Children's Services Systems Training-17 hours**  
This computer class offers participants hands-on individual experience in entering, inquiring, and updating information in the Children's Services' data system. This session is provided between classes three and four.

### **On-The-Job Training**

On-the Job Training (OJT) is an important component within the curriculum to ensure the transfer of learning takes place at the local level. OJT is structured to occur before, during, and after the classroom sessions. Prior to the first class, supervisors and the new Children's Service Workers receive OJT handbooks that suggest a variety of skill building experiences. Currently, the OJT is more formalized in some circuits and less structured in others. Circuits can tailor their OJT to meet their specific needs. The OJT training assists employee development and is a shared task between the supervisor and employee. The front line supervisor also has a major impact in helping the new worker use classroom material and applying it to the work in the field. Reduced caseloads are recommended during the entire training period. However, due to current staff shortages across the state, staff in some circuits begin receiving cases prior to the completion of training.

### **Enrollment and Attendance**

The personnel unit provides Staff Training Unit with a list of all newly hired staff. The staff are then scheduled into the next available training session. Depending upon the hire date, some staff

may report directly to the training for their first day of employment. Others may be in the field office 3-4 weeks prior to beginning their first training session.

Contracted agencies that provide case management services for the Children's Division must also attend the training and follow the same enrollment and attendance procedures. However, the contracted providers who are required to attend the training coordinate their enrollment through area liaisons of the Children's Division.

### **Annual Training Calendar**

An annual training calendar is distributed at the beginning of each fiscal year to all counties and contract agencies statewide so that staff and management can plan accordingly. The calendar contains all regularly scheduled training sessions such as CWP Basic Orientation, Domestic Violence, and STARS/ Spaulding Train the Trainer courses. Other training courses that are developed and provided throughout the year are announced via a statewide memo and followed by a detailed memo to each participant. The calendar also provides pertinent information regarding the composition of the Staff Training Unit, management of specific training courses, and general procedures for enrollment, attendance, and tracking.

### **Jackson County Staff Training**

The Consent Decree in Jackson County mandates specific training requirements for staff that fall under the umbrella of its monitoring methodology. These staff are those who carry cases or who work with cases of class members (those who are in the legal custody of the division). Training is open to all staff, but required by those specified in the Consent Decree. The specific requirements are as follows:

- 105 hours of BASIC orientation for new Children's Division worker
  - 8 hours specifically pertaining to Adoption issues
  - 8 hours specifically pertaining to Placement issues
- 105 hours of BOSS (Supervisor Orientation Training) for all new supervisors
- 30 hours of In-Service Training each year for staff (Children's Service Worker, Supervisors and Management Staff) who have reached their 2<sup>nd</sup> or greater anniversary with the division
  - 8 hours specifically focused on Adoption issues
  - 8 hours specifically focused on Placement issues
- 8 hours of in-service each year for clerical staff
- 8 hours of pre-service for paraprofessional staff
- 8 hours of in-service each year for paraprofessional staff
- A non-specified amount of in-service training each year for staff who license foster homes.

The orientation training curriculum was developed by the Children's Division Staff Training and Development Unit and used throughout the state. The in-service training is completed in Jackson County by guest trainers or the Jackson County based Training Unit staff. As stated, eight hours must focus on adoption issues and eight hours must focus on placement issues. Additional in-service training topics are determined from the result of a needs assessment, completed each year, or issues of concern found from the various reviews completed in Jackson County.

Examples of the training available to staff are Medical Aspects, which is an on-going curriculum developed in conjunction with staff from Children's Mercy Hospital in Kansas City. The curriculum covers issues such as childhood diseases, failure to thrive, skin injuries, and head/skeletal injuries. Each training session is four hours in length. Additional training opportunities include stress management, conflict resolution, time management, poverty simulation training, sexual harassment, educational interventions, and the Franklin Covey 7 Habits of Highly Effective People. Staff also have an opportunity to participate in computer training as well as other training opportunities as they arise.

### **Ongoing In-Service Training for Children's Division Staff**

In addition to the required initial in-service for new staff, ongoing in-service training is provided based on identified needs and/or policy changes. Currently, there are several in-service trainings provided by Children's Services Staff Training on a regular basis each year. However, since many of the trainings are based on changes in agency policy, there is not a structured ongoing in-service core curriculum offered at this time. Staff can also attend local workshops, seminars or trainings, provided by others educators or trainers, external to Staff Training and Development, however these must be job related and provide new skill development and/or skill and knowledge enhancement to be counted as hours of in-service training. The Training Attendance Record (TARS) with supporting documentation of subject matter are submitted to Staff Training for approval and entry into the Training Tracking System.

**There are plans currently in progress to develop a competency based, two year curriculum structure for staff which will include both initial in-service and more advanced ongoing in-service core curricula.**

- **Chapter 210 CA/N Training**--Front line staff who conduct Child Abuse/ Neglect Hotline referrals are required per state statute, Chapter 210.RSMo. to obtain 20 hours of ongoing in-service related training per year. Children's Division Staff Training and Development provides new training each year for CA/N staff based upon identified need. Although Staff Training may provide all or a portion of the annual requirement, field staff may also attend other trainings or workshops such as the State or regional Child Abuse/Neglect conference, or the State Technical Assistance Team Training (STAT) to complete the required hours. Community trainings provided by other disciplines such as local law enforcement, Health Department, Child Advocacy Centers and other local agencies may also count towards the training requirement. During SFY-03, Structured Decision Making Training was provided to over 950 Child Abuse/Neglect staff statewide which counted towards the annual Chapter 210 requirement and also served to assist in the implementation of new policy and practice.
- **Domestic Violence Training**--Each year, the Children's Division, and the Family Support Division, in collaboration with the Missouri Coalition Against Domestic Violence provide quarterly cross- training to staff who work with families impacted by domestic violence. During SFY-03, a total of 113 staff were trained.

- **Office of State Courts Administrator/Children’s Division Multi-Disciplinary Training**--This in-service training is provided regularly each year for juvenile court staff, regarding response to Child Abuse/Neglect, roles and responsibilities, assessing and reporting.

In addition to the regularly scheduled in-service trainings noted above, the following were provided during FY 2002-2003:

- **Bench Card Regional Multi-disciplinary Training**--In May and June, 2003, the Children’s Division and the Family Court Committee, in collaboration with the Juvenile Court Improvement Project, conducted regional, multi-disciplinary workshops which assisted Juvenile and Family Court and other key stakeholders in the utilization and implementation of the Best Practices Recommendations Resource Guide. The workshop was a requirement for all judges and family court commissioners who hear Juvenile Court Child Abuse and Neglect cases. In addition, the training was provided to juvenile officers who handle these cases, Juvenile Court attorneys, GALs, CASA volunteers and Children’s Division workers, supervisors and training staff. The Supreme Court Family Court Committee completed the second installment of the Missouri Resource Guide for “Best Practices in Child Abuse and Neglect Cases”. This installment, which was provided to participants at the training, included information about the dispositional review hearing, permanency hearing, and post-permanency hearing. It also provided information related to ASFA, the Indian Child Welfare Act, ICPC, and MEPA. A total of approximately 400 Children’s Division staff and 600 court participants attended the training.
- **Cross Training for Residential Care Treatment Providers**--Staff Training and Development assisted in the production of a video and training material that will be used in the cross-training of residential treatment providers. The training content included information about the child abuse and neglect statutes in Missouri, when and how to report suspected abuse/ neglect, and the process for investigation in a residential setting.
- **Interstate Compact Placement of Children Training**--The Children’s Division Staff Training and Development Unit provided training on ICPC procedures to over 90 staff.
- **Structured Decision Making Training**--In collaboration with the Children’s Research Center (CRC) and with input from field staff throughout the state, the Children’s Division developed procedures to implement the Structured Decision Making model. During September 2002-May 2003, Staff Training and the Child Abuse/Neglect Policy Unit provided statewide training on Structured Decision Making to over 950 front line field staff. Staff were provided a demonstration and skills practice using the tools which included the CA/N Screen In Criteria, Response Priority, Track Assignment, Safety and Risk Assessment tools and a new Investigation/Assessment summary tool. Child Welfare Practice Initial In-Service Training was also updated to reflect the new Structured Decision Making (SDM) content and will continue to be provided to new staff.

### **Ongoing In-Service Training Development**

In addition to the in-service training listed above, the following are in the process of being developed and implemented:

- Child Abuse/Neglect Hotline Unit Call Response/Protocol Training
- Police Chiefs' Association/Children's Division Training for Division staff, law enforcement and Juvenile Court staff
- Peaceful Intervention/De-escalation Training for Division staff and foster parents
- Families Impacted By Drugs Training for Division staff and Intensive In-home Services staff

### **Assessment of Training Needs**

Training needs are assessed regularly in several different ways. General trends and needs are identified through processes such as Continuous Quality Improvement (CQI), the Peer Record Review (PRR), the annual Survey of Organizational Excellence (SOE), and the Practice Development Reviews (PDR). Specific trainings are developed based on field staff needs, ideas and suggestions, while other trainings are developed as a result of new agency policy implementation. This is usually done through a statewide training effort in which all Children's Division staff are trained directly by Children's Division Staff Trainers, or through a Train the Trainer process. Although there is frequent communication between training, policy and field staff, the formation of a training advisory committee is being explored so that annual training needs can be addressed in a more consistent, structured manner across the state. In addition, the creation of an individual development plan is being explored so that staff and their supervisor will have a process to assist in identifying specific professional development needs of the employee.

### **Evaluation and Effectiveness of Training**

The effectiveness of the State's initial training is measured by written evaluations per class, informal feedback from field staff, and practice activities whereby trainees demonstrate their knowledge and skills. In CWP Basic Orientation for example, the fourth class is dedicated to several days of role play activity and skill demonstration where trainee performance is assessed. The effectiveness of Children's Division training was also externally evaluated by the Council on Accreditation (COA) during site visits in 2001. The initial in-service CWP Basic Orientation Training for new staff was assessed and was considered to meet COA standards. However, an identified need was specialized ongoing in-service training for staff.

After each class of initial Child Welfare Practice Basic Orientation Training, participants are encouraged to complete a written evaluation of the training. This evaluation is composed of many open-ended questions asking for the participant's opinion on the content and usefulness of the training. Five questions are asked using a Likert-type scale to record their reactions. Of those five questions, 3 were selected which come the closest to evaluating the training's effectiveness. These were: 1) The subject matter was adequately covered; 2) The content was suitable for background and experience of the participant; and 3) The handouts were relevant to the work to be completed.

On a scale of 1 to 4 (1 = Strongly disagree; 2 = Disagree; 3 = Agree; 4 = Strongly Agree) participant's rank each question for each training they attend. As there were 3 questions being considered, a total score of 12 (3 X 4) would be assigned if the participant scored all 3 questions as a 4. Thus, 12 would be the highest score possible and 3 the lowest. As the lowest score that could be given if the participant agreed with all 3 questions would be 9, a score of 8 or less was used to indicate a participant did not consider the training class effective.

The initial training for Children's Division staff consists of 5 classes. However, for purposes of this data collection and review, the *computers systems training class* was not included. During SFY-03, 8 sessions of CWP training were conducted.

		Class One	Class Two	Class Three	Class Four
<b>SFY-01</b>	# Attended	77	81	61*	60*
	# Evaluations	67	69	54	58
	# Effective	61	63	46	52
	<b>% Effective</b>	<b>91.0</b>	<b>91.3</b>	<b>85.1</b>	<b>89.6</b>
<b>SFY-02</b>	# Attended	42	49	32*	31*
	# Evaluations	39	47	29	30
	# Effective	36	44	22	28
	<b>% Effective</b>	<b>92.3</b>	<b>93.6</b>	<b>75.8</b>	<b>93.3</b>
<b>SFY-03</b>	# Attended	213	214	175	193*
	# Evaluations	207	206	166	171
	# Effective	193	196	150	160
	<b>% Effective</b>	<b>93.2</b>	<b>95.1</b>	<b>90.3</b>	<b>94.1</b>

\*Does not include Jackson County data. Jackson County staff are trained locally for Classes Three and Four of the CWP

#### Basic Orientation Training.

For Class One 93% reported the class was effective. For Class Two, 95% reported the class was effective. Class Three had 90% reporting the class was effective. Class Four had 94% reporting the class was effective.

As a comparison, 2 random sessions for each of the two previous fiscal years were examined. Comparatively, during SFY-01, for Class One, 91% rated the class effective. Class two as rated effective 91% of the time. Class Three reported an 85% effectiveness rate and Class Four 90%. During SFY-02, Class One had 92% reporting the class was effective, Class Two had 94%, Class Three 76% and Class Four 93%.

## Curriculum Oversight

### Screening Teams for CWP Training

Since CWP Training for new staff is based in agency policy, there was a recognized need to develop an ongoing process to ensure all new policies and procedures were integrated into the curriculum in a timely manner. Therefore, screening teams were developed within the Staff Training Unit to review new draft policy and determine how best to integrate the policy into the curriculum for new staff. There are currently four teams of two trainers who are assigned and

each team is responsible for a specific content area within the curriculum. The training staff and policy units work closely together to ensure all program areas are addressed.

### **Policy Review Teams**

In addition to the screening teams for curriculum, there is also a policy review team made up of representatives from field staff, program development specialists and training staff. This team reviews draft policy and makes suggestions prior to policy implementation. The screening teams for CWP Training also consider this information when revising the training curriculum.

### **CWP Redesign-Development of Two Year Curriculum Structure**

New Children's Services workers need additional training beyond the current initial in-service training in order to be able to assume more readily their job responsibilities. The design of a structured 2-year curriculum for new staff is being developed. This two-year curriculum will incorporate initial in-service training for newly hired staff and will also provide advanced in-service skill development for the CS worker and supervisor within their first two years of employment.

### **Specialized Investigation/Assessment Advanced In-Service Training**

As part of the development of a two-year curriculum provided to front-line staff and supervisors, in 2002 the training unit began developing competency based, specialized investigation and assessment training. This was in conjunction with policy staff, front line workers and supervisory staff. Following the initial in-service CWP Basic Orientation sessions which occur during the first three months, this advanced ongoing in-service module will occur during the 6-12 month period. This module is the first in the development of several specialized modules that will be provided to front line staff, depending on their job duties i.e.; investigation/assessment, Family-Centered Services with intact families ,or Family Centered Out of Home Care. This specialized training will initially be piloted in two areas of the State. Trainers have been assigned to serve as liaisons in specified geographic locations to assist in the development and delivery of the training and jointly assess additional training needs with field staff. This effort will continue through SFY-04 with plans to implement on a statewide level.

### **Supervisor Training and Curriculum Development**

Due to budget constraints, the statewide initial in-service training for new supervisors, Basic Orientation Supervisory Skills (BOSS) has been on hold with the exception of Jackson County where it continues to be provided on a regular basis per the consent decree requirements. Staff Training was also able to provide one session of BOSS for the St. Louis Metro Area this past year for front line supervisors. There have been several other special requested supervisory trainings to meet regional needs. During SFY03, Staff Training, in conjunction with local field staff, developed and provided supervisory training which focused on action planning, specialized program areas, personnel issues such as how to deal with conduct, discipline, performance, and time management.

Although BOSS Training has provided a general framework for supervisors, it was originally developed to meet the needs of not only Children's Division staff, but also Family Support Division (income maintenance) staff as well as clerical staff. It is recognized that supervisors who deal with Child Welfare need a model of supervision that provides both a clinical and

administrative focus. Therefore, several initiatives are currently underway to meet the needs of Children's Division supervisors.

- **Clinical Skills for Supervisors Role Demonstration Model-University of Missouri-Columbia and DFS**

As the recipients of a 3 year grant through the Southern Regional Quality Improvement Center for Child Protection, the University of Missouri-Columbia is working in collaboration with Children's Division and Prevent Child Abuse Missouri to develop and provide intensive clinical training and individual mentoring to 30 first line Supervisors in two sites, one rural (Southeast Missouri) and one metropolitan (St. Louis County). The approach designed to be tested focuses on a supervisor-as-teacher system in which actual and simulated demonstration of desired techniques and skills is stressed. Supervisors model case intervention behaviors and workers learn by observation, discussion and analysis of observed practice. Matched comparison sites have been selected and turnover, employee satisfaction, clinical performance, client outcomes and organizational climate will be regularly measured and compared using both standardized instruments and case audit techniques. The first and second modules of training were conducted between June and September 2003 with additional modules of training scheduled for SFY-04 and SFY-05.

- **Two Year Supervisor Curriculum for Front Line Supervisory Staff**

In addition to the three year grant project, the Staff Training and Development Unit with assistance from the Child Welfare Practice Group, is developing a comprehensive skills based training curriculum that will be provided statewide to front line supervisors during their first two years as a new supervisor. The training structure will provide both the initial in-service and the advanced ongoing in-service modules. Curriculum development will focus on Leadership, the parallel process of being strengths based and solution focused, decision making, conflict resolution, case consultation, worker development and performance, ethical and liability issues, administrative duties, teamwork and teambuilding, conducting meetings, crisis intervention, community collaboration, boundary issues, mediation, facilitating change.

- **Child Welfare League of America Curriculum**

As the recipient of a grant through the Children's Justice Act in SFY-03, Children's Division staff trainers attended a train the trainer and received curriculum developed by the Child Welfare League of America on Effective Supervisory Practice. This curriculum will also be used in the development of the above mentioned statewide Children's Division supervisory training.

**NOTE\*\* All three supervisor training initiatives above will be utilized as part of the overall development of a statewide supervisor training program structure for CS front line supervisory staff and will include both initial in-service and advanced in-service.**

### **Educational Programs -Schools of Social Work**

The state of Missouri collaborates with several universities in the state that have an accredited undergraduate and/or graduate school of social work, to provide either full-time or part-time

MSW education to Children's Division employees at the worker and supervisory levels, and BSW level education to senior year students preparing for employment.

Missouri statutes and regulations of the Office of Administration require the state agencies to contract with any body or entity when the amount of funds to be spent would be over \$3,000. Since the education costs per student would be over this amount, the contracting procedure is in place. Each university contributes 25% of the total amount of the contract, with the state providing the 75% with subsequent billing to Title IV-E.

The process of contracting allows the university and the state to work together to determine topics for courses that should be developed as electives for the students. The requisite courses and the electives provide a degree of preparation for the work the student is to do, upon graduation, in the case of the BSW student, and upon return to work for the MSW student/employee.

The field instructor of each university contracted to provide the BSW education experience supervises the unit of students in various local offices as they obtain their required practicum experience. This provides a link between the needs of the local Division offices and the university needs. University and agency staff comprises the panels that interview the prospective students for their ultimate employment with the Division. Panels are formed in each of the various geographic administrative parts of the state served by a specified university. Candidates must meet the requirements for employment, as would others persons within the Merit System, with the exception of not having graduated.

Annually, the BSW faculty project directors and the agency liaison staff meet to discuss successes, questions, needs for change, etc. Throughout the year, the project directors have ready access to the agency program development specialist who manages these programs. The MSW faculty project directors have ready access to the education program manager via phone and email. Meetings can be convened when needed. With both programs, communication is ongoing dealing with issues of admissions, contracts, amendments, student agreements, tracking of students in employment as well as those who have defaulted on their individual agreement.

## **Roundtable Discussions**

### *Strengths Identified*

- *All new front line staff and contracted case managers are provided with a competency based training program that provides the necessary knowledge and skills for entry level workers.*
- *Pro-active steps already underway to enhance the CWP Basic Training to make the curriculum more skills/practice based.*
- *Pro-active steps already underway to create a new comprehensive statewide supervisor training with both an administrative and clinical focus.*
- *Staff Training communicates openly with the policy development units, field staff and administrators to assess ongoing needs to improve training.*
- *Staff Training is responsive in the development and implementation of in-service trainings to meet specific needs of field staff.*

- *Staff Training collaborates well with other agencies, and disciplines to provide cross-training, multi-disciplinary training to meet the needs of staff and community partners.*
- *Partnership with the University of Missouri-Columbia is strong in the development and implementation of the supervisory training grant project.*
- *Strong relationship between the agency and the schools of Social Work-MSW/BSW program.*
- *Assessment of training needs is done through various ways using the CQI process, peer record review, satisfaction surveys completed by staff, and written evaluations of the specific training provided.*

#### Challenges Identified

- *A need for more detailed evaluation tool for staff.*
- *A need for a follow-up evaluation on staff needs.*

#### Recommendations for Improvement

1. *Improve the On-the-job-training structure so that it is consistent throughout the state and becomes an integral link to the overall Basic Orientation classroom training for new staff to ensure transfer of learning occurs in the field.*
2. *Continue development of a structured in-service curriculum for front line workers that will have both required and elective modules.*
3. *Continue efforts currently underway to provide a new statewide clinically based supervisor curriculum that provides required initial in-service and ongoing in-service for Children's Division supervisory staff.*
4. *Develop improved training evaluation feedback tools/process.*
5. *Create a statewide training advisory committee to assess training needs.*
6. *Explore the development and use of web based training.*

*D.2. Citing any data available to the State, discuss the effectiveness of the State's training of current and prospective foster and adoptive families and the staff of State licensed approved child care institutions that care for children in the State's care or responsibility that addresses the skills and knowledge base needed to carry out their duties.*

### **Training of Current and Prospective Foster/Adoptive Families and Staff of State Licensed Approved Child Care Institutions**

State legislation mandates that foster parents receive pre-service training before a foster parent home license can be issued. Prospective foster/adopt families must successfully complete an initial 27 hours of pre-service training. Prospective families who wish to go on to adopt must successfully complete an additional 12 hours of training. Licensed foster parents are then required to have 30 hours of additional training per licensing period, which is over a 2 year time frame. Missouri Children's Division trains a curriculum known as Specialized Training, Assessment, Resources, Support and Skills or "STARS". The STARS curriculum is utilized to recruit, train and mutually assess potential foster and adoptive families for children needing out-of-home care placement

The STARS curriculum is the Foster PRIDE/Adopt PRIDE curriculum which was designed as a collaborative effort of the Illinois Department of Children and Family Services, the Child Welfare League of America, and several other states, including Missouri. The STARS curriculum promotes the premise that knowledgeable and skilled foster and adoptive parents, or resource families, are integral to providing quality family foster and adoptive care services. Resource families, like social workers, should be qualified, prepared, developed, selected, and licensed to work as members of a professional team whose goal is to protect and nurture children and strengthen families.

The STARS curriculum provides competency-based training that provides participants with the knowledge and skills necessary to work with and live with issues facing our children. The curriculum is based on five core competencies that resource families need to possess and/or develop. The competencies are:

- Protecting and nurturing children;
- Meeting children's developmental needs and addressing developmental delays;
- Supporting relationships between children and their families;
- Connecting children to safe, nurturing relationships intended to last a lifetime; and
- Working as a member of a professional team.

### **Foster/Adopt STARS Train the Trainer Pre-Service training**

This training is designed for Children's Division staff who will be conducting the local STARS training and assessments for foster and adoptive parent applicants. It is also designed for the Foster Parents chosen by the local offices to become Teaching Foster Parents. The Adoption Specialist and the supervisor of the Children's Division Worker make up the rest of the local team needed at the STARS Pre-Service Training. The pre-service training involves nine 3 hour sessions meeting once a week for nine weeks, for a total of 27 training hours. Homework assignments known as "STARS Connections" are completed by the participants and used during the At-Home Consultation Meetings for the mutual assessment process.

Once a family has successfully completed the mutual assessment, met the five competencies, and been licensed, they are known as "Professional Foster Parents".

### **Family Development Plan**

Upon initial licensure and re-licensure, a written family development plan is completed by the worker and foster parent as a way to mutually assess areas of need in each of the five competencies areas. It is utilized to set goals, identify tasks and establish time frames for the development of ongoing knowledge and skills in the identified areas of need. This includes the assessment of specific learning needs that can be addressed through the STARS In-Service training modules as well as local approved training resources.

### **Foster STARS In-Service Train the Trainer**

This training is designed similar to the pre-service training. The curriculum, also developed by the Child Welfare League of America, consists of 10 training modules that provide approximately 81 hours of in-service course choices. Its purpose is to provide additional competencies and enhance existing competencies of foster parents after they have a child placed in their home. The Family Development Specialist helps the foster parent choose the modules

that will support the work of the foster parent with the child in their home. The modules are as follows:

- Module 1 The Foundation for Meeting the Developmental Needs of Children at Risk
- Module 2 Using Discipline to Protect, Nurture and Meet Developmental Needs
- Module 3 Addressing Developmental Issues Related to Sexuality
- Module 4 Responding to the Signs and Symptoms of Sexual Abuse
- Module 5 Supporting Relationships Between Children and Their Families
- Module 6 Working as a Professional Team Member
- Module 7 Promoting Children's Personal and Cultural Identity
- Module 8 Promoting Permanency Outcomes
- Module 9 Managing the Impact of Placement on Your Family
- Module 10 Understanding the Effects of Chemical Dependency on Children and families

### **Additional In-service Training**

In-service training is available at a local level, based upon the needs of the foster parents and with approval from the local agency office. The training can be obtained through community resources such as health departments, mental health departments, hospitals, parents as teachers program, as well web based training modules for foster parents. Missouri foster parents are required to have 30 hours of training per each two year licensing period. Also, specialized training is offered via contract for Behavioral and Career foster parents.

### **Spaulding, Making the Commitment to Adoption, Train the Trainer**

This training is the competency-based course developed by the Spaulding National Resource Center for Special Needs Adoption. The Train the Trainer course that the Division Training and Development presents is designed for the same local team that trains the pre-/in-service curriculum. The competencies of this course are based in those of the STARS training. Adoptive parent applicants who have completed the STARS pre-service training are expected to attend this course when presented by the local offices.

During SFY-03, a total of 284 participants attended the STARS Pre-service, In-service, and Spaulding Train the Trainer. Based on vendor system tracking information, a total of 980 foster parent vendors attended local STARS Pre-service training and a total of 3,186 foster parent vendors attended in-service trainings.

### **Specialized Training for Foster Parents**

In addition to the STARS Pre-service training, Career, Behavioral, and Medical foster parents must also have additional specialized training which is provided by medical and mental health professional contracted by the Children's Division.

### **Kinship Training**

Kinship providers must complete a training and assessment process to become licensed. Each prospective provider must complete the STARS "*For the Caregiver Who Knows the Child*" training, and demonstrate the five basic STARS competencies. The training may be completed on the provider's own time as a self-study utilizing a learning guide, or may be facilitated by a Children's Division worker in a group setting. The learning guide provides families with

information, resources and learning activities focused on meeting the individual needs of the specific child in kinship care. Licensed kinship providers must also participate in 15 additional hours of in-services training each year, just as licensed foster parents.

Based on vendor system tracking information, a total of 775 kinship vendors participated in the STARS for the Caregiver Who Knows the Child Training during SFY-03.

### **Evaluation and Effectiveness of Foster Parent Training**

STARS and Spaulding Train the Trainer courses are evaluated through written evaluations completed by participants at the end of each week of training. Overall, written feedback and evaluation has been positive.

Local STARS and Spaulding Training of prospective foster/adoptive parents was evaluated and data was obtained through a 2002 statewide survey on the effectiveness of the training. This survey, conducted by the Foster and Adoptive Coalition in St. Louis, had 92% of the respondents trained under the STARS curriculum. 90% of foster parents were “consistently satisfied” with the initial training and 65% felt on-going training did “assist them in caring for children in foster care”. Fifty four percent reported the training helped them “work with parents”.

A written evaluation tool is provided during the STARS/Spaulding Train the Trainer and it is suggested that it be used at the local level. Consistency in its use by field staff is unknown. This is an area that needs further exploration.

### **Plans for Foster /Adopt Curriculum Enhancement**

Currently, Children’s Division Staff Training is reviewing the revised Child Welfare League of America PRIDE foster/adopt curriculum with plans to incorporate the changes into the existing Missouri STARS Foster/Adopt Training curriculum. Implementation is scheduled for Spring 2004.

### **Residential Child Care Agency Requirements**

The training requirements for residential care staff is located in Section 13 CSR 40-71.045 (7) A & B in the rules for Licensing Residential Child Care Agencies. This section (Part A) reflects that at least forty (40) hours of training each year is required for agency staff. Section 13 (Part B) outlines the type of acceptable training for agency staff. The agency is to document the dates, location, the subject and the name of the person (s) who conducted the training. Verification of training is conducted at the supervisory or licensing renewal meeting with the Residential Licensing Consultants.

Staff Qualification and Requirements are located in section 13 CSR 40-71.050 in the Rules for Licensing Residential Child Care Agencies. An excerpt from the Residential Rules outlines the staff qualification and requirement as:

An agency shall obtain any professional services required for the implementation of the individual service plan of a child when these services are not available from staff. Professional staff who perform casework or group work tasks, counseling with children and their families, therapeutic services, or planning of services for children and their families, shall have a master's degree in social work, psychology, counseling or a closely

related clinical field from an accredited college. Staff may have a bachelor's degree in social work, psychology, counseling or a related area of study from an accredited school if s/he is under the direct supervision of a person with a master's degree in social work, psychology, recreation and expressive therapies, counseling or a closely related clinical field.

The training requirements for child placing agency staff are located in Section 13 CSR 40-73.030 Personnel Practices and Personnel (7) in the Rules for Licensing of Child Placing Agencies. This section requires that at least twenty (20) hours of training each year for the administrator and professional staff. The agency is to document the dates, location, the subject and the name of the person (s) who conducted the training. Section E outlines the type of acceptable training for agency staff. Verification of training is conducted at the supervisory or licensing renewal meetings with the Residential Licensing Consultants.

Staff Qualification and Requirements are located in Section 13 CSR 40-73.035 in the Rules for Licensing Child Placing Agencies.

### **Roundtable Discussions**

#### Strengths Identified

- *There is a competency based pre-service/in-service training curriculum for foster/adoptive parents.*
- *Specialized training is provided for career, behavioral and medical foster parents.*
- *Kinship Training is provided.*
- *There is a mechanism (family development plan) in place to assess training needs of foster parents.*

#### Recommendations for Improvement

1. *Improve consistency in the assessment and provision of local in-service training for foster parents.*

## **E. Services Array and Resource Development**

*E.1. Discuss how effective the State has been in meeting the title IV-B State Plan requirement to provide services designed to help children safely and appropriately return to families from which they have been removed.*

### **Family Reunion Services**

Family Reunion Services (FRS) is a short-term, intensive, family-based program designed to reunify children who are in out-of-home care with their family. The goals of FRS are to assist a family in removing barriers for the return of their child(ren), assist in the transition of safely returning the child(ren) to the family of origin, and to develop a plan with the family that will maintain the child(ren) safely in the home for at least one year following the intervention.

The target populations for FRS are children and their families for whom it would be unlikely that reunification would occur prior to a six-month period without intensive services. Selection of this population targets families who are in greatest need. This avoids focusing on children who are placed in care and, through standard procedures, would return home within six months without intensive intervention. Selection of this population is based on the finding that the likelihood for reunification decreases significantly for children who remain in out-of-home care beyond a six-month period. Children who remain in out-of-home care for such a length of time have a greater tendency of experiencing multiple alternative care placements. Through the efforts of the FRS program, it is hoped that the risk of such foster care drift will be significantly reduced.

Safety of all family members is the concern of FRS, however, safety of the child is the primary consideration. FRS does not advocate returning a child to a high-risk situation; rather, the goal is to modify the home environment or behavior of family members so that the child can return and remain safely at home. Safety of the child is continually assessed throughout the FRS intervention. If at any time it is determined that a child is at risk of maltreatment, a recommendation for immediate removal is made.

All families in which at least one child (0-18 years) is in a Children's Division out-of-home placement under the jurisdiction of the juvenile court are eligible for FRS. During SFY-01, contracts were re-awarded making Family Reunion Services available for purchase on an as needed basis statewide. There are currently 23 FRS specialists positioned throughout the state with the capacity to serve approximately 276 families during FFY-02.

The St. Louis Metro Family Reunion site has been participating in a pilot project sponsored by the National Family Preservation Network in conjunction with Dr. Ray Kirk of the University of North Carolina Chapel Hill. This pilot is testing a pre- and post- family functioning scale, The North Carolina Family Functioning Scale used in three sites across the country. This scale is a pre and post scale used to measure changes

in family functioning during an FRS intervention. It is a hope that this tool will be used statewide and that it will continue to collect the data for continued program improvement.

Family Reunion Services is a 60 - 90 day intervention. Children are expected to return home within two weeks of referral and the family can receive services up to a total of 90 days. There can be extensions with approval. Extensions are approved one week at a time with reason for extension and expected outcome being the deciding factor. We have Family Reunion services in 11 sites across the state. Two sites are contracted, the rest are provided by Children's Division staff.

One area for improvement is development of a data collection system that is used consistently by all sites. There is a PC driven database that is used by one site. Missouri is working on increasing the collection of data as well as requesting the development of a database that interacts with other databases for the Children's Division. Currently the creation of a baseline will occur by collecting data on children who were returned home with Reunion Services during 07/01-12/31/01.

### **Roundtable Discussions**

#### Strengths Identified

- *Family Reunion Program is available in Kansas City and St. Louis County.*
- *Family Focus program available for some residential treatment centers.*
- *Foster Parents participate in the reunification process.*

#### Challenges Identified

- *There is a need for Community based services to help transition youth out of group care settings.*
- *More affordable community based behavioral and mental health care services are needed to keep children safely at home (post reunification).*
- *Family Reunification is very costly.*

#### Recommendations for Improvement

1. *Enhance follow-up for foster parents to enhance their skill development.*
2. *Strengthen community ownership of all children including foster children and the support of foster homes.*
3. *Increase Community-based mental and behavioral health care services that meet the needs of the children and families we serve.*

*E.2. Discuss how effective the State has been in meeting the title IV-B State Plan requirement to provide preplacement preventive services designed to help children at risk of foster care placement remain safely with their families*

### **Family Centered Services**

Traditionally, a different Children's Services Worker was assigned to the family after the completion of the investigation. However, as part of the implementation of changes in

the Missouri's Child Welfare Practice, more emphasis is being placed on the worker who has initial contact (with the family) to provide continuing services to the family.

Families entering the child welfare system receive case management services that are referred to as Family-centered Services (FCS). The FCS model acknowledges the importance of conceptualizing the family as a system that is constantly interacting with other systems in its environment. The emotional, sociological, and environmental circumstances of the family and its members must be considered. The goal of these services is to assist the family in changing, as quickly as possible, conditions that bring, or could bring, harm to the children, and preventing their unnecessary out-of-home placement.

FCS may also be provided if the family requests preventive treatment services. Such services are offered when a child abuse/neglect investigation has been determined as "Unsubstantiated - Preventive Services Indicated". Services are also available to families, and expecting parents, who request services that might prevent child maltreatment or family dysfunction.

**Family-Centered Services  
Families Active in FCS SFY 1999 – 2002**

<b>Fiscal Year</b>	<b>Active Families</b>	<b>Percentage of Change from the Prior Year</b>
SFY-1999	24,358	-8.15%
SFY-2000	24,803	-1.83%
SFY-2001	26,008	4.63 %
SFY-2002	25,107	-3.59%

The table above reflects the increases and decreases in active Family-Centered Services cases for the SFY 1999 – 2002. The number of cases decreased in SFY 1999 by a large 8.15%. The decrease continues in SFY 2000 by 1.83%. In SFY 2001, a large 4.63% increase was seen. Those numbers decreased again by 3.59% in SFY 2002.

Based on an analysis of Family-centered Services, the following tables reflect statewide data regarding children and families served by the FCS program during SFY-01 and SFY-02.

**Family-centered Services  
Families Active SFY-01 by Open Reason**

<b>Open Reason</b>	<i>Frequency</i>	<i>Percent</i>
Probable Cause CA/N	8,077	31%
Family Requests Services	8,802	34%
Opened Due to Court Order	2,476	10%
Newborn Crisis Assessment	1,421	5%
Family Assessment	5,232	20%
<b>TOTAL</b>	<b>26,008</b>	

**Family-centered Services  
Families Active SFY-02 by Open Reason**

<b>Open Reason</b>	<i>Frequency</i>	<i>Percent</i>
Probable Cause CA/N	7,763	31%
Family Requests Services	8,686	34%
Opened Due to Court Order	2,332	9%
Newborn Crisis Assessment	1,395	6%
Family Assessment	4,931	20%
<b>TOTAL</b>	<b>25,107</b>	

During SFY 2001 and 2002, the highest numbers of active Family Centered Services cases were opened voluntarily, at the family's request. The second-highest reason for a case opening is a result of a probable cause Child Abuse and Neglect report. Those cases opened through the Family Assessment process indicate that there is some concern; however Child Abuse and Neglect was not found in these cases. Family Assessments, voluntary case openings and newborn crisis assessments all lend to the provision of preventive services within our agency.

### **Intensive in-Home Services**

Intensive In-home Services, (IIS), previously known as Family Preservation Services (FPS), is a short-term, intensive, home-based, crisis intervention program that offers families in crisis the alternative to remain safely together, averting the out-of-home placement of children. Families that have a child or children at imminent risk of removal from the home due to neglect, abuse, family violence, mental illness, emotional disturbance, juvenile status offense, and juvenile delinquency are offered IIS. This program can also be offered to families within seventy-two (72) hours after a child has been removed from the home. A decision must be made prior to the child returning home regarding safety issues. Services are provided in the family's home or other natural setting. Families are assigned one principal specialist who is responsible for spending eight to ten (and more if needed) hours per week, in face-to-face, direct contact with the family. The IIS program combines skill-based intervention with maximum flexibility so that services are available to families according to their unique needs. Trained specialists teach families problem-solving and other life skills. Also, the IIS specialists provide information to families regarding other helping resources. In all, IIS focuses on assisting in crisis management and restoring the family to an acceptable level of functioning. Intensive In-Home Services are available statewide for the benefit of all Missouri families.

Safety of all family members is a concern of IIS; however, safety of the child is the number one consideration. A goal of the program is to modify the home environment and behavior of family members so that the child(ren) at risk of removal can remain safely in the household. Throughout the IIS intervention, safety of the child is continually assessed. A recommendation for immediate removal is made at any point it is determined that the child is at risk of maltreatment.

IIS is a four to six week intervention of eight to ten average hours of face to face contact per week. Extensions are allowed a week at a time with reason for extension and expected outcome of extension the deciding factor.

Based on an analysis of Intensive In-home Services, the following tables reflect statewide data regarding children and families served by the IIS program during SFY-01:

#### **Intensive In-home Services SFY-99 – SFY-02**

<b>Fiscal Year</b>	<b>Families Served</b>	<b>Children Served</b>	<b>Average Number of Children</b>	<b>At-risk Children Served</b>	<b>Average Number of At-risk</b>
1999	1,566	3,977	2.5	3,035	1.9
2000	1,678	4,462	2.7	3,440	2.1
2001	1,654	4,368	2.6	3,389	2.0
2002	1,610	4,181	2.6	3,332	2.1

The most frequently addressed problem of at-risk children is parent/child conflict followed by lack of parenting skills and child neglect. Thirty-seven percent (37.15%) or 1,259 of the at-risk children had parent/child conflict concerns and twenty-eight percent (27.77%) or 941 had a parenting skills deficit. Twenty-two percent (22.13%) or 750 of the at-risk children had issues with child neglect.

During SFY-01, 3,228 at-risk children exited IIS. Upon exiting IIS, eighty nine percent (89%) of the at-risk children were reported to be remaining in their families. Twelve percent (12%) of the at-risk children were not with their families and for one percent (1%) of the at-risk children the information was not available.

In July 2002, the Missouri Family Functioning Assessment Scale (MFFAS) was implemented. This is a pre and post assessment tool that measure change in family functioning in seven domains. Data is collected and analyzed to better assess the needs of families and improve service delivery. This will also help identify other needs such as training and resource gaps.

MFFAS was implemented on July 1, 2003 statewide. IIS staff are using the MFFAS as an assessment tool to help gauge family functioning pre and post intervention as well as guide their service plan with the family. Missouri does not at this time have a database to collect the pre/post measurements of the MFFAS, therefore limiting the reporting of statewide success of the tool.

As part of our continuous quality improvement process we have developed a specific peer record review tool. This tool helps specialists and supervisors ensure best practice, as well as, recognizing service gaps and case weaknesses. The information gathered

from the peer record reviews is entered into a data base. This process is in its infancy therefore no results are yet available.

### **Newborn Crisis Assessments**

Newborn Crisis Assessment referrals are received from a physician/health care provider requesting that the agency conduct a "Newborn Crisis Assessment." Although this is not a child abuse and neglect report, staff handle these reports as an emergency.

The Newborn Crisis Assessment shall include at a minimum the following:

- Contact with physician/hospital personnel who made referral;
- Visit with mother at the hospital, if she is still there, or at her home to determine her plans for caring for the infant upon release;
- Observe the infant, assess the risk, and obtain information on any special needs;
- Visit the mother's home, and/or home the infant will go to upon release, and do the following:
  - See other children, if any, and assess the risk.
  - Evaluate support system which is in place, including family members, friends, etc. (Staff may use the genogram and ecomap)
  - Determine other agencies involved with family and extent of their involvement. (Staff may use the ecomap).
- Contact other agencies involved with the family to determine support, if appropriate; and,
- Contact juvenile court if their involvement is needed.

Staff generates a child abuse and neglect report if abuse or neglect of another child in the home is observed. Information is provided to the referring physician/health service provider, in person or by telephone. The assessment will include a recommendation as to whether the infant should be released from the hospital with the mother. If the worker feels the child should not be released with the mother, a referral to the juvenile office would be in order. In cases where the child has been released preventative services are provided to the parent if the need is present.

### **Community Partnerships for Protecting Children**

Community Partnerships for Protecting Children operates in neighborhoods with strong institutions and committed residents but also high rates of child maltreatment, drug use, and domestic violence. There are currently nine sites in the United States. The initiative focuses on:

- Changing the way Child Protection Services (CPS) agencies investigate families, so that the agency respond to a variety of family situations rather than applying a "one-size-fits-all" model
- Developing and expanding neighborhood-based resources, so families can keep children safe in their own homes and access support before a problem turns into a crisis

- Finding new ways for government, nonprofits, and citizens to work together on behalf of children and families, and increasing the number of people involved in the process.

### **Family-to-Family**

The Family-to-Family Initiative provides an opportunity for states and communities to reconceptualize, redesign, and reconstruct their foster care system to achieve the following new system-wide goals:

1. To develop a network of family foster care that is more neighborhood-based, culturally-sensitive, and located primarily in the communities in the communities in which the children live.
2. To assure that scarce family foster home resources are provided to all those children (but to only children) who in fact must be removed from their homes.
3. To reduce reliance on institutional or congregate care (in shelters, hospitals, psychiatric centers, correctional facilities, residential treatment programs, and group homes) by meeting the needs of many more of the children currently in those settings through relative or family foster care.
4. To increase the number and quality of foster families to meet projected needs.
5. To reunify children with their families as soon as that can safely be accomplished based on the family's and children's needs.
6. To reduce the lengths of stay of children in out-of-home care.
7. To better screen children being considered for removal from home, and to determine what services might be provided to safely preserve the family.
8. To decrease the overall number of children coming into out-of-home care.
9. To involve foster families as team members in family reunification efforts.
10. To become a neighborhood resource for children and families and invest in the capacity of communities from which the foster care population comes.

St. Louis City was selected as a new Family to Family site in July 2001. A planning grant was made available for St. Louis City to produce a multi-year plan for increased foster care development and support with the overall goal of helping inner city youth to remain in their communities of origin. Strategies of developing a network of neighborhood members that can provide support to families is currently "under construction" with the guidance of the Annie E. Casey Foundation.

### **Drug Courts**

Drug courts are treatment-based alternatives to prison, jail, youth services facilities and detention centers. The criminal justice system works cooperatively with treatment and other service systems to provide an offender with all the possible tools they need to get into recovery, stay in recovery and lead a productive, crime-free life. In brief, the key components of any drug court model include: treatment services, non-adversarial approach, immediate intervention, continuum of services, frequent drug testing, graduated sanctions and rewards, program phases for short-term goals, on-going judicial interaction, and graduation from program, program monitoring and evaluation, continuing education of the team, and inter-agency collaboration and coordination.

Currently, the most common drug courts in operation around the country and in Missouri are adult felony drug courts. In Missouri, the drug courts are a concept that each jurisdiction develops to fit its needs. Currently, most of the drug courts use a combination of pre and post plea methods to enter the drug court program.

Missouri has sixteen (16) operational adult drug courts and several are in the planning stages. Jackson County developed the first drug court in Missouri, beginning in October 1993. They have become a national model for other drug court professionals and have served as a “mentor site” for jurisdictions wanting to begin a drug court. The success rate of this drug court has been very good. Recidivism (new felony or misdemeanor arrest) of program graduates has remained around 4%.

Juvenile drug courts take a look at more than what the child does or the teen is doing and looks at why they are doing it. The juvenile treatment team consists of the judge, juvenile officer, defense attorney, school personnel, and treatment provider. There are currently five (5) juvenile drug courts operating in Missouri.

Family drug courts are a little different from the adult and juvenile drug courts. They operate from the perspective of abuse and neglect cases that stem from substance abuse. The team in a family drug court is expanded considerably to provide services to the entire family. The family drug court provides treatment, substance abuse education services, and counseling for the entire family. There are currently two (2) family drug courts operating in Missouri, with four (4) others planned.

### **Early Childhood/Child Abuse and Neglect Preventive Services**

The Office of Early Childhood was established within the Department of Social Services in November 2002 with its primary goal of helping young children served by the Division be ready to enter school and ready to learn with the intent that it be the primary vehicle for preventive services within the agency. Input was garnered from a wide variety of advocates and stakeholders in both the early childhood and child welfare fields in the development of the Office. Early childhood education encompasses not only child care services, but parent and provider education which gives both parents and providers information on child development and enhances coping skills that lead to reduced frustration, anger, and isolation thereby preventing potential abuse situations. It also provides training to raise awareness of and to identify potential abuse and neglect situations so that intervention can occur. The Office of Early Childhood’s charge is to work with all Divisions within the Department to increase awareness of the value of early childhood education and to serve as a resource for all Divisions.

The Office of Early Childhood provides the following services:

**Child Care Subsidies for Families**—This program provides assistance to families with all or part of their child care expenses. Parents are able to choose from any approved provider. Providers must pass both Child Abuse and Neglect and Criminal Background screenings in order to receive payment for services.

**Early Head Start**—This program provides state funding for an additional 652 children, ages birth to three years, with family incomes under 100% of the federal poverty level, and their families to participate in Early Head Start. Through this funding and additional support from the Administration for Children and Families (ACF) Regional Office resources are provided for education and training for the providers serving these families and the actual services to the families including child care services, home visitation services, substance abuse counseling, self sufficiency, health and mental health services for both the children and their families. Many of these families are also involved with DSS either through Family Support or Child Welfare.

**Stay at Home Parent**—This program provides grants to community organizations to support parent education for low income families with children ages birth to three where the parents choose to stay at home with their infants and toddlers. Some communities have chosen to wrap this funding around existing programs such as Parents as Teachers, Home Based Early Head Start, Nurses for Newborns, Baby Boost, Resource Mothers, or other existing research based programs for low income and at risk families. Others have extended existing programs to serve additional families, and still others have created hybrid programs to serve the unique needs of families in their communities. Some target funding to specific populations, children with special needs, non-English speaking families, etc. A wide variety of community organizations with a focus on children's needs receive funding including community partnerships, child welfare organizations, school districts, Educare programs, etc. These programs reduce parental isolation and provide support and information and training on child development to help increase coping skills for parents reducing the potential for child abuse or neglect.

**Start Up/Expansion**—This program provides grants to start up or expand quality early childhood programs. These grants increase the capacity of quality programs allowing parents a wider range of choices of quality care for their children. Grants are targeted to areas of high need. Programs must serve a minimum of 25% DSS funded children thereby increasing options for families who might otherwise have no option other than placing their children in facilities which could potentially endanger their welfare.

**Accreditation**—This program provides incentives and grants to encourage and assist child care providers to attain higher levels of training and education thereby increasing their ability to deal with whatever situations might arise particularly in serving children with behavioral issues and those from difficult circumstances.

**CCDF Quality Funds**—This program provides:

- Funding to the State Child Care Resource and Referral Network to assist families in locating child care that meets their needs and to link child care providers with training that meets their needs.

- Funding for an 8-hour basic Child Care Orientation Training (CCOT) to ensure that new providers have a foundation in basic health and safety (including information on CA/N, SIDS, Shaken Baby) and child development information. Many foster parents utilize this training to meet state training requirements.
- Funding for the state Educare program which reaches out and provides training to legally operating unlicensed providers including relative providers (i.e. grandparents, aunts/uncles/cousins) and friends, neighbors, acquaintances, boyfriends, etc. that may be providing care for state subsidized children ensuring some level of support to these providers and a vehicle to provide basic information on child development and child care. This basic information includes information on SIDS and shaken baby syndrome etc. that seem to have a higher potential for occurrence in this type of care. They also work with licensed child care providers and give priority to providers who have been identified as having deficiencies by child care licensing staff reducing the potential for future problems.

**One Time Funding**—The Office of Early Childhood sometimes has available one-time funding that is typically targeted to specific purposes including children with special needs, and most recently Baby FAST (a hybrid pilot of PAT and FAST two nationally recognized Harvard award winning programs with pilots at Early Head Start sites), and a Parent Toolkit that provided a variety of wonderful parenting information for parents of children either receiving services through Family Support or Child Welfare as an incentive for participation in certain early childhood education or health related activities.

## **Roundtable Discussion**

### Strengths Identified

- *Consumer surveys and interviews reveal that the IIS program is positive and effective.*
- *Newborn Crisis Assessments are a mechanism to identify high risk children and intervening before harm has occurred.*
- *Community partnerships provide a structure for the development of prevention services.*
- *Drug Courts provide a specialized effort focusing on serving drug affected families.*
- *Parents As Teachers, Head Start, First Steps are very positive programs for pre-school aged children in Missouri.*

### Challenges Identified

- *More families could benefit from IIS Services. However, lack of resources currently permits this.*
- *Family Centered Services need smaller caseload sizes to allow for effective service provisions.*

- *Families need access to immediate, upfront services especially with families involved with drugs and alcohol.*
- *More statewide accessibility for prevention services is needed, especially in rural areas.*
- *Children's Treatment Services (CTS) funds have been historically low compared to the number of children and families served.*

### Recommendations for Improvement

1. *Educate staff regarding the services and availability of early childhood intervention programs and encourage parents and foster parents to use these resources.*
2. *Expand cooperation between the Children's Division and Department of Mental Health, through the family support team process, to share resources and responsibilities when client populations overlap.*

*E.3. Discuss how effective the State has been in meeting the title IV-B State plan requirement to provide services designed to help children be placed for adoption, with a legal guardian, or if adoption or legal guardianship are determined not to be appropriate for a child, in some other planned, permanent living arrangement.*

### **Kinship Care**

Kinship care foster homes are provided by relatives or non-related persons who have a close emotional relationship with children who are in out-of-home care. Kinship is defined as: persons related by blood, marriage or adoption including parent, grandparent, brother, sister, half brother, half sister, stepparent, stepbrother, stepsister, uncle, aunt, or first cousin. It also includes those non-related persons not living in the same household but whose lives are intermingled with the child and appears as one of a blood relative.

Kinship care is the least restrictive family-like setting for children requiring out-of-home placement. Children have the opportunity for continued family relationships and contact with persons, groups, and institutions they were involved with while living with their parents. Kinship care reinforces the social status that comes from belonging to a family of one's own and the sense of identity and self-esteem that is inherent in knowing one's family history and culture. Kinship care is the placement of preference and should, if at all possible, be pursued prior to any other out-of-home placement arrangement.

In recent years, the number of children placed with relatives by public child welfare systems (formal kin) and those being cared for by relatives without child welfare involvement (family arranged kin) care has soared. As of July 1, 2002, Missouri had 3,042 formal relative kinship homes. Missouri has laws and programs aimed at helping relatives do the best job they can so the children remain connected to their families. Our Children's Division supports kinship placements by providing access to as many services as possible. The following is the array of Children's Division services afforded to kinship care providers:

- *Monthly Maintenance*—Financial support for licensed kinship providers who are caring for related children who are in the custody of DFS.

- *Subsidized Guardianship/Adoption Program*-This program provides subsidy to grandparents, aunts, and uncles, brothers and sisters who have legal guardianship or have adopted a related child. Children receiving services under this program must meet certain eligibility requirements, such as having special needs, and must have been in the custody of the Children's Division, the Division of Youth Services, the Department of Mental Health, or a licensed private child placing agency at one time. As of July 1, 2002, Missouri had 1,438 children under the subsidized guardianship program.
- *Case Management*-This service is designed to identify and coordinate the services needed by relative caregivers and children.
- *Information & Referral*-These services provide information and resources for relative-caregivers' families and collaborate with other local agencies to provide a comprehensive system of support.
- *Advocacy*-Staff work with public and private agencies in the community to make them more aware of the special needs of relatives and children in kinship cares and to push for changes that strengthens these family services.
- *Grandparents as Foster Parents Program*-This is an Income Maintenance program that offers financial support to grandparents, and in some cases, other relatives who are caring for related children in their custody or guardianship. Children receiving services under this program have never been in the custody of the Children's Division. This program is strictly for relatives caring for relative children without court or agency involvement. The program has no connection with the foster care program.
- *Temporary Assistance*-This service provides an Income Maintenance Program that will offer financial support and medical assistance for certain related children who qualify.
- *Parent Education*-This service makes classes available to enhance parenting skills and address difficult parenting issues.
- *Support Groups*-This service provides relatives the opportunity to share the day-to-day joys and frustrations of their care giving responsibilities, exchange practical information about community resources, and gain skills and confidence in the difficult work of raising children. DFS offers assistance for the kinship provider to join or start a support group.
- *Other Support Services*-This may include: childcare, employment help, housing assistance, counseling, respite care, and other services that are unique to individual family needs.

### **Chafee Independent Living Program**

The Foster Care Independence Act of 1999 (the Act) provided a broad framework for states to reform services and systems to better meet the needs of young people. This broadened the scope of "independent living" by eliminating the minimum age requirement of 16 and serving older youth who are transitioning out of or have already left foster care. Independent Living services for youth in the Children's Division's care/custody continue to move along the continuum of the informal, formal, and experiential methods needed for youth to successfully transition to living in the community. While in out-of-home care, youth are provided with life skills training,

regardless of their placement or permanency plan. Life skills' training is designed to assist the youth in learning the array of skills necessary to successfully transition to self-sufficiency and independence.

Research indicates that young people who spend most or all of their teenage years in foster care experience higher incidences of homelessness and unemployment. They are also at higher risk for quitting school early and becoming parents prematurely. This evidence suggests that too many youth are ill prepared for living independently by virtue of receiving little preparation prior to their exit from foster care.

Missouri enhanced the capacity to better serve this younger population by setting aside a portion of the Chafee funding to supplement state funds to provide hands-on learning opportunities. However, due to severe budgetary constraints, funding for the *Choices* program has been eliminated. This provides the Children's Division with an opportunity to re-evaluate the program for youth under age 16. Missouri recognizes the need and the importance to continue serving this younger population. A workgroup consisting of the Children's Division staff and contractors has been working to review the current program, which focused primarily on teaching "skills" to younger youth in a classroom setting. Missouri envisions the development of a practical application program, which will serve youth along a continuum of services from pre-independent living, for the younger than age 16 populations, to the young adults who have exited foster care and may need aftercare services.

Independent living services are adapted in each area of the state in order to meet the individual needs of its population. Life skills classes vary in length of time from six to nine months of instruction to include speakers, videos, group discussion, hands-on activities, and practical applications. The classes meet once per week for approximately two and one half hours. Expedited classes are offered for youth in a residential group setting that generally lasts three to four months. Expedited classes usually meet twice per week for two hours. The youth receive a small stipend and other incentives for attending group sessions and completing assigned homework. The opportunity to practice what youth learn in the classroom includes participation in field trips, summer camps, weekend retreats, day seminars and community service. It is possible to arrange for individualized instruction on an "as needed" basis. These services are designed to provide the daily care, education, training and supports necessary to assist youth in maintaining stable and permanent living situations as they exit foster care and transition to self-sufficiency and independence.

Youth who are likely to remain in foster care until age 18 shall be enrolled in an age appropriate Chafee service. Youth shall be provided information on available Chafee services by their case manager, life skills class facilitator, and/or the Independent Living Program (ILP) Specialist. Services shall be used to assist youth to complement their own efforts to achieve self-sufficiency and to assure the program participants recognize and accept personal responsibility in their preparation for and the successful transition from adolescence to adulthood. Youth shall also be involved in their permanency planning and understand their accountability in attaining their goals.

The ILP specialists are assigned geographically throughout the state. The specialist is responsible for coordinating the Independent Living Program in the areas they are assigned.

Life skills training makes up the largest venue for the involvement of youth, however a variety of other activities include youth, such as camps, retreats, and seminars; a state youth conference survey, sharing of the Continuous Quality Improvement (CQI) quarterly report, youth input into program implementation, the Area Youth Advisory Board and a Statewide Youth Advisory Board. The youth advisory boards are made up of youth from each county around the area. Three youth (or less) from each area participate in the state board. The youth on the area board are selected from ILP groups or are selected due to their interest in youth advisory activities. These youth must be in good academic standing at school, and must have a clean legal record. The participation on the area or state boards is voluntary.

Missouri contracts out Transitional Living Services (TLP). Most of these programs are offered by residential facilities that provide group homes or scattered sites. The service expectations are part of a contractual agreement between the Children's Division and the provider. The youth has their basic needs provided yet have the opportunity to experience "real life skills" in a protected setting.

The table below indicates the percentage of foster youth served between the ages of 16-21. The percentage of youth served appears to have dropped from 2000 to 2002, however, the total number of youth in foster care between the ages of 16-21 has increased by at least 500 youth, and therefore more youth are actually served. Missouri's number of Independent Living Specialists has remained the same since 1983.

**ILP Table**

<b>FFY</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>
Total # of Youth in Foster Care Between Ages 16-21	3,522	3,470	3,924
Number of Foster Youth served Between Ages 16-21	2,602	2,334	2,665
Percent of Foster Youth Served Between Ages 16-21	73.9%	67.3%	67.9%
Are Employed	748	695	793
Have Obtained a High School Diploma or GED	266	182	1748*
Attend college, vocational/technical school	197	132	114

\*Youth enrolled in Life Skills Training who have obtained a HS Diploma, GED or currently enrolled in High School.

<b>FFY</b>	<b>2001</b>	<b>2002</b>
Total # of Former Foster Youth Served	112	137

Are Employed	49	75
Have Obtained a High School Diploma or GED	46	77
Attend college, vocational/technical school	22	22
Number of Youth Who Have Obtained Housing/Other Community Services	56	91
Number of Youth Who Are Living Independently of Agency Maintenance Programs	70	43

### Missouri Mentoring Program

An important component of the Independent Living program is the Missouri Mentoring Partnership (MMP). MMP is patterned after a nationally recognized program in San Diego, California: the Coming Together Foundation. This component is built on a partnership between the public and private sectors. MMP provides work site mentoring opportunities for youth that have experienced out-of-home care placement. The program is offered statewide and is a crucial factor in matching youth with corporate employers who are willing to provide on the job mentors. Many youth have taken advantage of this program and find it very beneficial and rewarding.

### Adoption

As of July 31, 2003, Missouri had 2,077 children in custody with the permanency goal of adoption. The largest group of waiting children is between the ages of 8-13. The metropolitan regions of the state currently maintain jurisdiction for 46.7% of the children with the goal of adoption.

Adoption by kin, the current foster family or a new family including those licensed for foster or adoptive (FA) care offers the most stability to the child who cannot return to their parent(s) and is the second most legally binding plan. Except for those instances in which a child has been abandoned by his parents, most children enter out-of-home care due to some combination of abuse and neglect, including parental inability to provide care due to the parent's or child's physical or behavioral problems.

Adoption should be considered an appropriate permanent plan when:

- a) The goal of return home has been ruled out;
- b) The child's parent(s), through words or actions, has shown an inability or unwillingness to care for the child for a period of at least six (6) months, and the parent(s) will not be able to provide for the child's health and safety within a reasonable period of time (6 months);
- c) The parent(s) have failed to correct those problems and or conditions that contributed to the child's placement in out-of-home care and are not likely to do so in the near future;
- d) The parent(s) wants the child to be adopted, or parental rights have been terminated;
- e) The child wants to be adopted.

Termination of parental rights has serious and lasting consequences to parents and children. Therefore, it is often difficult for Children's Division workers and others to recommend termination of parental rights. Conversely, courts may be hesitant to terminate parental rights. However, section 211.447, RSMo, sets forth the grounds for involuntary termination of parental rights and should be used by the Children's Division worker and others in deciding when to recommend termination of parental rights.

Adequate preparation of the child is critical to the lasting success of the adoption. The Children's Division workers are to engage the child in all stages of the adoption process beginning with identifying the type of family the child would most like to be a part. Various recruitment activities and strategies are used by the workers in order to find an appropriate home for the children in need of adoptive placement. Children may be placed on Missouri's state photo listing Internet site and on the national web site, AdoptUSKids.org. By using the Internet, adoptive families from all over the country may see Missouri's children who are available for adoption. Currently, over 400 children are listed on the national site. Information about children is often shared via e-mails amongst workers within the agency as well as profile gatherings and adoption matching meetings.

The Second Level Matching Team (SLM) meets every two months in order to preliminarily "match" waiting children and waiting adoptive families from across Missouri and other states. The original intent of the SLM team was to erase geographical barriers in providing permanent homes for children by working collaboratively and to update adoptive family records across the state. This team also included providing a forum for out-of-state families wishing to be considered for Missouri children. As the SLM team has progressed, they have begun to address general adoption issues faced by local staff and are helping to define best adoption practice across the state.

The general process for "matching" is as follows. When a preliminary match is made with a family and child, a copy of the child's profile is sent to the family's adoption worker to be forwarded to the family for consideration. If the family is interested in receiving more information on the child, or in submitting their home study for consideration, families contact the child's worker directly. An outcome form is sent to the family's worker for them to complete and return to the SLM team along with the outcome. These outcomes are logged in a database and are used to help better serve our children and families.

The SLM team consists of two agency personnel from each of the seven areas of the state plus a central office staff. The area staff includes front line staff, supervision and program managers.

Upon placement, the worker follows policy regarding aggressive visitation with the family and child prior to the adoption finalization. During this time, the worker assesses the progress of the placement, as well as offers guidance to the family during this time of transition. Post placement support is provided to the family through adoption subsidy services, which include a monthly maintenance payment, Medicaid and daycare for

working parents of children under the age of 13. Other supportive services may be available to the family through subsidy upon request, such as Intensive In-Home Services, residential treatment, and case management services.

### Findings and Data Summary

	SFY-02	SFY-03
<b>Total Exits</b>	<b>7320</b>	<b>7046</b>
<b>Independence</b>	<b>4%</b>	<b>5%</b>
<b>Adoption</b>	<b>18%</b>	<b>16%</b>
<b>Returning Home</b>	<b>51%</b>	<b>55%</b>
<b>Guardianship</b>	<b>11%</b>	<b>9%</b>
<b>Other</b>	<b>16%</b>	<b>15%</b>

The table above indicates that returning children to their home continues to be the primary reason for children exiting the foster care program. In fact, in SFY-03, even though nearly 300 fewer children exited foster care, an increase in children returning home is indicated.

### Roundtable Discussion

#### Strengths Identified

- *An increased number of children safely returned home.*
- *Second level matching team standardized the Adoption practice.*
- *Guardianships and adoptions subsidy payments are available.*

#### Challenges Identified

- *Subsidies for Guardianships and Adoptions are lower per child than foster care subsidy creating a deterring factor to potential permanency options.*
- *Children's needs sometimes do not match with available permanency resources or desires.*
- *The children's desires for permanent living arrangement often conflict with their actual need for safe environment.*
- *More foster homes are needed for multiple need sibling groups.*

#### Recommendations for Improvements

1. *Continue Federal funding for subsidized permanency options.*
2. *Continue to work with the court system to increase number of permanency hearings held timely.*
3. *Continue to encourage participation in the FSTM, holding these meetings at a time convenient to the family.*

**E.4.** Describe the extent to which all the services in items 1-3 above are accessible to families and children on a statewide basis.

All programs except Family Reunion are available to families and children across the state. Some Children's Treatment Services (CTS), which include, counseling, parent aide, psychological evaluations, are not always available in communities where families' live but are generally available throughout the state. Budget restrictions have affected the ability for the agency to provide CTS services to all who need them, and have forced creativity within the system to meet the unmet needs. Community organizations and school/parent educational services also assist families address some of their needs not met through CTS services or Medicaid. IIS and FRS have intentional caps placed on caseloads, which precludes some families from receiving this service. The Department of Secondary Education provides some schools with school based services. Some Children's Division employees in urban areas provide their functions out based in schools, to be easily accessible to families where they live.

### **Roundtable Discussion**

#### Strengths Identified

- *The IIS program is an effective service that is available to families statewide.*
- *Numerous community-based services are available statewide.*
- *The Division has a strong working relationship with schools and their community education programs throughout the state.*
- *Independent Living Services are available throughout the state.*

#### Challenges Identified

- *The Family Reunion Service is not available to families statewide.*
- *CTS funding is not readily available at all times to provide services to non-Medicaid families.*
- *The ability to serve the number of families needing IIS services is often limited by the number of positions available at that time.*

#### Recommendations for Improvements

1. *Expand the Family Reunion program or provide more community-based wrap around services for children exiting alternative care.*
2. *Increase Children's Treatment Services.*
3. *Increase the amount of IIS service available.*

## **F. Agency Responsiveness to Community**

***F.1. Collaboration with External Stakeholders:*** *Discuss how effectively the State has been in meeting the requirement to consult and coordinate with external community stakeholders in the development of the State's Child and Family Services' Plan (CFSP). In responding, discuss how the concerns of the stakeholders are addressed in the agency's planning and operations and their involvement in evaluating and reporting progress in the agency's goals.*

Missouri's Children's Division (CD) has strived toward being inclusive in its planning and feedback processes. Stakeholder and community partner input has been sought through various standing advisory groups, committees, task forces, policy and program work groups, and planning sessions.

### **State's Child and Family Services' Plan**

The Title IV-B group consists of nine external partners and three internal managers. Due to budget constraints, the communication has been electronically. This method of feedback has been successful. The Title IVB Advisory Group was established to fulfill regulations of the Social Security Act. The mission and purpose of the Advisory Group is to give input into the development of the Title IVB plan and to provide feedback on the status of children and families and the performance of child welfare service systems. The group consists of representation from:

- University of Missouri, School of Social Work
- United Way
- Family Court
- Citizens for Missouri's Children
- Prevent Child Abuse Missouri
- Foster Care and Adoption Association
- Department of Mental Health
- Children's Treatment Service Providers
- Children's Justice Act Task Force
- State Youth Advisory Board
- Missouri Public Safety Commission
- Department of Elementary and Secondary Education
- Office of State Court Administration
- Faith Community
- Department of Health and Senior Services
- Children's Division Management, representing Foster Care and Adoption, Investigations, Family Centered Services, and Quality Improvement.

Representatives from the above categories also serve on the federal Child and Family Services Review external partnering committee.

**Chaffee Plan**

Certification E of Section 477(b)(3)(E) requires states to provide "all interested members of the public at least 30 days to submit comments on the plan." The interested members were those who attended the grant planning meeting and other individuals who needed the Chafee information. All members were given the opportunity to comment. A draft copy of the plan was sent to those who attended the meeting, all 45 judicial circuits, Office of the State Courts Administration (OSCA), Missouri Juvenile Justice Association (MJJA), and all Transitional Living Provider (TLP) contractors. They were given thirty days to send their comments by written correspondence or by phone. The comments were summarized and identified in the multi-year Chaffee plan.

**Children's Justice Act Task Force**

The Missouri Children's Justice Act Task Force membership is comprised of: law enforcement; judges and attorneys involved in both civil and criminal court proceedings related to child abuse and neglect; child advocates, including both attorneys for children and, where such programs are in operation, court appointed special advocates (CASA); health and mental health professionals; individuals representing child protective service agencies; individuals experienced in working with children with disabilities; and representatives of parents' groups. The task force reviews and evaluates state investigative, administrative and both civil and criminal judicial handling of cases of child abuse and neglect. The task force at times acts as an Advisory Committee in which the task force will review, provide input, and evaluate Children's Division's priorities and progress. The task force routinely makes policy and training recommendations to the Children's Division.

The task force also acts as a Citizen Review Panel, of which their duties include the following:

- Reviewing the Children's Division's compliance with the State Child Abuse Prevention and Treatment Act (CAPTA) Plan; child protection standards;
- Assisting the Children's Division in the coordination of foster care/adoption program;
- Assisting in the review of child fatalities and near fatalities;
- Examining policies, procedures and where appropriate, specific cases; and
- Generating an annual report to be released to the public

The Citizen Review Panel has access to any Children's Division case files and records necessary to the performance of its responsibilities. All members of the task force are subject to the confidentiality provisions set forth in the Revised Statutes of the State of Missouri, Section 210.150, RSMo.

**Child Death Review Teams**

The Child Fatality Review Panel is established in Missouri Revised Statutes, Chapter 210, Child Protection and Reformation, Section 210.192 and Section 210.195. Child Fatality Review Panels are established on the local and state levels.

*County Level Panels:* The Prosecuting attorney or circuit attorney shall impanel a CFRP for the county or city to investigate the deaths of children under the age of eighteen, who are eligible to receive a live birth certificate. Each county/city level panel includes, but not limited to the following: Prosecuting attorney; Coroner/Medical Examiner; Law enforcement; Children’s Division representative; Public Health Care Services provider; Juvenile Court representative; Emergency Medical Services provider.

*The State Level Panel:* plays an essential role in this process and is charged with the responsibility of providing oversight and recommendations to the DSS, STAT and the Department of Health and Senior Services (DHSS). DSS and DHSS is then mandated to make recommendations and develop programs to prevent childhood injuries and deaths. Quarterly, STAT and our division meet to review cases to strategize on ways to improve our systems. Recommendations are provided to the Children’s Division on policy and practice changes.

## **Roundtable Discussion**

### Strengths

- *Missouri has a history of utilizing stakeholders to assist in reviewing division policy and practice.*
- *External stakeholders have been involved throughout the CFSR statewide assessment process*

### Challenges Identified

- *Limited finances to hold face-to-face meetings when developing the Title IV-B plan.*
- *Limited success in finding effective ways to fully engage external stakeholders in developing Title IV-B plan.*

### Recommendations for Improvement

1. *When the state plan is developed, CJA should be included in the review of IV-B, with opportunity for input on effectiveness and recommendations.*
2. *Include a grandparent representative for IV-B state plan review team.*

***F.2. Collaboration of Services with Other Agencies:*** Discuss how effective the State has been in meeting the State Plan requirement to coordinate its services with the services and benefits of other public and private agencies serving the same general populations of children and families.

## **Caring Communities**

Missouri’s implementation of the federal Family Preservation and Family Support Services Act included the creation of the Community Partnerships and Caring Communities across the state.

Community Partnerships were created to develop community-wide collaboratives that serve as focal points for organizing and financing services for families and children.

State agencies of the Department of Corrections, Economic Development, Elementary and Secondary Education, Health, Labor and Industrial Relations, Mental Health, and Social Services have entered into partnerships with identified state communities to consolidate and integrate planning, financing, and accountability, especially for Caring Communities in their counties.

Community Partnerships are unique from one another in their strengths, resources, and needs. Communities have been encouraged to build on existing collaboratives that could enhance their functioning as a Community Partnership. Community Partnerships are composed of community stakeholders, including those who have a legal mandate to provide for the well-being of citizens (such as local government, school boards, and public agencies), as well as parents, private citizens, businesses, religious and civic leaders; and representatives of agencies, neighborhood associations, councils, organizations, and other collaborative bodies. The structure and composition of a Community Partnership reflects each community's individuality and culture, and substantial involvement of parents/consumers is expected.

Caring Communities is a community-wide approach providing schools, neighborhoods, and public agencies a mechanism to link services and supports to achieve better results for children and families. Caring Communities tailor services to the specific needs of children, families, and neighborhoods with the goal of supporting personal responsibility and family empowerment. Services are coordinated and delivered within neighborhoods and are designed to achieve the six core results: parent employment, safety of children in their families and community, children ready to enter school, children and families are healthy, children and youth successful at school, youth ready to enter the work force and become productive citizens.

### **Transition from Prison to Community Initiative (TPCI)**

A TPCI model, developed through the National Institute of Corrections, is providing a philosophical framework in Missouri for stakeholder agencies to promote common interested, integrate services, and improve the overall offender transition process. On September 10, 2002, an inter-department planning meeting was held concerning offender transition. The Department of Corrections, Department of Mental Health, Department of Economic Development, Department of Social Services, Department of Health and Senior Services, and Office of the State Courts Administrator participated in this meeting.

The four principal objectives of this initiative are: 1) Improve access to parenting information and referral for incarcerated fathers; 2) Increase parenting education and support for incarcerated fathers; 3) Improve short-term and long term visitation experiences of incarcerated fathers and their children; and 4) Increase the capacity of incarcerated fathers to provide financial support for their children.

The women's prisons based in Vandalia and Chillicothe are involved with the promotion of their children visitation movement. Volunteers are recruited to assist with transportation, supervision, and counseling (therapeutic visits) for children and their mothers. This is a pilot project that is being planned for all prison facilities.

The Family Support Division was awarded a grant funding for a federal demonstration project, the Incarcerated Fathers Collaboration Project later changed the name of the project to The Fatherhood Initiative. The primary goal of the project was to provide opportunities, resources, and supports to promote responsible fatherhood in order that fathers will assume emotional and financial responsibility of their children, both during and upon release from incarceration. Fathers scheduled for release within 18 months from the Western Reception, Diagnostic and Correctional Center in St. Joseph and Central Missouri Correctional Facility in Jefferson City will be offered voluntary participation opportunities.

### **Greenbook Initiative**

The Greenbook Initiative, which promotes collaboration among community members to develop interventions and measure progress for improving responses to child maltreatment and domestic violence, is being piloted in St. Louis and Jackson Counties. The Family Court of St. Louis County and Jackson County Domestic Violence Coordinated Community Council are the lead agencies. The Departments of Justice and Health and Human Services will provide a grant over a three-year period. The David and Lucile Packard Foundation, the Edna McConnell Clark Foundation, and the Annie B. Casey Foundation provide funding for technical assistance to the demonstration sites.

The initiative is trying to achieve: 1) Increased safety and well-being for adult and child victims of abuse; 2) Increased accountability of batterers; 3) A comprehensive community service system with multiple points of entry to address the needs of a wide range of family circumstances; and 4) System change, within and between the primary partner agencies that incorporates best practices and Greenbook recommendations.

The initiative will be focusing in the following areas: 1) Cross-train in each of the three partner agencies regarding co-occurrence of domestic violence and child maltreatment; 2) Develop coordinated policies, procedures, and assessment protocols that will address both domestic violence and child maltreatment in the three partner agencies; 3) Develop confidential and secure ways to share information within and between partner agencies to effect better planning and case management; 4) Create community awareness about the need to provide a comprehensive array of accessible, culturally competent services that will respond to the unique strengths and concerns of families; and 5) Secure funding for a Community Liaison service to assist battered women achieving economic independence.

### **Sexual Abuse Forensic Exam-Child Abuse Resource and Education (SAFE-CARE) Advisory Group**

The SAFE-CARE Advisory Group is comprised of medical providers (physicians and nurse practitioners), supported by Department of Health and Senior Services (DHSS) and the Children's Division, who are devoted to improving comprehensive and competent examination of child victims of physical and sexual abuse. The Advisory Group frequently will make agency policy and practice recommendations to both DHSS and our division. The Advisory Group also assists with training and maintaining the SAFE-CARE Network, which is made up of medical providers who share common interest in

such examinations of child victims. Each provider participates in a training session where they discuss such topics as sexual abuse examinations, court testimony, and child interview techniques. New providers are required to attend a one-day SAFE-CARE Network comprehensive training session. Current providers are required to participate in one SAFE-CARE training update. The Network maintains around 200 providers who conduct up to 2,000 examinations a year.

### **State Foster Care Advisory Committee**

The Advisory Committee consists of one foster parent and one Children's Division employee from each administrative area with the exception of St. Louis City, St. Louis County and Kansas City, which have two foster parent representatives and two division employees, respectively. This group meets quarterly to address concerns and provide recommendations on how the foster care program is administered locally. This group also advocates for change and make recommendations within the system to make it more responsive to the needs of foster children and their resource families.

### **State Youth Advisory Board**

The Missouri State Youth Advisory Board (SYAB) was established December 1992, with the first meeting being held on June 25, 1993. The SYAB meets on a quarterly basis. Each member of the board is an outstanding youth in foster care that represents other youth in his/her area of the state. Each area is allowed to have three (3) youth serve on the State Youth Advisory Board. The youth membership is divided evenly among IL Specialists, to assure that SYAB members are equally represented in their specific area as related to geographical size. Recognizing that each SYAB member represents all children and youth who have/are in Out-of-Home placements, each SYAB member is responsible for providing Children's Services policy and procedural input to DFS 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), who in turn, takes information back to ILP Specialists and youth in the IL classes. When recommended to serve on the SYAB, membership term is one (1) year, however, once a member; there are guidelines to follow in order to continue membership.

The mission of the SYAB is to empower Out-of-Home youth to provide input into the policies and procedures for Out-of-Home Care; to provide meaningful leadership training and experiences for board members; and to empower board members who, in turn, can empower children and youth who have experienced Out-of-Home Care.

### **Drug-Free Grant**

The Drug Free Communities Grant was awarded to the City of St. Louis by the U.S. Justice Department, Office of Justice Programs. The grant began March 1, 2003, in cooperation with St. Louis City, Department of Public Safety, and the Department of Social Services, committing their efforts to prevent teen drug use. The St. Louis Neighborhood Stabilization Team (NST) is the lead agency that has surveyed 8,000 junior high and high school students, held neighborhood focus groups and strategic planning meetings. The survey results are being used to identify key risk factors, which

will assist in the development of drug prevention strategies. Currently three of our division staff are out-based at the Teen Center, which is in a school and is part of Caring Communities. Outcome results from the surveys and subsequent prevention strategies will be released during Fall 2003.

### **Perinatal Substance Abuse Advisory Committee**

Missouri law established the Perinatal Substance Abuse Advisory Committee in 1991. This committee is charged with coordinating of services between Division of Family Services (DFS), Department of Health and Senior Services (DHSS), and the Department of Mental Health (DMH) to ensure a thorough assessment is conducted and appropriate services are implemented for women and children. The assessment process includes evaluation, care/treatment and educational components for women with children, with a goal of preventing substance abuse. The committee examines such agency policies and practices and strategize on ways to improve the system. The committee meets quarterly and membership includes representatives from each named agency as well as substance abuse treatment providers, court personnel, medical professionals and community partners.

### **Interdepartmental Initiative for Children with Severe Needs**

The State of Missouri's desire to improve care for children with severe behavioral health needs (and their families) led to development of the Interdepartmental Initiative for Children with Severe Needs (hereinafter referred to as "Initiative"). The Initiative is a consortium of State of Missouri child-serving divisions from the Departments of Social Services, Mental Health, Health, and Elementary and Secondary Education. The Initiative represents the shared interests and objectives of these participating departments to meet the needs of children with severe behavioral health needs (and their families), across traditional interdepartmental boundaries.

Through the Initiative, the State's desire to develop an integrated financing structure to support locally integrated systems of services and supports has been implemented on a small scale. The Initiative blended resources from the current categorical funding streams of the member agencies. The Initiative used resources from participating child-serving divisions, pooled through an integrated financing structure, to support individualized, comprehensive, family-focused Plans of Care that included all services needed to deliver care to the targeted population of children and their families.

The Initiative was implemented as a pilot project in four (4) counties of Eastern and eighteen (18) counties of Central Missouri in 1999. As of March 31, 2003, the Initiative has served nearly 700 children and families, with 271 children and families currently being served. This geographically limited project case management contract, with Missouri Alliance for Children and Families, is due to expire June 30, 2004.

The Initiative has sought input from its member department and division staff persons throughout its lifetime. As with any new program, the input has resulted in continuous changes in process and changes in the paperwork that is required from the Care Management Organization, the Technical Service Organization, and other referring

agencies. As with any new and developing programs, it will be necessary to carefully evaluate and review outcomes of the children and families served. Outcome results are not available at this time.

### **System of Care**

The System of Care (SOC) is an organized way to enable children with the most complex mental health needs to remain in their homes, schools and communities and receive the mental health services (psychiatric, mental retardation/developmental disabilities, alcohol and drug abuse) needed. SOC brings the right people together, at multiple levels, to develop resources and remove barriers for children with complex needs. The participants in the SOC from the State Level are: Family members; Department of Social Services, Division of Youth Services, Children's Division, and Division of Medical Services; Department of Elementary and Secondary Education, Division of Special Education, Division of Vocational Rehabilitation, Division of School Improvement; Courts and Office of State Courts Administrator; Department of Health and Senior Services, Bureau of Maternal, Child and Family Health; Department of Mental Health, Division of Comprehensive Psychiatric Services, Division of Alcohol and Drug Abuse, Division of Mental Retardation and Developmental Disabilities. The participant from the local level of SOC includes representative from the aforementioned state agencies, as well as, a variety of individuals representing many different organizations and interests.

Children with the most complex needs are frequently placed in costly out-of-home placement; they often experience multiple placements by multiple agencies; they are often failing at school and they are frequently involved with the juvenile justice system. No one agency has the ability and/or resources to adequately meet the multiple needs of these children.

It should be noted that SOC differs from the Interdepartmental Initiative, as SOC is absent of any formal contracts. SOC is a collaborative effort, made up of multi-agencies who provide services to individual cases in their communities, on an as needed basis.

### **Roundtable Discussions**

#### Strengths Identified

- *Missouri has a history of collaborating with other agencies when considering policy and practice changes.*
- *Family to Family initiative in St. Louis is successful.*

#### Challenges Identified

- *Resources are needed for collaborating to be successful.*
- *More outcome data is needed from various initiatives.*
- *There are children in state custody because the child needs mental health care and families do not have the means to provide. Missouri is developing an approach to meet needs of children with mental health issues without taking custody.*
- *All initiatives are not accessible statewide.*

Recommendations for Improvements

1. Provide financial resources to support initiatives that demonstrate progress through outcome data.
2. Increase outcome data to demonstrate the successfulness of Missouri’s initiatives.
3. Continue to review and address how children in Missouri can receive help for their mental health issues.

**F.3 Contracts with Other Agencies.** Does the agency have any agreements in place with other public or private agencies or contractors, such as juvenile justice or managed care agencies, to perform title IV-E or IV-B functions? If so, how are services provided under the agreements or contracts monitored for compliance with State plan requirements or other program requirements and accurate eligibility determinations made, where applicable?

**Family Reunification and Family Preservation Programs**

IV-B funding is utilized to provide Family Reunification and Family Preservation services through contracted providers. These are short-term, intensive services geared toward reunification and the prevention of out-of-home placements. Such services are competitively bid. While the contracts expire on an annual basis, renewal options are built in. Outcomes related to child safety, improved family/child functioning, child permanency/family continuity, and family satisfaction is specified in the contracts.

Missouri Intensive In-Home Services’ (IIS) goal is “to maintain a child *safely* at home when there is imminent risk of an out-of-home placement. The following data is from our IIS services:

	2001	2002
Number of Families Accepted	1,654	1,610
Number of targeted At-Risk Children Served	3,389	3,332
Number of Total Children Served	4,368	4,181
Number of Children Rejected Due to No Opening	1,118	957

<b>Child Safety</b>		
90 % of families shall not have confirmed CA/N during IIS interventions	92%	89.8%
85% of families shall not have confirmed CA/N within 3 months following IIS intervention	88%	79%
80% of families shall not have confirmed CA/N within 12 months following IIS intervention	64%	60.9%

<b>Child Permanency</b>		
90 % of children shall not be placed out of home during IIS intervention	95%	94.6%
85% of children shall not be placed out of home	86%	87.7%

within 3 months following IIS intervention		
80% of children shall not be placed out of home within 12 months following IIS intervention	77%	78.7%

The above chart on child safety illustrates one of the expected outcomes for IIS, which is to reduce confirmed CA/N reports on children served through IIS. This chart shows the expected outcome compared to the actual outcome for 2001 and 2002. The chart on child permanence is another of the expected outcomes for children served by IIS, which is to reduce the number of placements post termination of IIS. This chart compares the expected outcome to the actual outcome.

### **Foster Care and Adoption Programs**

IV-E funding is utilized for the foster care and adoption programs. This includes reimbursement for room and board, non-recurring adoption expenses, recruitment of providers, training of foster parents, and contracted case management. Funding is also utilized for residential treatment per diems, training of residential treatment providers, independent living program, system enhancements required by SACWIS, and contracts with the juvenile courts. When services are paid on behalf of a specific child, there is a IV-E eligibility determination. For services such as foster parent training which benefit non-IV-E eligible children as well as those who are eligible, the portion of the costs charged to IV-E is calculated by allocating these costs by the portion of the population served who are IV-E eligible. Finally, services such as system enhancements can be charged to IV-E as an allowable administrative cost.

Payments for room and board and other adoption expenses are authorized through contracts with foster/adoptive parents and residential treatment providers. While payments for residential treatment are typically for those children in the custody of the Division, there are five contracts which allow for the payment of residential treatment services for children in the custody of the Juvenile Court. These contracts are with juvenile or family courts throughout the state. Monthly reports are submitted by the Court to document the number of dates the children are placed in the residential facility. The Division then determines the appropriate IV-E reimbursement for the placement. In addition, there are agreements in place which allow the Division to pass along IV-E reimbursement for eligible training costs for residential treatment providers. Such training is geared toward increasing staff's ability to provide support and assistance to foster and adopted children. The residential treatment facilities submit regular reports to document the types of training, the number of staff attending and the cost associated with the training. These contracts can be renewed on an annual basis.

### **Foster Care and Adoption Provider Recruitment and Case Management**

Recruitment and training of alternative care providers and case management services are competitively bid. As of April 2003, the case management services were serving in Jackson County, 145 families/369 children; St. Louis County, 231 families/288 children; St. Louis City, 363 families/692 children. Contractors are paid to recruit foster and adoptive parents and to train foster parents in competencies which will allow them to provide quality care to foster children. The case management contracts are designed to assist the Division in moving children toward permanency. The contract defines how

many families can be served at any given time. Cases must be replaced on a one to one basis within 3-5 days unless otherwise requested by an agency. As such, they are now assigned at random. While the contracts expire on an annual basis, renewal options are built in. There is a statewide goal for increasing the capacity of licensed foster and adoptive parents by 960 families annually, through the recruitment contracts. Monthly reports are to be sent to the area state agency offices which outline recruitment, training and assessment activities. This includes the number of applicants, the number completing training, and the number who have completed an assessment. Outcomes, related to child safety, stability, and permanency, are built into the case management contracts in 2000 and are reported on annually. However, to evaluate performance approximately two and a half years of data is required as some of the measures extend 12 months beyond the 15 months which may be required to achieve permanency. The Division is currently in the process of evaluating each contractor's performance. In addition, case management agencies are monitored on an on-going basis through a quarterly peer record review process, monthly review of case narratives and case plans, and through the statewide quality assurance efforts which can include cases pulled at random for practice development reviews.

With Federal outcomes now established, performance standards in the case management contracts will likely be revised as the contracts are renewed in July, 2004. There are also plans to include performance measures in all state and federally funded contracts that do not currently contain them.

### **Juvenile and Family Court**

There are also contracts with the Juvenile Court which are designed to expedite permanency. These contracts are with juvenile or family courts throughout the state. The contracts are used to fund deputy juvenile officers, guardian ad litem or paraprofessionals with the goal of ensuring effective team planning and timely court proceedings. Outcomes measures of reduced lengths of stay for children in care and a reduction in those returning to care are specified in the contracts. In addition, there are some contracts which pay juvenile court staff for home studies which the Division has been court-ordered to complete. These contracts can be renewed on an annual basis.

### **Domestic Violence**

The division receives a federal formula grant through Title III of Public Law 98-457 for the prevention and treatment of family violence. The Division contracts with 55 domestic violence organizations in order to provide these federally funded services. In addition, the Division receives state funds to help support Family Violence Services. The Division currently contracts with 65 community-based providers throughout the state, who provide statewide domestic violence training, technical assistance, and service monitoring.

Through the assistance of a federal grant, Missouri provided statewide training on family violence during SFY-00 to Department of Social Services and community family violence shelter staff. The goals of the training were to better enable staff to appropriately assist family members who are impacted by family violence. Even though

the grant has been expended, Children's Services continues work in conjunction with Income Maintenance, Child Support Enforcement, and domestic violence service providers to make this training available on a quarterly basis.

St. Louis County has partnered with the Family Court of St. Louis and area domestic violence service providers to obtain a grant through the Departments of Justice and Health and Human Services. This consortium is one of six demonstration projects across the country. The initiative will focus on cross training of staff, development of coordinated policies, development of secure ways to share information and protect confidentiality, create community awareness, and develop culturally competent services. Desired outcomes include increased safety and well-being for victims, increased accountability for offenders, a comprehensive community service system, and implementation of best practices as outlined in *Effective Intervention in Domestic Violence & Child Maltreatment: Guidelines for Policy and Practice* (Policy document written by the Division).

### **Independent Living Program**

The Independent Living Program provides transitional living for eligible youth, classroom instruction, and services through Chafee, which provide such aftercare services such as housing, educational reimbursement etc. The contracts which provide transitional living and classroom instruction are competitively bid, with renewal options built in. Services provided through Chafee can be renewed each year.

### **Roundtable discussions:**

#### Strengths Identified

- *Missouri is currently in the beginning stages of developing performance based contracts.*
- *Missouri is tracking data for youth in care.*

#### Challenges Identified

- *Databases are not complete for collection of data.*
- *Performance-based contracts currently in infancy therefore using traditional contracts.*

#### Recommendation for Improvements

1. *Complete data bases for further additional data collection desired.*

***F.4. Compliance with Indian Child Welfare Act.*** *Citing any data available, discuss how effective the State has been in meeting State plan requirements for determining whether children are American Indian and ensuring compliance with the Indian Child Welfare Act.*

### **Tribal Councils**

No Indian tribal councils or headquarters exists in Missouri, and there are no state recognized tribes. There are, however, residents of the state who are members of tribes

located outside of Missouri. The 2000 U.S. Census reports Missouri with a total population of 5,595,211 including 0.4% who are identified as American Indian or Alaska Native. In reviewing the statistics for families served by the Children's Division, there are a total of 11,160 families receiving services in August 2003, and 59 (0.5%) are identified as American Indian/Alaska Native. The total number of children in alternative care was 11,584 with 29 (0.3%) children identified as American Indian/Alaska Native.

Missouri policy requires the terms of the Indian Child Welfare Act be followed in all case where the child or family is identified as being Indian. The thrust of the Act causes courts and agencies to recognize Indian membership and heritage in two ways: a) Native American tribes, wherever possible, will have jurisdiction over child custody proceedings; and (b) legal safeguards are established when child custody proceedings remain with the Missouri juvenile court. In any juvenile court proceedings, the Native American/Indian custodian or tribe of the child has the right to intervene at any point. Notice of any proceedings must be served to either parent, Indian custodian, tribal council or the Secretary of the Interior, Bureau of Indian Affairs. For Missouri this office is:

Indian Child Welfare Services  
Bureau of Indian Affairs  
Muskogee Area Office  
5<sup>th</sup> & Okmulgee  
Muskogee, OK 74401-4898  
(918) 687-2517

Additionally, Missouri is served by three Indian Centers serving different areas of the state that function as advocates and administrators for the Indian Child Welfare Act. They are:

St. Louis:	American Indian Center of Mid-America 4115 Connecticut St. Louis, MO 63116 (314) 773-3316
Kansas City:	Heart of America Indian Center 1340 E Admiral Boulevard Kansas City, MO 64106 (816) 421-7608
Springfield:	Southwest Missouri Indian Center 2422 West Division Springfield, MO 65802 (417) 869-9550

These Indian centers provide social and child welfare services to Indian children and families within their respective area. They, also, provide assistance in determining any family or child's Indian tribal membership. They will provide assistance outside of their immediate catchments area. If a division employee knows or suspects that a Native American child is in alternative placement or about to be placed in alternative placement they are required by policy to notify the agency and allow them to intervene or act as they

find appropriate. Some tribes may agree to allow the local juvenile court to have legal jurisdiction in order to provide financial needs of the child.

A review of the Indian Child Welfare Act is included in the initial basic training for all Children's Service Workers. The Missouri State Court Administrators office includes the Indian Child Welfare Act in the training that they provide to juvenile officers and juvenile court judges.

### **Roundtable Discussion**

#### Strengths identified

- *Tribal offices are contacted when knowledge of Indian heritage is determined.*
- *The Indian Centers all report good communications and working relationships with the Division.*
- *All service worker staff receive information and training on the Indian Child Welfare Act.*
- *Training is provided by Missouri Office of State Court Administrators to juvenile court personnel.*

#### Challenges Identified

- *The limited Indian population means that many service workers have a limited exposure to cases involving the Indian Child Welfare Act and may not follow policy.*
- *Many children and families may be of Indian heritage, but not always readily identified in the system as such.*
- *While the numbers of children of Indian heritage are small, none of the alternative care children identified as Indian are placed in Indian foster homes.*

#### Recommendations for Improvement

1. *Policy should reflect need to consider cultural differences in evaluating circumstances of Indian families and reflect efforts to avoid break-up of these families.*
2. *Inquires about Indian heritage should be required before any preliminary protective custody hearings.*
3. *The Indian centers should be invited to give training seminars at statewide conferences.*

## **Foster and Adoptive Home Licensing, Approval, and Recruitment**

*G.1. Discuss how effective the State has been in meeting the requirement to establish and maintain standards for foster family homes, adoptive homes, and child care institutions in which children served by the agency are placed.*

### **Foster Care**

The Children's Division is responsible for licensing of foster homes, including foster family group homes, per licensing regulations CSR 40-60, CSR 40-72, and Missouri Statute, Chapter 210. Missouri's licensing rules include: approval, denial or revocation of license, number of children, health of foster family, training, physical standards of foster home, sleeping arrangements, fire and safety requirements, care of foster children, and records and reports. Staff utilize the licensing requirements to establish and maintain new and existing licensed foster homes. The Division is in the process of updating the rules to incorporate the competencies that foster families must demonstrate before licensure. (For further explanation of the competencies, see Section D).

Each home is licensed for a 24-month period. Before licensure and at the time of renewal, each applicant and every person in the home 18 years of age and older must complete a criminal background and child abuse/neglect records check. No person with a felony conviction for child abuse or neglect, spousal abuse, a crime against children (including child pornography), or a crime involving violence, rape, sexual assault, or homicide may be licensed. Also banned from licensure are those who in the past five years have had a felony conviction for physical assault, battery, or a drug-related offense. Each Division Region maintains a formal review process of foster homes when there is a "probable cause" determination of child abuse/neglect and/or there are serious infractions of licensing regulations. When a report is unsubstantiated or otherwise brought to the Divisions attention the purpose of the review is to determine the continued use or licensure of the foster home as well as any corrective action to be taken. The emphasis of the reviews is to be strength-based and focused on the best interest of the child. The Review Teams should include non-Children's Division staff (one designated to be the leader or moderator), a licensing supervisor, staff from other program areas and/or counties, and a teaching foster parent. The foster parents whose home is being reviewed participate and are encouraged to bring a support person of their choice.

Missouri's foster parents must complete 27 hours of STARS (Specialized, Training, Assessment, Resource, Support/Skills) Training and demonstrate five competencies before being licensed. An assessment of the home is also completed that entails four in-home consultations and approximately ten hours of interviews with all household members. (See Section D for more information)

### **Adoptive Homes**

The Children's Division is also responsible for the approval of adoptive homes working with Missouri's agency. The process for adoption includes the Spaulding Training, a specialized training curriculum for adoptive families. Spaulding Training is an additional

12 hours of training, following the completion of STARS training. Individuals and families interested in adoption must also have an adoptive home assessment completed following the training and prior to approval.

The agency is proud of Missouri's emphasis on specialized training for both foster parents and adoptive parents. By providing extensive training, the agency hopes to not only prepare individuals and families to care for children who have been abused and neglected, but to assist them throughout their work on the agency's professional team caring for children.

### **Residential/Child Placing Agencies**

The Missouri's Children's Division provides regulatory oversight of Residential Child Caring Agency (RCCA) and Child Placing Agency (CPA) licensure pursuant to 210.486 RSMo. Since 1993, Missouri Statute 210.484 stipulates that RCCA licensure be the responsibility of the Department of Health and Senior Services (DHSS). DHSS and the Children's Division, however, currently have a mutual agreement for the Children's Division to continue RCCA licensure activities. Licensed RCCA and CPA operating sites are supervised by the Children's Division Residential Program Unit (RPU) where licensing consultants ensure compliance with Chapters 71 & 73 of the Children's Division RCCA and CP rules respectively. When non-compliance occurs, agencies are requested to provide RPU with corrective action plans. Currently, this is being done on a case by case basis using the routine paper RPU inspection documentation. In the case of a complaint, RPU tracks whether or not a corrective action plan is submitted. RPU plans to explore whether or not complaints and other areas of non-compliance, such as physical plant issues, record-keeping, etc, should be tracked quantitatively and placed in a database. It is anticipated that such tracking would increase the labor intensity of the professional and clerical support staff. This will need to be carefully weighed with the potential usefulness of such a database as staff is stretched very thin at this time.

RCCA and CPA rules are comprehensive in that they address issues such as child safety, staff educational qualifications, pertinent experience, staff training, staff/child ratios, appropriate discipline, avoidance and reporting of child abuse/neglect, confidentiality of records, child and staff health issues, physical plant, sanitation, and fire and safety issues, children's services assessment and planning issues, and record keeping.

RCCA and CPA rules are periodically reviewed for updates. A national survey was conducted exploring RCCA licensure issues. RPU staff and a representation from the licensed RCCA community provided input that developed into a revised RCCA rules document. Among other things, the draft revision addresses exclusionary criteria related to potential staff who apply to work for a RCCA and who have a history of crimes against persons such as rape, murder, and serious child abuse/neglect. The same intent is in a CPA draft revision. Currently, it is the decision of the RCCA/CPA administration whether or not to hire someone with a criminal history of crimes against persons. This rule revision would prohibit the hiring of staff with a history of specific crimes against persons. Both the RCCA and CPA drafts are currently pending.

## **Roundtable Discussion**

### Strengths Identified

- *There is presently sufficient number of staff to monitor licensed facility/homes.*
- *Each agency area has a strength-based, formal process used to review foster homes where there have been child abuse/neglect hotline reports or other concerns raised. The team includes non-Children's Division members.*

### Challenges Identified

- *While limited, child abuse and neglect continues to occur in Alternative Care settings.*
- *Foster parents are in need of additional supportive services.*
- *The agency has limited resources for continued recruitment.*
- *The Foster Care Rules and Regulations need to be updated.*
- *Children would benefit from more active participation of Family Support Team members in the permanency plan process.*
- *Professional and clerical staff shortages will constrain data collection effects in the Residential Program Unit.*

### Recommendations for Improvement

1. *The Residential Program Unit should explore quantitative data collection for non-compliance issues for trend analysis.*
2. *Better support to foster families is needed, beginning with more frequent visits.*
3. *Enhance the selection of placement resources for children by basing placement on a good match of the child's needs and the foster parent's' training and experience.*
4. *Develop more respite providers.*
5. *Foster parents should have more involvement in Family Support Team Meetings.*
6. *Foster home licensing rules and regulations should be revised.*

**G.2.** *Citing any data available to the State, discuss how effective the State has been in meeting the State plan requirement to ensure that the State's licensure standards are applied equally to all foster and adoptive homes and child care institutions that serve children in the State's care or custody?*

## **Foster and Adoptive Homes**

Foster parent licensing standards are applied equally to all homes wishing to hold a foster home license by the State. This includes the training, assessment, home safety standards, and meeting of the five competencies necessary for licensure. (See Section D for more information) The agency has also developed comparable training specific to individuals serving as kinship placements (those related or known to the child or child's family). Any licensed foster home, whether kinship or foster home for an unrelated child, must meet the same licensing standards. For adoptive families, they must meet all of the above, and complete the additional Spaulding adoption training and assessment.

The foster home licensing rules dictate licensing standards, and Missouri's agency policy outlines procedures for staff in the licensing of families. This includes the re-licensure of foster and kinship families, which is conducted every two years. The Division does revoke licenses due to violation of licensing rules. In SFY-99, 49 foster home licenses were revoked; in SFY-00, 60 were revoked; in SFY-01, 52 were revoked; in SFY-02, 62 were revoked; and in SFY-03, 27 were revoked. Our data collection system does not allow for a specific reason for revocation so a trend analysis is not possible at this time.

### **Residential/Child Placing Agencies**

The RCCA and CPA rules are applied equally to all licensed RCCA and CP agencies. There is provision for an agency to request a variance of a particular rule, for example, related to maximum capacity or age range, during a specific licensure period. Initial licensure of an agency may only be for a probationary period not to exceed six months. Licensure renewals may be for a period not to exceed two years.

License renewal is tracked by RPU clerical support staff. License renewal packets are sent to licensed agencies at least 90 days prior to licensure expiration and RPU staff inspect the operating site approximately 60 days prior to licensure expiration. The goal is to ensure a timely license renewal process.

### **Roundtable Discussions**

#### Strengths Identified

- *Residential Program Unit staff conducts frequent oversight visits of residential facilities.*
- *Missouri has standardized licensing regulations.*
- *Licensing standards help guide appropriateness of placements.*
- *The flexibility in policy lends to professional discretion.*

#### Recommendations for Improvement

1. *The agency needs a mechanism to measure how residential treatment centers are effectively meeting children's goals.*
2. *The agency needs a mechanism to measure how foster parents are effectively meeting children's goals.*
3. *The Division should increase efforts to recruit more minority foster parents.*
4. *Policy enhancements should be made to provide clearer guidelines on foster parent involvement in permanency planning.*

**G.3.** *Citing any licensure or safety data available to the State, discuss how effective the State has been in meeting the State plan requirement to conduct criminal background clearances on prospective foster and adoptive families, including those being licensed or approved by private agencies in the State. How does the State address safety considerations with respect to the staff of child care institutions and foster and adoptive families (if agency has opted not to conduct criminal background clearances on foster care and adoptive families)?*

**Foster Care**

Both state regulations and agency policy require criminal record checks on all household members age 18 and older during the licensing and re-licensing process. Currently all prospective and on-going foster/adoptive families register with the Family Care Safety Registry (FCSR), which is maintained by the Department of Health and Senior Services. The Registry contains the following information: state criminal records checks conducted by the Missouri State Highway Patrol, child abuse/neglect records maintained by the Children's Division, the employee disqualification list maintained by DHSS, child care facility licensing records maintained by DHSS, foster parent, residential facility and child placing agency licensing records maintained by the Children's Division, and residential living facility and nursing home licensing records maintained by DHSS. Effective January 2004, the Registry will include the Sexual Offender Registry maintained by the Missouri Highway Patrol. In the meantime, requests for that information are sent directly to the highway patrol. The Division is in the process of enhancing the criminal records check to include a national search with the use of fingerprints. Division management has recently been meeting with members of the Highway Patrol and legislators to overcome the barrier of expense to either the applicant or the Division. Currently, policy requires a name check but not a fingerprint check. In practice, many local offices do require the use of fingerprints.

Specific concerns regarding criminal record checks include the length of time it takes for the local county office to get the results, as well as the checks not showing all records which may be found on an individual. The mandated use of fingerprints should eliminate the latter problem. Another concern is that the Highway Patrol does not maintain records involving specific civil matters, such as an Order of Protection. The Division, as part of the enhancement of background checks, is exploring the use of the Missouri's Case.Net program. Case.Net is an access to the Missouri's State Courts' Automated Case Management System. Information can be found on case records including docket entries, parties, judgments, and charges in public court. Limitations to Case.Net are that only courts that have implemented the case management software as part of the Missouri Courts Automation Project and only cases that have been deemed public under the Missouri Revised Statutes can be accessed.

Three sites across Missouri have been chosen to test a new curriculum, "Confirming Safe Environments." This curriculum is being explored in an effort to increase the emphasis on the safety of the child living in out of home care and the accountability of the worker. (See Section C for more information.)

**Residential/Child Placing Agencies**

Both Chapter 71 of the RCCA rules and Chapter 73 of the CPA rules require criminal background checks as well as child abuse/neglect background checks for staff of those facilities and agencies. The CPA rules further require criminal background checks and child abuse/neglect background checks for foster and adoptive parents. Currently, the criminal background checks are done with a paper review using a person's name, date of birth and Social Security Number. The CPA rules further require a finger print criminal

background check if it is found that a prospective adoptive parent has a criminal conviction.

### **Roundtable Discussions**

#### Strengths Identified

- *Foster and adoptive families and employees of Residential/Child Placing Agencies must submit to background checks.*
- *Criminal and child abuse and neglect record checks are conducted for every licensure period for foster and adoptive families.*

#### Challenges Identified

- *There appears to be limited resources for finger printing of other household members in foster and adoptive homes.*
- *Access to records for Orders of Protection, misdemeanor charges, etc. on potential foster and adoptive parents has not been resolved however, is under review.*
- *The agency's current policy regarding background checks needs to be enhancement.*

#### Recommendations for Improvement

1. *Missouri laws and Division policy should be changed to allow for easier access to circuit court information.*
2. *Written Division policy guidelines should be developed on how to handle background checks on applicants that show restraining orders.*
3. *Complete review and implementing of fingerprinting for foster/adoptive parents should be implemented to provide a nationwide background check.*
4. *The agency should continue to explore and utilize curricula to enhance the assessment of a child's safety and worker accountability while the child is in out of home care.*

**G.4.** *Citing any data available to the State, discuss how effective the State has been in meeting the State plan requirement to recruit and train foster and adoptive families that represent the ethnic and racial diversity of children in the State for whom foster and adoptive homes are needed, including the effectiveness of the State's official recruitment plan.*

Missouri has several ongoing efforts to recruit and retain foster and adoptive families from across the state that represent the diversity of children in the State's care and custody.

The Division has awarded contracts to private agencies that conduct foster and adoptive parent recruitment, training and assessments. The contract specifically targets finding quality homes for children who are of African-American heritage and homes for special needs children. Contractors are given demographic information identifying specific needs of the agency. Prior to 1998, 21 Resource Development Contracts (for the

recruitment, training and assessment of foster and adoptive homes) were awarded to the metropolitan areas. In 1999, an additional 36 were added to the remainder of the state, totaling 57.

Foster parent recruitment efforts across the state have resulted in more African-American foster parents. The Division has also had a decrease in the percentage of children in alternative care who are African American, from 40% in 1999 to 33% in 2002. Missouri's census data indicates African Americans represent 12% of the total population of the state. African American children, however, make up 35% of the state's children living in poverty. The issue of the over representation of African American children in the public child welfare system is currently being studied throughout the United States and is an issue that is important to Missouri as well.

The Multi-Ethnic Placement Act has been incorporated into Missouri's Child Welfare Practice and training. In addition, in June 2000 Missouri introduced the Transracial Parenting Project, developed by the North American Council on Adoptable Children. Parents who have adopted/fostered, or who are considering adopting/fostering trans-culturally, may volunteer to participate in the project and the participation is kept totally separate from the home assessment process. Foster parents are given in-service training credit.

Missouri's partnership with The Adoption Exchange on Missouri's Adoption Opportunities Grant is in the second year. One specific objective of Missouri's grant is to develop culturally appropriate recruitment, retention, and support strategies that result in a 50% increase in the number of minority applicants approved for adoption. The Division continues to build on the tasks, which include community based recruitment efforts, training related to specific adoption recruitment strategies, Missouri's 800 phone line for adoptive families, and adoption specific lending libraries in all areas of the state.

Missouri has effectively used part of the Adoption Incentive Funds received for completion of permanency for waiting children to implement a statewide recruitment campaign. The agency has developed and begun distribution of new recruitment brochures and has expanded the use of media recruitment, including television and radio segments, billboards, and child specific efforts. This is the first statewide recruitment campaign the agency has had in many years, and it is believed Missouri's efforts will be very successful.

Missouri's One Church One Child Program has three current sites: the metropolitan areas of Kansas City and St. Louis, and the rural community of Monroe City. The agency is in the process of expanding this program to include Cole and Callaway Counties. This program brings together the African-American faith community, partnering with the Division, to develop recruitment opportunities for African American children awaiting permanency. The agency held its first One Church One Child statewide conference in the fall of 2001. Following the conference, several other sites across the state expressed a desire to start a project within their community. There is not any data to support the success of this program.

A new opportunity for the Children's Division has been the Family to Family Project in St. Louis City. This project, funded by the Casey Family Projects, selected the metropolitan site of St. Louis City due to the large percentage of African American children in care, and the large number of children from that region who are placed outside their own community. The Family to Family Project strives to find placements for children within their own communities which reflect the child's cultural and ethnic background. While this is a relatively new project, the agency is very excited about the possibilities it brings in partnering with other agencies and the community development opportunities.

### **Roundtable Discussions**

#### Strengths Identified

- *The One Church/One Child Program is very strong in the St. Louis area.*
- *The Multi-Ethic Placement Act is incorporated into agency policy.*
- *The introduction of the Transracial Parenting Project allows families another source of support.*

#### Challenges Identified

- *The agency is lacking minority homes (African-American) to meet agency needs.*
- *There appear to be conflicting federal requirements regarding selecting a placement resource that is in closest proximity of the child's home versus resource availability.*
- *Missouri's foster and adoptive recruitment resources are limited.*
- *There is a limited understanding of ethnic issues among some Children's Division staff.*

#### Recommendations for Improvements

1. *The Division should systemically identify qualities of successful foster and/adoptive parents and utilize such qualities for foster and adoptive recruitment.*
2. *The Division should increase and enhance partnerships with various ethnic communities.*
3. *To increase efforts to recruit minority families.*

**G.5.** *Citing any data available to the State, discuss how effective the State has been in meeting the State plan requirement to recruit and use adoptive families for waiting children across State or other jurisdictional boundaries. In responding, consider relevant agency policies, timeframes for initiating recruitment activities, and specific methods.*

Missouri has successfully recruited families and placed children in various homes across the state, as well as with families out of state. Missouri strongly supports the Interstate Compact for Placement of Children (ICPC) when children are to be placed with a family out of state. ICPC is a legally and administratively sound means of permitting child placement activities throughout the country in much the same way and with the same

services as though they were being conducted within a single state. One hundred twenty-six Missouri youth were adopted by families out of state during SFY-02. The following year, 1996 Missouri youth were adopted by families located out of state.

Many families have expressed interest in waiting children as a result of Missouri's website. This website lists profiles and pictures of children awaiting a permanent placement. The agency also uses the AdoptUSKids and the Adoption Exchange website, both national websites, as recruitment efforts for Missouri's children. It would be difficult to collect data for children adopted through the use of national websites because of the variety of those recruitment resources. Missouri families, as well as out-of-state families for whom the agency has an approved home study, are staffed for potential matches during Missouri's Second Level Matching Team. (See Section E for more information)

In 2000 the St. Louis County Division staff and the Juvenile court in that county implemented an Adoption Saturday event. This event has become an annual event. The judge and other community partners come together to finalize a mass number of adoptions in a festive affair.

A Division advertising campaign conducted with the Adoption Exchange from September 2002 through March 2003 resulted in 302 responses from across State and other jurisdictional boundaries. Of those responses, 5.96% were the result of direct mailing, 6.95% the result of billboards, 54.3% the result of television, 13.25% the result of radio, 1.32% the result of ads placed on buses, and 19.54% the result of newspaper ads.

## **Roundtable Discussions**

### Strengths Identified

- *The Second Level Matching Team is effective in finding homes for children who are difficult to place.*
- *The Interstate Compact for Placement of Children is an effective support for insuring children and families will receive the same level of support and services, regardless of the state where they reside.*
- *The Internet has been an effective resource for matching children to adoptive parents.*
- *Some Missouri Juvenile Courts are helping to make the adoption process more visible in the community.*

### Challenges Identified

- *The multiple steps of the Interstate Compact for Placement of Children can affect the timeliness of permanency plans for children.*
- *The finalization of adoption subsidies across jurisdictions creates delays.*
- *There is a need for better financial incentives for placement of children with special needs.*

- *Television and radio ads are costly to use for recruitment efforts.*
- *The Adoption Incentive and Adoption Opportunities Grants are expiring soon.*

*Recommendations for Improvements*

1. *The Division should strive for better financial incentives for special needs adoptions.*
2. *The Division should set aside resources to spend foster and adoption recruitment.*

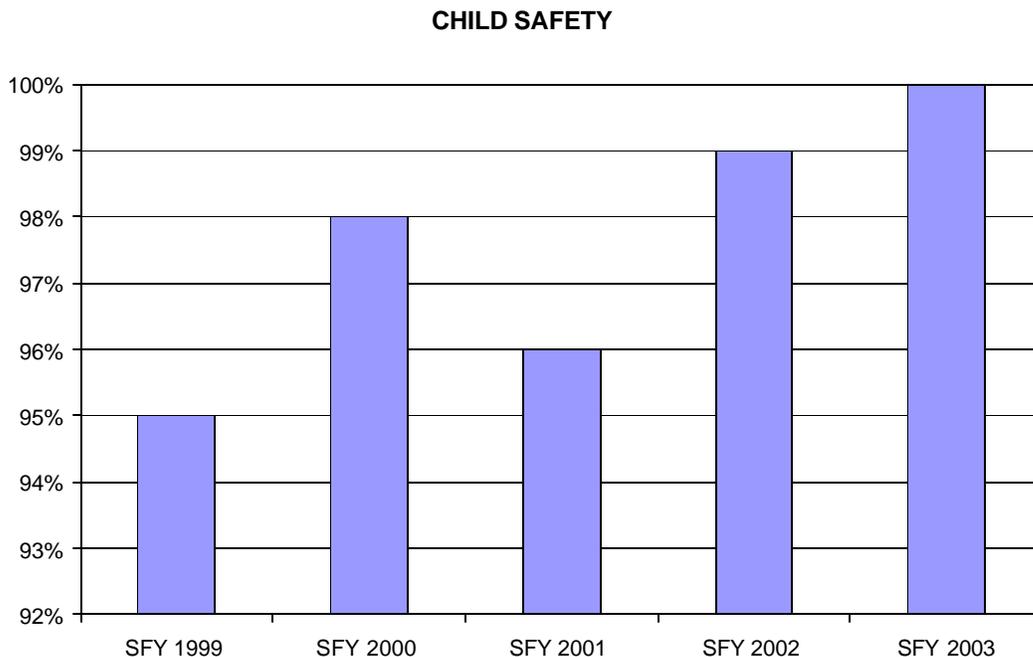
## A. Safety

**Outcome S1: Children are, first and foremost, protected from abuse and neglect.**

**Outcome S2: Children are safely maintained in their homes whenever possible and appropriate.**

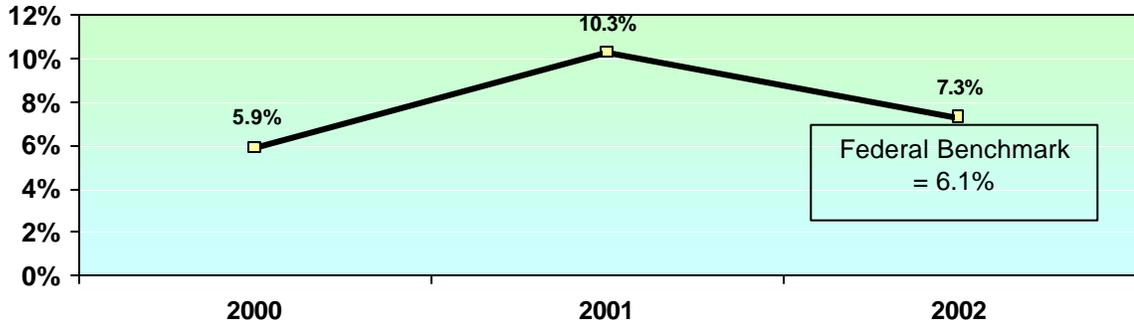
### Trends in Safety Data

Missouri began a peer review process, specifically the Practice Development Review (PDR) in SFY-99 where safety of children, those placed in an alternative living setting and those children who were living with their families, is assessed at the time of the review. This is a point-in-time view and specifically analyzes the child status and the service performance of all agencies involved in this child’s intervention. From SFY-99 through SFY-03, Missouri has reviewed actual practice for 395 children and their families. Safety has been the most consistent rating throughout the years of review. The graph below demonstrates the consistency.

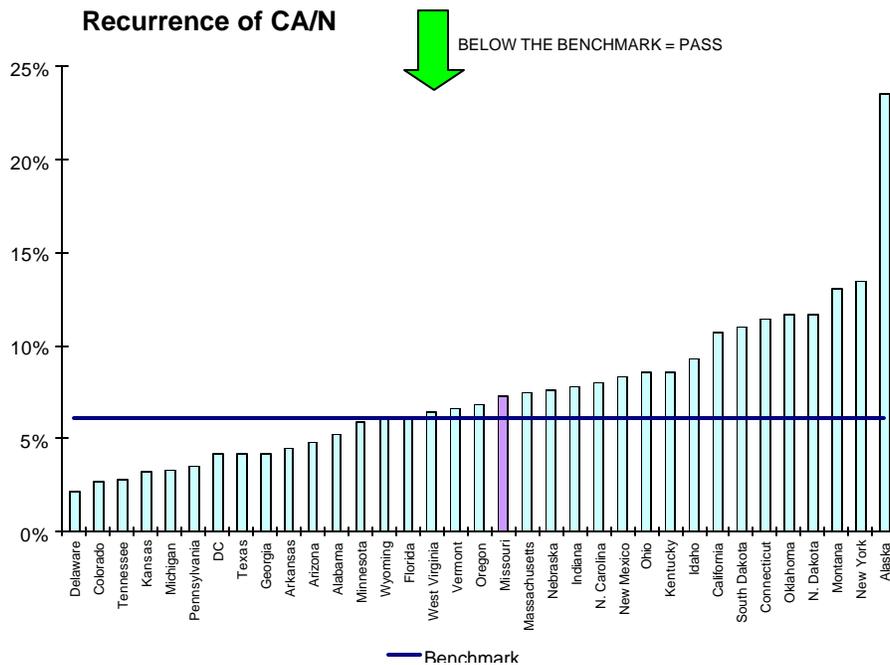


The chart below represents a federal outcome measure for Missouri’s percentage of children who had a recurrence of a child abuse and neglect incident within six months of a prior one. The chart shows a significant increase in FFY-01. This may have been a reflection of a decrease in staff, created by hiring freezes. Hiring freezes leave unpredicted gaps in staff which may have impacted the service worker’s ability to provide appropriate services. Without appropriate service, repeat behavior is more likely to reoccur.

### Percent of Children With Recurrence of Child Abuse/Neglect within 6 Months



It has been estimated that child abuse and neglect costs \$94.1 billion a year nationally in direct and indirect costs. Stakeholders as well as external partners in the round table discussion recognize multiple external contributing factors, such as poverty, unemployment, and drug use. They have speculated that the internal factors that have an influence on this measure are number of staff, caseload size, and structured decision making tools.



The chart above reflects how Missouri compares to other states reviewed on the recurrence of child abuse and neglect.

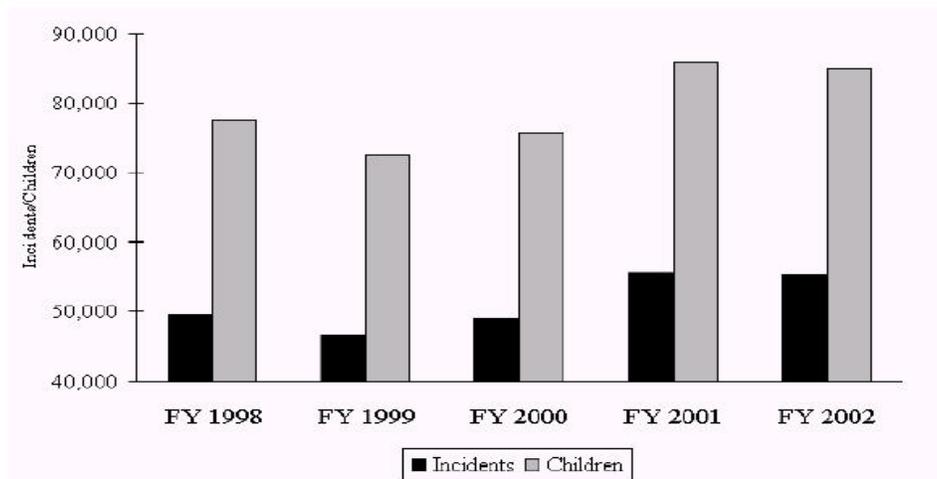
### Child Maltreatment Safety Data Element I

### Reports of Child Abuse and Neglect

Data Profile information indicates the number of reports of suspected child abuse and neglect in Missouri increased from Calendar Year 2000 to Calendar Year 2001 by 8%. From Calendar Year 2001 to Calendar Year 2002, the number of reports increased by 1%. The number of duplicated and unique children reported mirrored these trends.

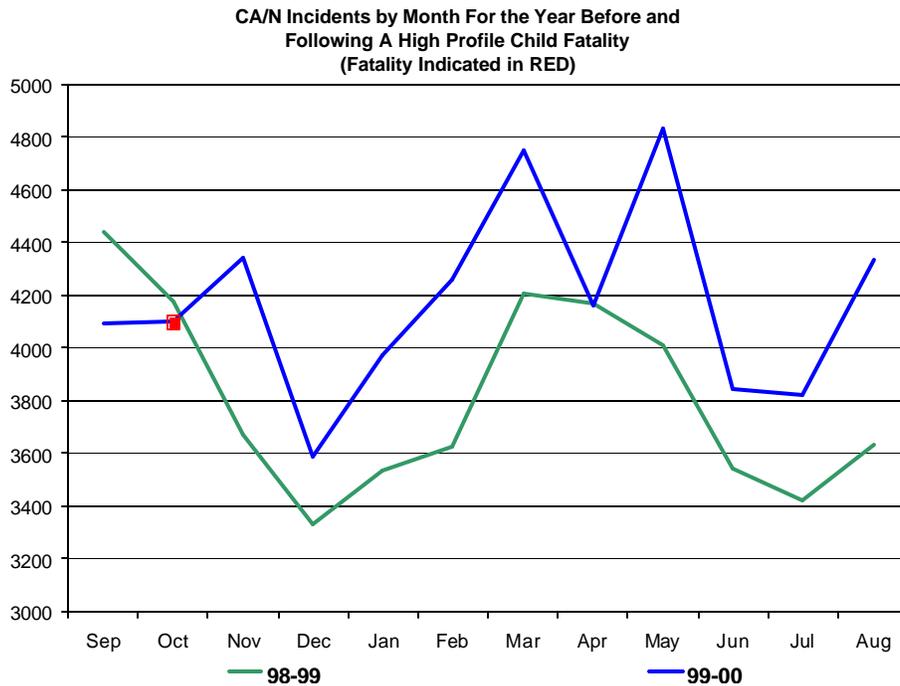
- There has been an increase in media awareness of child abuse and neglect issues in Missouri in recent years as a result of a few very high profile cases, beginning in 1999. As a result of a well-publicized death of siblings in late 1999, a number of legislative enhancements were made in the 1999-2000 General Assembly session. Senate Bill 757, which became effective in late August 2000, provided for school liaisons to be appointed in each school district of the state for the purpose of receiving information regarding all hotlines received on children enrolled in that district. As a result of this new practice, schools are notified within 72 hours of receipt of a report and are able to provide any information they might have on the identified children to assist the agency in the investigation/assessment of the report. At times, the notification to the school regarding the report creates an information-sharing platform that benefits the investigation process through additional information.
- Missouri recognizes the important role of the public in reporting suspected child abuse and neglect and encourages that in a number of ways. Public awareness strategies, such as inclusion of the Child Abuse and Neglect Hotline toll-free number in all telephone books, public education forums and close collaboration with schools and with other community partners contributes to a continuing increase in the number of hotline calls.

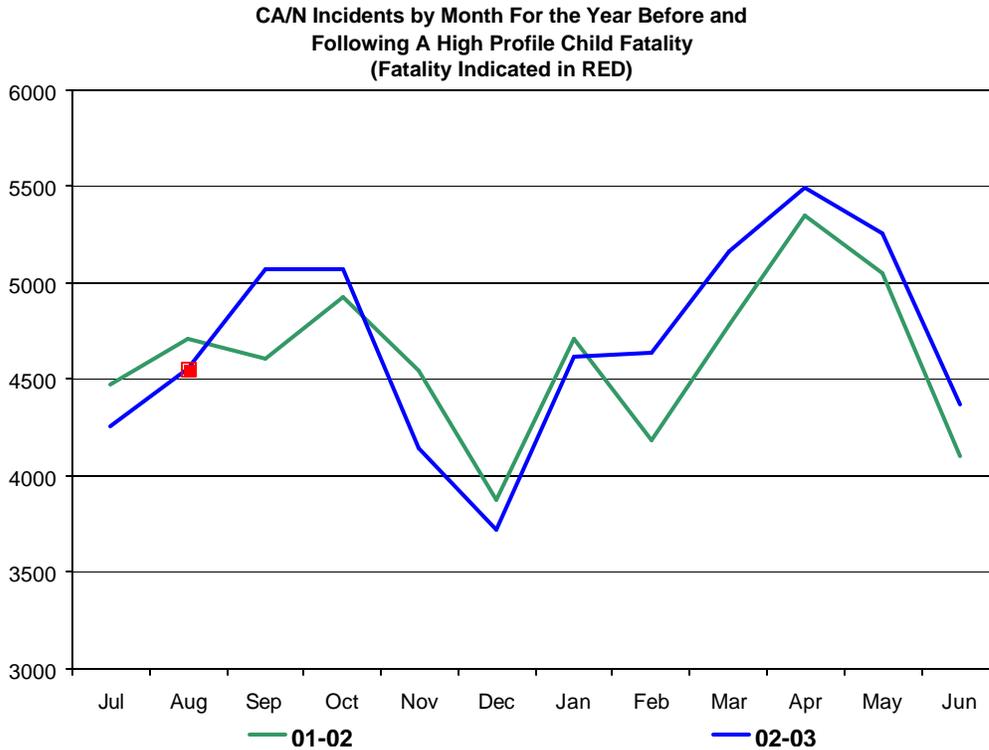
**CA/N Incidents & Children**



- The chart above illustrates the number of children that were involved in child abuse and neglect incidents from FFY-98 until FFY-02.

- Senate Bill 757 was followed by the release of the Missouri State Auditor’s investigation of the Child Abuse and Neglect Hotline audit in December of 2000, which evaluated the hotline process of CANHU and field practices and policies. This audit was launched as a result of the previously mentioned sibling deaths. Throughout 2000, child welfare practice and policy in Missouri was under intense scrutiny. This media attention has heightened community concern regarding the protection of children and likely has contributed to an increase in the number of calls being made to the central Hotline Unit. The line graph below illustrates an increase in Child Abuse and Neglect reports following a high profile case. The media creates public awareness whereby citizens have a heightened awareness which results in a few months of more Child Abuse and Neglect reports.





- In August 2002, a two-year-old child placed in foster care died. The foster father was criminally charged with second degree murder. This tragedy prompted a series of reviews, audits, investigations, studies internally and externally by various commissions, including the Missouri Supreme Court Commission on Children’s Justice and the State Auditor report on the foster care system. The Children’s Division appreciated all of the many recommendations which a number of those have already been implemented.
- **Child Abuse and Neglect Hotline Improvements.** Missouri’s centralized Child Abuse and Neglect Hotline received 103,000 calls last year. 54% of these were child abuse or neglect reports, 29% were referrals and 17% were screened and determined not to meet criteria for abuse report, neglect report or referral.

The hotline unit operates continuously. Staff are available 365 days per year, 7 days per week, and 24 hours per day to assess calls of concern about the safety of Missouri’s children. Staff with a baccalaureate degree in human services receives eight days of training and interview callers, assess for abuse, neglect or referrals, determine response priority, as necessary, and dispatch them to appropriate field offices.

To improve the consistency of call classification, protocols have been established. Protocols are an approach to managing calls and tools to support workers in gathering the correct information needed to determine if, how and when to respond to calls about children’s safety. Protocols include set of questions guide

interview of each call beginning with set of entry questions, followed by pathways based on caller's concern. Each of 28 pathways contains another set of questions to solicit critical information directly related to callers' concerns. Embedded in the pathways are a list of criteria based on Missouri's law, regulations and policy that if met cause a call to rise to the level of a child abuse or neglect report; or referral. The pathways also connect criteria to the appropriate response priority required by field. Structured decision making concepts developed by the Children's Research Center, are embedded in the pathways and guide the worker in making critical decisions. Closing protocols based on how the call is classified are designed to ensure each caller knows what action was taken.

To validate the protocols, Missouri begins a controlled experiment in late October 2003. Results will be ready in late November. The protocols are a significant enhancement to the tools currently provided to staff. Therefore, Missouri's plan is to analyze results from the experiment, make warranted adjustments, followed shortly thereafter by implementation throughout the entire unit as the new way that all calls are consistently managed at the hotline. Quality assurance methodology and tools have been developed to support this work as a continuously improving approach.

In addition, to improve responsive to callers, efficiencies will be created by automating the protocol process and implementing call management technology. Protocol automation will enable workers to enter information while interviewing callers; rapidly search databases for vital information; generate narrative, automatically code information and correctly classify based on information entered.

Call management technology will not only allow queuing of calls by urgent safety concerns yet provides real time data for monitoring call volume and managing the unit to achieve maximum responsiveness. Both tools are scheduled for implementation in December, 2003.

### **Child Maltreatment Safety Data Element II Disposition of Child Abuse and Neglect Reports**

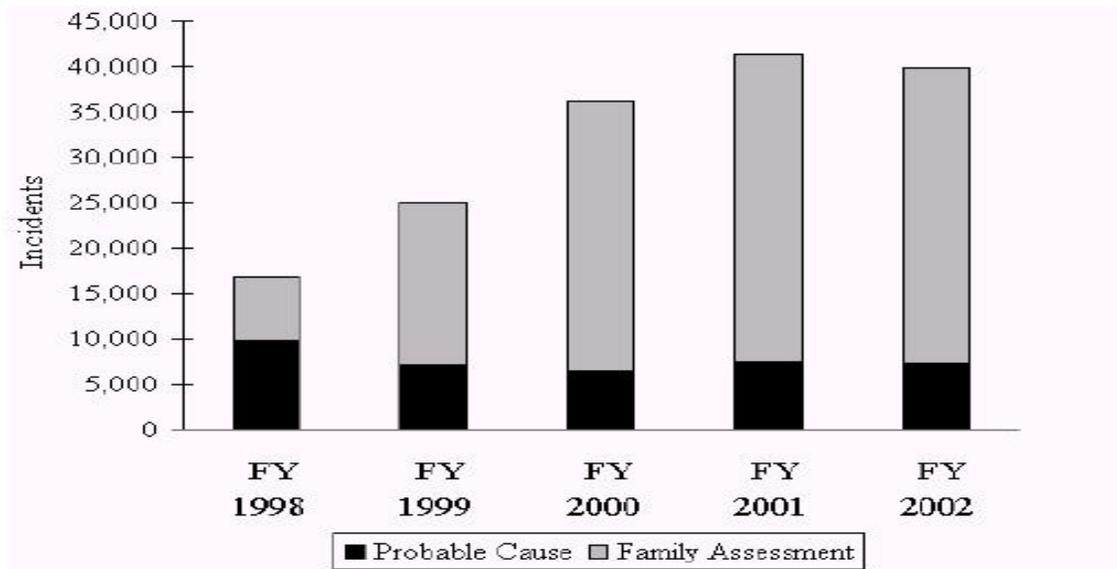
Data Profile information reports that the disposition of Child Abuse and Neglect reports in Missouri has not substantially changed from Calendar Year 2000 to Calendar Year 2002. The percentage of reports substantiated in Calendar Year 2000 was 12%. It was 12% again in 2001 and 13.6% in Calendar Year 2002.

- The disposition figures in the Data Profile must be considered in light of the multiple response approach to reports used in Missouri. In 2002, only 35% of the reports received were screened as investigations, and thus, would be the only ones considered in the substantiated and unsubstantiated rates. The high

number of “Other” dispositions is accounted for by the number of reports screened as assessments and thus do not receive dispositions of substantiated or unsubstantiated.

- Missouri implemented a multiple response to hotline reports statewide in July 1999. This approach was piloted from 1995 to 1997 in five sites across the state as a result of the passage of Senate Bill 595 in 1995. The multiple response approach differentiates between reports accepted for investigation and those for assessment by more appropriately gearing the response of the agency to the safety of the child and the needs of the family, rather than approaching all reports with the same degree of immediacy and the same degree of law enforcement involvement. A two year evaluation completed by the Institute for Applied Research of St. Louis demonstrated that consumer satisfaction, staff satisfaction, and community partner satisfaction was greatly increased with the multiple response approach. Additionally, access to services for families was expedited and more appropriate. When a hotline report is received at the local level, a CPS Classification Screening form, CS-27, is completed to determine if the report should be handled as an “investigation” or as an “assessment”. Reports alleging child abuse or neglect, which, if substantiated would constitute grounds for criminal charges, must be screened as investigations. Reports that do not rise to this level may also be screened as investigations if other circumstances, such as repeated prior reports of the same nature, lead the screeners to believe an investigation approach would best serve the children involved. Field staff responding to investigations must solicit law enforcement involvement. The disposition of investigations will be either “probable cause” (substantiated) or “unsubstantiated”. Reports that are not screened as investigations will be handled as a Family Assessment and initially will not involve law enforcement. Disposition of assessments will not result in a “probable cause” or “unsubstantiated” determination, but rather a determination of whether the family was linked to services within the first 30 days, services are needed on a continuing basis, or no services are needed. A second evaluation on the statewide results of the multiple response approach is underway at this time, but it is believed that implementation of this approach has contributed to the consistency in substantiation rates statewide as shown in the graph below.

### Child Abuse and Neglect Reports With Findings of Probable Cause & Family Assessment



- The substantial increase in the duplicated children from Calendar Year 2000 to Calendar Year 2001 (from 74,412 children to 80,743 children) corresponds to some degree to the increase in the number of hotline reports in 2001. Another factor contributing to the recidivism may be the reduction in children's service workers in 2001.
- Missouri utilizes regional Child Assessment Centers in many parts of the state to coordinate the investigation process. These centers serve as a setting where children, reported to have been sexually or physically abused, are interviewed and often treated from the report of the abuse through disposition of the case. Joint interviews and a single medical examination can be conducted at many of these centers in a "child-friendly" atmosphere. The goals for the Child Assessment Centers are: to reduce the emotional trauma of the investigation to the child and the non-offending family members, to improve the ability of the Child Abuse Investigators to reach an appropriate finding, and to improve the multi-disciplinary collaboration at the community level. Presently, Child Assessment Centers exist in St. Louis City, St. Louis County, Kansas City, St. Joseph, Springfield, Joplin, Columbia, St. Charles, Hillsboro, Sedalia, Cape Girardeau, Branson West, Camdenton and Parkville. The importance of the Child Assessment Centers in regard to the disposition of reports is the degree of consistency afforded by utilizing the same highly trained interviewers and examiners.
- Missouri Senate Bill 757 mandated that all children residing in the home, regardless of their status as a non-victim, must be seen within 72 hours of the report and their safety insured. While the requirement is well-grounded, the

additional pressure on staff to meet these time frames is difficult in many cases. Senate Bill 757 also provided for the appointment of a Chief Investigator within each county Division of Family Services Office. The Chief Investigator is to insure that there is a timely response to all reports and that the safety of all children is verified. These safeguards have contributed to staff's ability to collect valuable information before making a disposition of the report.

- The State Auditor's report of 2000 found several reports (33) over a three period of evaluation that received no action because the county staff did not extract them from the automated referral system. The audit was unable to determine the historical magnitude of this error because the automated system only displays calls for a 3-month period. This fault was addressed immediately by a change in policy requiring all counties to check the ALOG screen numerous times each day to insure that all reports have been printed. The ALOG screen lists all reports that have been assigned to the individual county on any given day and also documents whether the report has been printed by the receiving county. It is unknown how this error would have impacted the substantiation rate prior to the implemented changes in Calendar Year 2000.
- The State Auditor's report of 2000 found that the State Child Abuse and Neglect Review Board overturned probable cause investigations that were appealed by the named perpetrator. The chart below provides statistics for state fiscal years 1999 through 2003. Each of the several Review Boards is composed of nine independent citizens who are appointed by the governor. Some of the board members must be from mandated reporter professions, such as law enforcement or child health care. There are term limits for the nine board members. Perpetrators of substantiated abuse or neglect investigations may appeal the disposition of their case to the Review Board. If the disposition is overturned, field staff must change the disposition in the case file and in the computer system. Currently this data is being analyzed to understand the increase occurred in overturned hotlines during SFY-03.

#### Child Abuse and Neglect Review Board (CANRB) Statistics

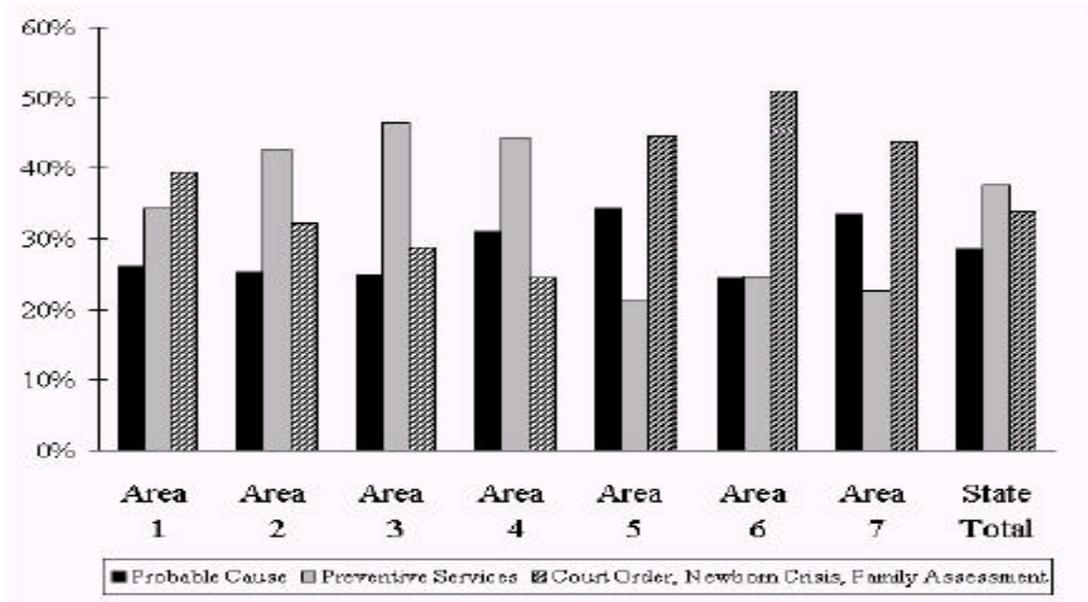
Fiscal Year	# of Appeals	# Overturned	% Overturned
1999	297	119	40%
2000	234	81	35%
2001	209	72	35%
2002	237	83	35%
2003	322	146	45%

### **Cases Opened for Services Safety Data Element III**

The Data Profile information regarding Cases Opened for Services shows an increase in children with open cases from Calendar Year 2000 to 2001 from 5,012 to 5,771 unique children, which mirrors the significant increase in children reported to the hotline from 2000 to 2001. A larger increase in child cases opened for services occurred from 2001 to 2002, (from 5,771 in 2001 to 7,702 in 2002) even though the number of children reported remained essentially the same.

- Missouri's analysis indicates the reported increase was due to system data in 2000 and 2001 actually under-reporting children open for services. When our research and evaluation team re-examined the data transmissions for 2000 and 2001, it became clear that some fields had not been adequately captured. Corrections made to the reporting fields resulted in a more accurate count of child cases opened for services in Calendar Year 2002. These system data corrections are not changes in policy or practice that impact children.
- Open cases and substantiation rates are not necessarily closely connected in Missouri. In addition to responding to many calls that fall outside the parameters of investigation and assessment, a substantial number of cases are opened for child protective services that were not the result of a "hotline" call. For example, 11,637 Family Centered cases were open at the end of June 2003. Of those, 3,756 cases were open due to substantiated CA/N investigation and 2,529 cases were open due to a family assessment. In addition to these post-investigative case openings, 3,478 cases were open for preventive services, 1,139 were opened due to a court order only and 735 were open due to newborn crisis assessments. The bar graph below illustrates the differences between administrative areas by reason of opening Family Centered cases.

**Family-Centered Services Cases Opened During FY 2002  
by Reason for Opening**



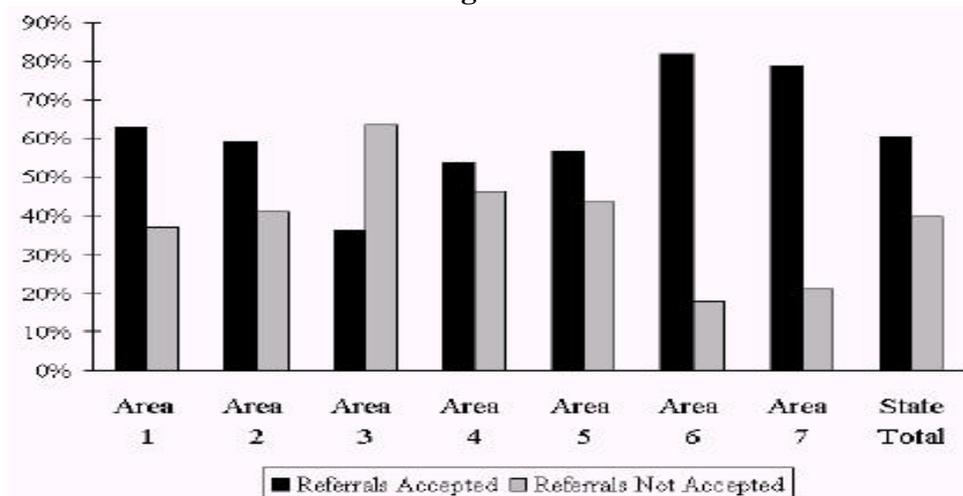
- Structured Decision Making technology includes a field risk assessment instrument, the CSP-1, CA/N Investigation/Family Assessment Summary. This tool guides field staff in determining if a case should be open, the risk level, and the immediacy and intensity of contact with the child and family. Utilization of this tool should provide guidance to the investigator/assessment worker in the decision to open a case for services, to determine risk, and to rank the priority of the case for the on-going worker in terms of first contact and the intensity of intervention needed to assure safety. Staff response to this new tool has been positive.
- One initiative in Missouri is the “System of Care” supported by the governor and the legislature, which heightens the cooperation between child welfare, mental health, education and the courts. One targeted goal is to “divert” children from the child welfare system who need mental health services but are not in danger from abuse or neglect. The child welfare agency in Missouri has received children for placement in alternative care who are in need of mental health treatment services not available to them if they remain in the custody of their parents. Missouri is considering as a solution to solve this problem by a Federal waiver to allow children to receive mental health treatment services without compromising the parents’ custody of the children.

### Children Entering Care Based on (CA/N) Report Safety Data Element IV

Data Profile information reflects an increase in the percentage of unique children entering foster care based on a hotline report from 31.7% in Calendar Year 2000 to 32.5% in Calendar Year 2001. This percentage declined to 29.3% in Calendar Year 2002.

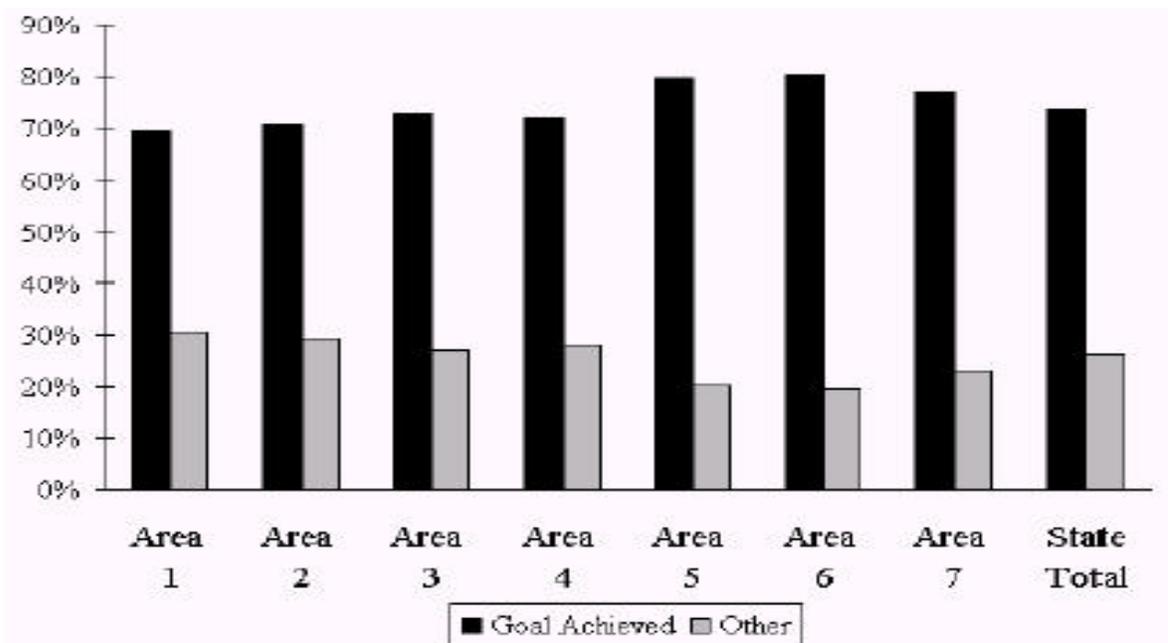
- The Missouri child welfare system has a number of in-home services available to children and families, including Family Centered Services (FCS), Intensive In-Home Services (IIS), in home counseling services, parent aide and other services through Children’s Treatment Services (CTS). These services are essential in striving for the preservation of the family unit when abuse and neglect are issues facing the family. Missouri maintains that it is the quality of these services that has enabled the number of children entering care to slightly decline in 2002, in spite of the decrease in the amount of services available.
- The Intensive In-Home Services (IIS) program, previously known as Family Preservation Services, is a short-term, intensive, home-based, crisis intervention program that offers families in crisis the alternative to remain safely together, averting the out-of-home placement of children. IIS has 102 contracted staff and 15 in-house staff who provide services to families at immediate risk of having their children removed from the home. IIS served 1610 families and 3,332 children in FY 2002 and were able to preserve the family 95% of the time during the intervention. Of the families who received IIS services, 88% remained intact for three months following intervention and 79% of the families remained intact for a year. Without the IIS intervention, undoubtedly, many of these children would have entered out-of-home care. The bar graph shows how many referrals were made to the IIS and accepted. The referrals not accepted could have been due to no openings available, the child was deemed to be unsafe in the home or the family refused service.

**Families Referred to IIS  
During FY 2002**



- Families entering the child welfare system may receive case management services that are referred to as Family Centered Services (FCS). The FCS model acknowledges the importance of conceptualizing the family as a system that is constantly interacting with other systems in its environment. The emotional, sociological, and environmental circumstances of the family and its members must be considered. The goal of these services is to assist the family in changing, as quickly as possible, conditions that bring, or could bring, harm to the children, and preventing their unnecessary out-of-home placement. These services are offered directly by front line staff. Approximately 12,000 families were open for FCS during June 2003. Families served include intact families without court involvement (25%) and families with court involvement (75%) who have children at home and/or in alternative care. The graph below illustrates terminated FCS cases during SFY-02 where desired goals were achieved in 73.6% of the families served.

***Family-Centered Services Cases Closed During FY 2002  
by Reason for Closing***



- With the recent implementation statewide of Structured Decision Making, the CSP-1 risk assessment assists staff in determining the priority ranking for the family, including the frequency of worker contact and home visits. All FCS cases have the minimum requirement of one home visit a month by the child protective service worker. Peer Record Review results for 2002 indicate staff visits their FCS families one time per month approximately 82% of the time. These practices contributed to the rather stable rate of children entering out-of-home care.

- Missouri Medicaid has a variety of counseling services that are available in-home and there are a number of enrolled providers who provide these in-home services. Families in the rural and least populated areas of Missouri may have fewer choices in providers and may encounter waiting lists for in-home services.
- For families and children not eligible for Medicaid, or for services not covered by Medicaid, the division has a system of providing these services through Children's Treatment Services (CTS) funding. In-home services for counseling, parent aides, homemakers, mentors, resource development and other miscellaneous services can be purchased from contracted providers.
- The number of open FCS cases has declined over the years, from 14,864 at the end of July in 2000 to 11,637 at the end of June in 2002. The decrease in open FCS cases is very likely connected to the staffing freezes that began in early 2001 due to the budget deficits. Fortunately for Missouri, the IIS program and Medicaid services continue to be available. If this were not the case, most likely foster care entries due to CA/N reports would have likely been greater.

### **Child Fatalities Safety Data Element V**

The Data Profile records that child abuse and neglect related fatalities in Missouri declined sharply from 48 in Calendar Year 2000 to 33 in Calendar Year 2001. In Calendar Year 2002, there was an increase to 35.

- Missouri has an internal fatality review process that was initiated in early 2001. Staff from the Division and the State Technical Assistance Team (STAT) began meeting to discuss patterns in child fatalities, to review cases to determine if the current and previous investigations were thorough, and to discuss areas of concern that relate to child fatalities. A statewide memorandum, CS01-27, was sent to Division staff in 2001 reminding them of the importance of the Child Fatality Review Panel and requiring the local Division representative to attend their panel's reviews. Counties were identified where the Child Fatality Review Panel process did not appear to be operating as mandated by Missouri law and this was called to the attention of Division staff as well as other panel participants. Seeing that improvements could be made in the Children's Division's internal review process, new protocol for reviewing child fatalities is now being developed. The information gathered will be used to strengthen policy and procedures when dealing with child fatalities and in particular those cases in which the family of the deceased has some history with the agency.

### **Recurrence of Maltreatment Safety Data Element VI**

The Data Profile shows that recurrence of maltreatment increased significantly in Missouri from 5.9% in 2000 to 10.3% in 2001 and then declined to 7.3% in 2002. This pattern mirrors other indicators, decreasing in 2001 and improving in 2002, but still falling below the 2000 levels. Missouri's recurrence of maltreatment does not yet conform to the national standard for this indicator (6.1% or less).

- Missouri tracks the recurrence of maltreatment per judicial circuit and Division area on a quarterly basis in our Child Welfare Outcomes Report. Our 2003 fiscal year data indicates an improvement in repeat maltreatment to 6.0% for FY 2003.
- Repeat maltreatment poses some special challenges for Missouri. The multiple response approach in Missouri creates a smaller population of children who have a probable cause disposition because only children who are reported to have experienced serious child abuse or neglect are classified in the investigations count. Therefore, the population of children with the opportunity for recurrence of maltreatment is smaller, yet risk is higher resulting in higher likelihood of repeat maltreatment.
- As referenced earlier, Structured Decision Making technology is now being used in the field statewide to determine risk and safety during the "hotline" response. Risk assessment elements include the number of prior "hotline" reports, the parental history of maltreatment and any prior injuries to the child. As noted earlier, the CPS-1, Child Abuse/Neglect Investigation/Family Assessment Summary was piloted in 2002 in selected parts of the state and was gradually expanded to statewide implementation by May of 2003. It is anticipated the SDM approach will positively contribute to a reduction in the maltreatment recurrence rate in Missouri.
- Missouri has considerable evaluation and planning to do on the issue of repeat maltreatment. Staff systematically receives a history of prior reports and conclusions (including assessment and non-hotline referrals) when a new report is assigned to the county. The Structured Decision Making instrument in use in the field has been well received but is too new to have hard data on concrete outcomes. At this point, the child welfare system has not created procedures for examining cases of maltreatment, identifying patterns in circumstances, or correlating cases open for services to repeat maltreatment.

### **Incidence of Child Abuse and/or Neglect in Foster Care Safety Data Element VII**

The Profile data on CA/N in foster care indicates that Missouri had a .52% of CA/N incidents in foster care in 2000, .60% in 2001 and .62% in 2002. Missouri does not yet meet the national standard of .57% or less on this indicator.

- The Child Welfare Outcomes Report for FY 2003 indicates an improvement to .60% on CA/N in foster care, although this rate still does not meet the national standard. The tragedy of a foster child death in 2002 and criminal charges of second degree homicide for the foster father have made CA/N in foster care a special concern in this state.
- Current child welfare policy and practice has some safe guards for child safety in out-of-home care. For example, staff is required to visit children twice a month, with one visit in the home with the foster family. Due to staff shortages, practice does not consistently conform to policy. Peer Record Review Results indicate that in calendar year 2002 staff visited the child twice a month approximately 63-70% of the time.
- Practice concerns have also emerged about the quality of staff visits with foster children and foster families. Accordingly, the Division has purchased a training curriculum entitled Confirming Safe Environments that focuses on assessing and assuring safety in out-of-home care. Specialized tools and instruments for helping staff assess safety are a part of the practice. The model was trained and implemented in three sites across Missouri in the spring of 2003 and those sites will be evaluated in September of 2003 to determine effectiveness and statewide feasibility. The model can assist child welfare staff in understanding all the interactive elements that contribute to stress in a foster family and will help staff be more aware of how a particular child can impact family functioning.
- Information System enhancements are critical in better addressing issues of CA/N in foster care in Missouri. At this point, the MIS system measures the incidents of CA/N in out-of-home care but does not have the capacity to separate out the incidents of CA/N by placement type. For example, it is difficult to extract how many CA/N incidents occurred in foster care, versus relative care or residential care. Further, the MIS system does not easily capture the history of CA/N reports and dispositions in residential care facilities, as the perpetrator named in the system is an individual versus an agency.
- The lack of a large pool of available foster parents remains a barrier to effective matching of children with foster parents. Statewide recruitment efforts for foster parents continue but the increases in adoptions by foster parents, the very low foster care payment rates and negative publicity about foster care are barriers to recruiting large numbers of new foster parents.
- CA/N reports regarding children in out-of-home care in foster care or residential care are screened as investigations and investigated by a specialized unit, the Out-Of-Home Investigative Unit (OHI) to better assure consistency, objectivity and quality. This approach creates some concerns for foster parents, however, as reports that would be screened as assessments for parents or relatives are screened as investigations for foster parents, resulting in the two findings of probable cause

- or “unsubstantiated”. This practice leads to a higher rate of “substantiated” abuse and neglect in out-of-home care.
- The intense scrutiny of foster care has produced a number of recommendations from the organizations and commissions which have evaluated the child welfare system. Some of the recommendations pertain specifically to the screening of foster parents. The Missouri Supreme Court Commission of Children’s Justice recommended immediate implementation of fingerprinting for foster parent screening and a search of civil court records. The State Auditor’s report in 2000 also recommended fingerprinting and civil court record searches and emphasized the need for consistent and frequent foster child home visits. The governor has further identified fingerprinting as a priority for implementation and is presently seeking funding to assist in financing this change.
  - Missouri continues to use the twenty-seven hour Child Welfare League of America Pride curriculum (called STARS in Missouri) for basic foster parent training. Adoptive parents must complete the STARS training and the twelve-hour Spaulding curriculum. Foster parents are also required to complete 30 hours of in-service training every two years for re-licensure. Ten in-service specialized training modules for foster parents are offered at the county or circuit level and foster parents are encouraged to seek out other in-service training opportunities which relate to the type of children placed in their home. Specialized Behavior Foster Parents (BFC), who cares for children with behavioral needs, attends an additional 18 hours of behavior modification training based on a model developed by People Places in Virginia. Career Foster Parents, who parent very difficult children, attend the 18 hours of BFC training and an additional nine hours of training on medication management, crisis intervention and other special issues. In some parts of the state, the BFC training is offered at large to any foster parent interested in attending. Efforts to continue to offer and encourage foster parent training opportunities will assist in lowering the rate of child abuse and neglect in foster care.
  - Missouri has active foster parent associations in Springfield, Kansas City and St. Louis and a number of smaller association groups throughout the state. These groups act as an important resource for foster parents in providing support, expertise and advocacy.

### Other Safety Issues

**New Directions** : As noted above, Missouri child welfare system is in the midst of a major transition that will impact all operations of the agency, including the safety of the children we serve. The establishment of the new Children’s Division was effective August 28<sup>th</sup>, 2003 and the first Children’s Division Director was appointed August 26<sup>th</sup>, 2003. There are a number of recommendations pending from various commissions and organizations that impact child safety. All of these factors have created an environment demanding effective change and accountability. Despite many decisions still pending at this time, priorities have been established and a strategic plan developed.

**Prioritization:** In general, the Missouri child welfare system has comprehensive policies that are very specific and based on good social work practice. The staff demands however remain very high, and the capacity of the staff to meet all the policy requirements is limited. The gap in worker capacity to meet all the policy requirements given the volume of reports, open cases and children in alternative care has been an issue for many years. The recent decline in both staff and resources due to the budget crisis beginning in 2001 has increased the problem. One of the challenges facing the Missouri child welfare issue is how to best target existing staff and resources for the most effective outcomes for child safety, permanency and well-being.

## **B. Permanence**

*Outcome P1: Children have permanency and stability in their living situations.*

*Outcome P2: The continuity of family relationships and connections is preserved for children.*

### **Trends**

In general, tangible outcomes due to the Adoption and Safe Families Act (ASFA) have increased every year in Missouri since passage of the act in 1997. Specifically, adoptions have doubled from 724 in SFY-98 to 1,478 in SFY-02 and the out-of-home care population has generally stabilized. The juvenile courts in Missouri have become increasingly committed to meeting ASFA goals. The Office of State Courts Administrator (OSCA) has worked closely with the judicial circuits in education and training efforts, culminating in the “Bench Card” training conducted in 2003 by OCSA with the courts and Children’s Division agency staff.

Policy and practice enhancements were made by the agency after passage of ASFA and permanency policy has remained relatively unchanged since that time. In the wake of the death of a child in foster care in August 2002, various commissions and task forces have examined the child welfare system in Missouri and have collectively produced 73 recommendations. Accordingly, child welfare law, policy and practice in Missouri are the threshold of significant change.

## **I. Foster Care Population Flow**

### **Point-in-Time Data Element I**

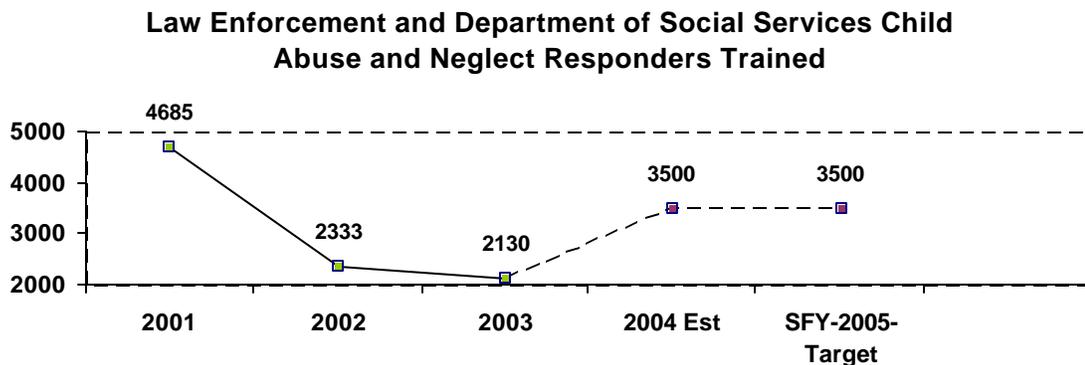
#### **Cohort Data Element I**

The Point-In-Time Profile reports the out-of-home care population in Missouri decreased slightly from 13,181 children the last day of FFY-00 to 13,045 children the last day of FFY-02. This data includes children in legal status 1 (Children’s Division custody), legal status 2 (temporary custody with adoptive parent), legal status 3 (supervision only) and legal status 4 (custody with another agency). Children in legal status 1 account for 12,000 of the 13,045 children identified in the FFY-02 Point-In-Time Profile. The inclusion of all four legal status groups in the Point-In-Time data has impact that will be noted in the various elements of this section.

The Point-In Time Profile data indicates admissions remained relatively constant over the three-year period from 2000 to 2002. The number of discharges increased during this period, most likely due to the increase in adoption finalizations. The net change in the number of children in care decreased steadily from 1,707 children in FFY-00 to 907 children in FFY-02.

- In Missouri, the child welfare staff does not have the legal authority to take “protective custody” of children. Juvenile court staff, law enforcement and physicians (under certain conditions) have that power. All children taken into protective custody must be referred to the juvenile court and must have an order

issued to remain in custody. While child welfare staff and their partners work together closely to determine the best interests of children, the child welfare system has limited authority over decisions on children entering care. The chart below indicates the number of law enforcement and Children's Division investigators who received unique child abuse training. There are plans to increase the number trained in SFY-04 and SFY-05.



- Missouri receives children placed in agency custody for reasons other than child abuse and neglect. As noted earlier in the safety section, the child welfare system receives and responds to many calls that do not rise to the standard of abuse/neglect reports and a number of these cases are opened for child protective services.
- The mental health system in Missouri has very limited resources for placing children in residential care. The new “System of Care” initiative supported by both the Missouri governor and legislature has the goal of improving interagency coordination and better matching youth to the agency most suitable for their needs. Collaboration efforts are now under way to better address this issue.
- The juvenile corrections agency, the Division of Youth Services (DYS), can only serve youth who are “committed” by the juvenile court for delinquency acts. Some juvenile courts prefer to send youth who have not committed serious crimes to the child welfare system, where the agency is given custody to purchase residential care for the child under the jurisdiction of the courts.
- Missouri has a strong Intensive In-home Services (IIS) Program, which is a major safeguard in assuring safety while keeping families intact. The IIS program, however, does not always have the capacity to serve all the identified families needing the service at a point in time.

**Placement Types for Children in Foster Care  
Point-In-Time Data Element I & II  
Cohort Data Element II**

The Point-in-Time Permanency Profile for Missouri reflects several changes over the three years in placement types for children in care. The number of children in pre-adoptive homes increased from FFY 2000 to FFY 2001 from 10.3% of the children to 10.8% but dropped again in 2002 to 10.4%. The number of children in relative foster homes decreased from 24.0% in FFY 2000 to 21.6% in FFY 2001 and to 20.7% in 2002. Decreases are also seen in children placed in non-relative foster homes from 37.1% in 2000, to 32.6% in 2002. Placements in Group Homes dropped from 1.5% in 2000 to 1.1% in 2002. In 2000, 16.8% of all children in the Point-In Time Profile were in institutional care, but in 2002, the percentage of children had fallen to 14.3%. There is an increase of children in trial home visit placements from 5.4% in 2000 to 8.0% in 2002.

**Placement Types for Children in Care**

	<b>FFY-00</b>	<b>FFY-01</b>	<b>FFY-02</b>
<b>Pre-Adoptive Homes</b>	<b>1,363</b>	<b>1,448</b>	<b>1,362</b>
<b>Foster Family Homes (Relative)</b>	<b>3,166</b>	<b>2,884</b>	<b>2,706</b>
<b>Foster Family Homes (Non-Relative)</b>	<b>4,895</b>	<b>5,043</b>	<b>4,249</b>
<b>Group Homes</b>	<b>196</b>	<b>196</b>	<b>141</b>
<b>Institutions</b>	<b>2,208</b>	<b>2,263</b>	<b>1,869</b>
<b>Supervised Independent Living</b>	<b>204</b>	<b>387</b>	<b>443</b>
<b>Trial Home Visit</b>	<b>715</b>	<b>793</b>	<b>1,042</b>

- The increase in trial home visits is a positive trend in ASFA implementation. While basic policies and practices have not changed fundamentally over the 2000-2002 time period, court and child welfare staff have become more proficient with implementation and have increasingly relied on trial home visits as another assessment of the readiness of the family for the return of the children.
- Missouri has a wide range of placement options in the foster family home settings, including family group foster care and two levels of therapeutic foster care, behavioral foster care (BFC) and career foster care (CFC). The placement policies and practices encourage the least restrictive placement for a child, with special emphasis given to kinship placements. Development of the STARS for the Caregiver curriculum assists kinship providers in becoming licensed foster parents who are then eligible for the foster care maintenance payment for a specified child. Efforts to encourage and support kinship placements continue.
- Therapeutic foster care in Missouri has largely been developed and supervised by the Division. In August 2003, 904 children were in therapeutic foster care compared to 1,869 children in institutions per the 2002 profile data. Efforts are

now underway with the private sector to increase recruitment and support for therapeutic foster care homes, which would offer alternatives for less restrictive environments to more children. The agency's foster care case management contract was amended effective July 1, 2003, to allow for the recruitment, training, and assessment of foster families who are willing to accept children between 16 and 18 years of age and placed in a residential treatment facility. In addition, agencies are expected to provide case management services geared toward maintaining the child in their foster home placement unless there is a permanency option appropriate for the child. Of the 21 agencies that were given the opportunity to provide these services, 13 agencies chose to sign the amendment.

- A number of factors have impacted the changes in the number of children placed in institutions. The Family-to-Family Grant was awarded to St. Louis City in 2001 and the Missouri Results Initiative (MRI) began studying issues in 2001 and provided recommendations in 2002. Both groups emphasized decreasing the numbers of small children (ages 0-10) in residential care and the system over-reliance on residential care, especially in St. Louis City and St. Louis County. The recommendations included shifting funds used for residential funding to therapeutic homes. Accordingly, a team of agency staff and community partners in St. Louis developed strategies beginning in 2002 to reduce residential care placements. Strategies included close monitoring by top managers of residential care entries and exits, two levels of supervisory approval for entries, efforts to increase therapeutic foster care placements and team staffings for the children in residential care to identify appropriate alternative placements. The results were significant, with residential care for children 0-10 years in the St. Louis metro area declining from 178 children in June 2002 to 88 children in July of 2003. These recommendations were made to statewide staff and similar efforts were made in other counties and circuits of the state. Statewide, the number of children of children ages 0-10 in residential care declined from 322 in June of 2002 to 218 in July 2003.
- Other innovations addressing residential care occurred with Missouri's Interdepartmental Initiative requested funds from both the Departments of Mental Health and Social Services in a pilot project using a managed care approach to achieving a stable placement for youth in a less restrictive setting. The Missouri Alliance for Children and Families is providing this service through a contract with the Department of Social Services in central and eastern Missouri. The Missouri Alliance supports community-based alternatives for seriously emotionally disturbed children at risk of being placed or already placed in structured residential settings. Through this program children are given the opportunity to live with families or live independently in a permanent setting. After the youth is stable in a family setting and child are stable or in a semi-independent situation, the Alliance transitions the coordination of the care back to the referring agency.

- The trend of reducing the numbers of young children in residential care has required a “culture change” from established providers serving that age group. The various initiatives noted above have offered providers more opportunities to develop a comprehensive continuum of care for children of all ages and has resulted in a reduction of children in institutional care.

**Permanency Goals for Children in Foster Care  
Point-in-Time Data Elements III & VIII  
Cohort Data Elements III & V**

Changes in the goals in both Permanency Profiles were relatively stable over the three-year time period with the exception of the increase in the goal of Reunification, which increased from 53.8% of the children in care in 2000 to 58.3% in 2002. Reunifications increased 9% in the Point-In-Time Profile from 3,334 children in 2000 to 3,592 children in 2002. The median months to discharge to reunification increased from 5.8 months to 7.7 months. In the Cohort data, a relatively stable 86% of children were discharged to reunification/relative placement. Adoption *placements* increased from 1.6% of children in care in 2000 to 2.7% in 2002. Guardianship *placements* increased from 2.5% of children in care in 2000 to 3.9% in 2002.

**Permanency Goals for Children in Care**

	<b>FFY-00</b>	<b>FFY-01</b>	<b>FFY-02</b>
<b>Reunification</b>	<b>7,096</b>	<b>7,587</b>	<b>7,610</b>
<b>Live with Other Relatives</b>	<b>227</b>	<b>227</b>	<b>193</b>
<b>Adoption</b>	<b>2,881</b>	<b>2,698</b>	<b>2,624</b>
<b>Long Term Foster Care</b>	<b>403</b>	<b>377</b>	<b>363</b>
<b>Emancipation</b>	<b>1,155</b>	<b>1,162</b>	<b>1,179</b>
<b>Guardianship</b>	<b>997</b>	<b>865</b>	<b>696</b>

- Child welfare policies and practices require a Family Support Team (FST) meeting every 30 days until adjudication and at least every six months after adjudication. It has been shown that regular and effective FST meetings enhance timely movement toward the goal for the child and should be utilized extensively. Missouri’s system data shows that this requirement is met only approximately 62.0% of the time. It is believed that staff under report the occurrence of the Family Support Team meetings. Enhancements to the automated system to better track, remind, and provide written notices of Family Support Team meetings has been recommended and will be pursued.
- The juvenile courts in Missouri are required to conduct permanency hearings within the first 12 months of placement and at least annually thereafter. Several judicial circuits have increased the frequency of permanency hearings to every six months, or even every three months in order to expedite permanency for children.

- There are a number of quality assurance tools within the child welfare system to track and monitor permanency. Missouri’s child welfare outcome reports are produced every quarter per circuit on a number of indicators, including all of the federal permanency standards. The Children’s Division management report is produced monthly with data for each county on the numbers of children in alternative care, entries, exits and other information. This data is reviewed by the Quality Assurance Teams quarterly at the local, regional and statewide levels. Finally, the Peer Record Review data is collected quarterly and results are shared with staff. The data includes information on case reviews, case plans, concurrent planning, visitation, termination of parental rights filing per ASFA guidelines, and other permanency factors. These tracking and monitoring devices aid staff and administrators in striving for timely permanence.
- The Missouri Resource Guide for Best Practices in Child Abuse and Neglect Cases Timelines contains practices and policies developed by the Office of State Courts Administrator (OSCA) and are an excellent resource. The Resource Guide is designed to complement, not replace, state and federal statutes and court rules. The Best Practices Recommendations are offered to assist courts in their efforts to improve court practice in child abuse and neglect cases. These policies and practices appear to have the potential for considerable positive impact on permanency achievement. The 2003 training with the participation of child welfare staff and juvenile court staff was very well received.

**Achievement of Reunification  
Point-in-Time Data Elements IX**

The Missouri child welfare system did not conform to the federal standard of reunifying children with their families 76.2% or more of the time within 12 months for the period reviewed. In 2000, 68% of the children in Missouri were reunified in 12 months, in 2001 65.6% of the children were reunified in 12 months and in 2002, 65.9% (September 30, 2003 Data Profile). The decline in timely reunification percentages coincide with the period of staff shortages in 2001. The data shows, however, the number of children who were reunified increased from 2,290 children in 2000 to 2,374 children in 2002.

**Percent of Children Reunified within 12 Months by Race  
SFY 2003**

Caucasian	African-American	Hispanic
67.1%	66.6%	84%

**Percent of Children Reunified within 12 Months by Age  
SFY-03**

0-5	6-12	13+
77.6%	65.2%	60%

- The increases in trial home visits are a very positive note. The Point-In-Time Permanency Profile, which includes children not in DFS custody, shows a 2.5% increase over the FFY 2000-2002 periods. The Cohort Profile, which includes only those children in the Division's custody, shows a 5% increase. This trend suggests that the Missouri child welfare system is improving its reunification efforts by utilizing the opportunity of trial home visits.

**Percentage of Children in the Division's Custody in Trial Home Visit Placement**

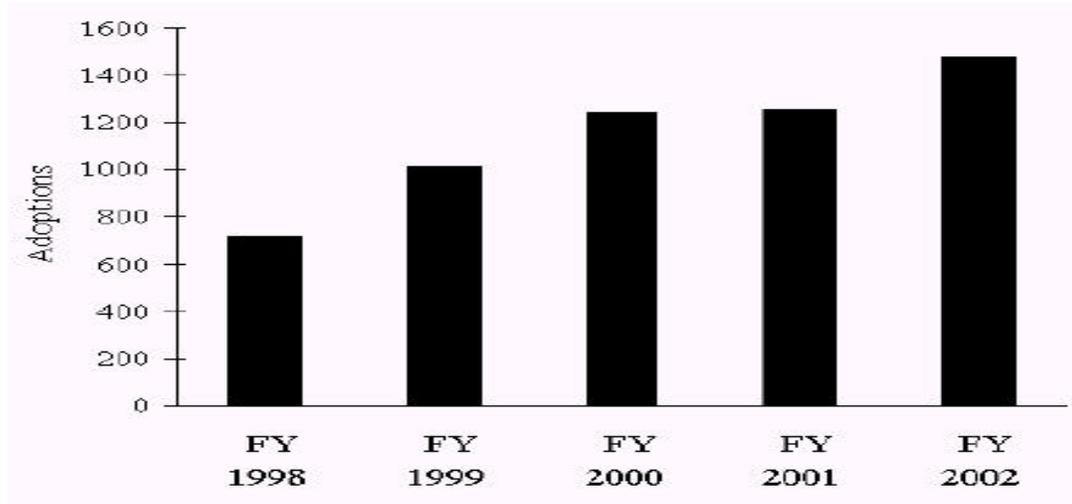
FFY-00	FFY-01	FFY-02
5.4%	5.9%	8.0%

- The child welfare system has many positive elements in place to move children back home more rapidly and more effectively. The child welfare policies are thorough, detailed and based on best practice. Both the juvenile court system and the child welfare agency have embraced ASFA and improvements are visible with increasing numbers of children adopted and reunified. The child welfare agency has a number of Quality Assurance practices and outcome measures in place. At this point in time, adequate staffing appears to be the single greatest deterrent to achieving the federal standard with timely reunification. Staff are simply spread too thin to focus their efforts on children entering care and their families in the way necessary to achieve timely results.
- Missouri's data system does not adequately measure the correlation between the number of services, type of services and/or the length of services provided to families and the achievement of early reunification. The Peer Record Review Results, however, clearly indicate that assessment, service plans and service delivery are areas needing improvement. This weakness appears to be both a capacity issue and a training issue.

**Achievement of Adoption  
Point-in-Time Data Element X**

Adoption outcomes are very positive for the Missouri child welfare system. The federal standard for the percent of children who exited care to a finalized adoption within 24 months is 32 % or more. The Point-in-Time Profile shows 30.3% (September 30, 2003 Data Profile) of Missouri's children did not meet this outcome goal. Significant increases in the percent of children adopted within the 24- month time frame are shown. In FFY 2000 Missouri's number was 24% of the children in care and in 2001 it was 29.3%. During this same evaluation period, the total number of adoptions increased from 1,076 in 2000 to 1,337 in 2002.

### Adoptions Finalized FY 1998 - 2002



As the chart indicates, the number of adoptions finalized had a steady increase from SFY-98 to SFY-02.

- Some of the factors that have likely impacted adoption were discussed earlier, particularly the improved agency/court implementation of ASFA and the resources for recruitment and training provided in 2001 by the Adoption Opportunities grant. Additionally, the agency began posting children nationally for adoption through the Adopt Kids USA web site in 1999.
- Adoption practices were also enhanced in 1999 with creation of the statewide Second Level Matching Team (SLM), which brings representatives from around the state together to find homes for children needing an adoptive home. The original intent of the SLM team was to erase geographical barriers in providing permanent homes for children by working collaboratively and to update adoptive family records across the state. This team also includes providing a forum for out of state families wishing to be considered for Missouri children. As the SLM team has progressed, they have begun to address general adoption issues faced by local staff and are helping to define best adoption practice across the state. These practices have contributed to the improvements in timeliness of adoption completions.
- As noted earlier, age, race and special needs continue to impact adoption. Based on Missouri's child welfare outcome measure, Caucasian children were adopted within 24 months 41.4% of the time, African-American children 34.5% of the time and Hispanic children 50% of the time. Children 0-5 were adopted within 24 months 56% of the time, children 6-12 were adopted 27% of the time and children 13+ 22% of the time. As of August 2003, Missouri had approximately 2000 children waiting for an adoptive home. Staff shortages have decreased the capacity to recruit one-on-one for a particular child, which is important in finding

families for the hard to place population. Both staff resources and staff training are necessary to achieve permanency outcomes for children waiting for an adoptive family.

**Percent of Children Adopted within 24 Months by Race  
SFY-03**

Caucasian	African-American	Hispanic
41.4%	34.5%	50%

**Percent of Children Adopted within 24 Months by Age  
SFY-03**

0-5	6-12	13+
56%	27%	22%

- Age, children with special needs, and sibling groups can be barriers to permanency. Adolescents are a particularly challenging age group due to the lack of adoptive resources, especially for youth who have been in out-of-home care a long time and have little contact with parents or relatives. Missouri is involved in a variety of recruitment activities to serve the diverse population of children in alternative care and has awarded contracts to private agency providers to conduct recruitment, training, and assessments of homes for special needs children. The contractors have been given the demographic information regarding the children for whom the agency is seeking permanent homes, with a focus on older children, minority children, and children who are part of a sibling group, and children who have serious emotional disturbances or are medically fragile. Missouri is in its second year of an Adoption Opportunities Grant, partnering with the Adoption Exchange to focus on recruitment of families for minority children. The Adoption Exchange strategically based the ir Missouri office in St. Louis where there is a significant number of minority children waiting for permanent families. It is anticipated that this program will significantly increase the number of adoptive families allowing adoption placement to occur in a much more timely manner.

**Termination of Parental Rights (TPR)  
Point-in-Time Data Element VI**

According to the Point-in-Time Profile, the percentage of Missouri children in care 17 of the most recent 22 months remained relatively stable from 43.2% in 2000 to 42.9% in 2002. As noted in the Footnotes to Data Elements in the Permanency Profile, the 17 of the most recent 22 months was designated rather than the statutory time frame for initiating termination of parent rights proceedings since the AFCARS

system cannot determine the date the child is considered to have entered foster care as defined in the regulation.

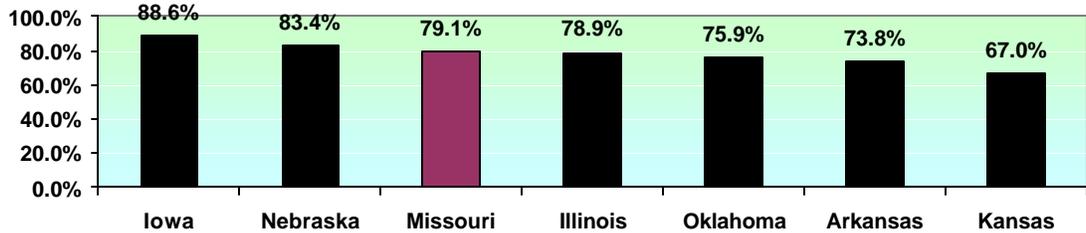
- Practices regarding termination of parental rights continue to vary among the juvenile courts in the state. Some juvenile courts prefer to file termination of parental rights only after a prospective adoptive family has been identified. A major system enhancement in Missouri has been the development of the Missouri Resource Guide for Best Practices in Child Abuse and Neglect Case Timelines by the Office of State Court Administrators (OSCA). “Benchmark” training based on this manual occurred with child protection staff and juvenile court staff across the state in 2003. This training should enhance efforts to seek termination of parental rights through the courts in a more timely manner.
- The Juvenile Court Improvement Project exists in three judicial circuits in Missouri—the 2<sup>nd</sup>, 22<sup>nd</sup> and 23<sup>rd</sup> circuits. This project provides mandatory time frames for conducting juvenile court hearings that exceed the requirements outlined by AFSA. For example, review hearings must be held as often as necessary or desirable, but at least once every ninety days after disposition and prior to the permanency planning hearing. Numerous other circuits across the state have adopted the recommended timeframes, typically the frequent judicial reviews and mandatory protective custody hearings. The increased attention these timeframes bring to bear on the importance of timely permanence is certainly a positive step toward meeting AFSA time frames for TPR filings.
- Child welfare policies regarding ASFA implementation are detailed, thorough and specific. Staff has been trained in ASFA requirements.
- Missouri has statutes that support ASFA principles. For example, Revised Statute of MO 211.183 clarifies when reasonable efforts are not required for termination of parental rights, including situations of prior serious abuse by a parent.
- In Missouri, juvenile court officers typically file the petitions for termination of parental rights. Agency staff has access to Department of Social Services attorneys who prepare petitions for TPR on some cases. Foster parents may also file termination of parental rights petitions on behalf of children in their care.

**Stability of Foster Care Placements**  
**Point-in-Time Data Elements IV & XI**  
**Cohort Data Element IV**

The Point-In-Time Profile reports the Missouri child welfare system failed to conform with the federal standard of 86.7% or more for children entering the system in the last 12 months having no more than two moves. Specifically, the Point-In-Time Profile indicates a downward trend, from 79.1% in 2000 to 76% in 2002. The September 30, 2003 Profile Data shows this percentage to be 78.7%. The Cohort Profile mirrored the

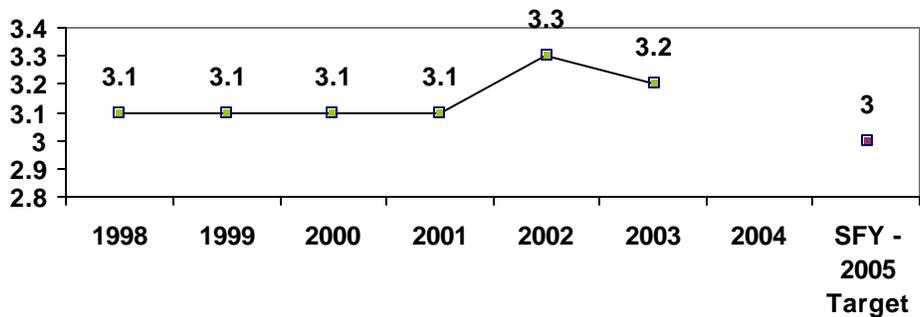
downward trend, with 74.9% of children experiencing less than two moves during the first year in 2000 to 68.8% in 2002.

**Percent of Children with Two or Fewer Placements within 12 Months  
FFY 2000**



- Missouri has traditionally been rated as one of the lowest in the nation for basic maintenance payments to foster parents (approximately \$227 to \$307 monthly, depending on age of child). Particularly with the downturn in the economy in Missouri, fewer families are able to supplement the maintenance payments from their own funds.

**Average Number of Moves While in Alternative Care**



- Child welfare policy encourages appropriate matching of children with families and does not require “evaluation” homes. However, with many parts of the state lacking available foster home resources, emergency foster home care and emergency residential care is frequently utilized. These placement types are limited to 30 days, but may contribute to an increased number of moves for children.

Three sites in Missouri are currently piloting an innovative approach for stability and safety that helps staff better match foster homes with the child and assists staff in more effectively evaluating what is occurring in the foster home. Missouri purchased the Confirming Safe Environments curriculum, developed by ACTION for Child Protection and received consultation on this curriculum from the National Resource Center for Child Maltreatment. This curriculum:

- assists staff in identifying and providing rationale for standards of care associated with kinship and foster care
- describes a specific work process designed to confirm and maintain child safety while in placement
- demonstrates information collection skills and methods related to critical attributes of a safe environment
- teaches how to complete an analysis of a safe environment

Information and data from the test sites is currently being reviewed for consideration of future use. A barrier to implementation statewide will be staff capacity, as the model emphasizes staff spending more time with the foster family and coordinating the efforts by all the parties dealing with the family and child.

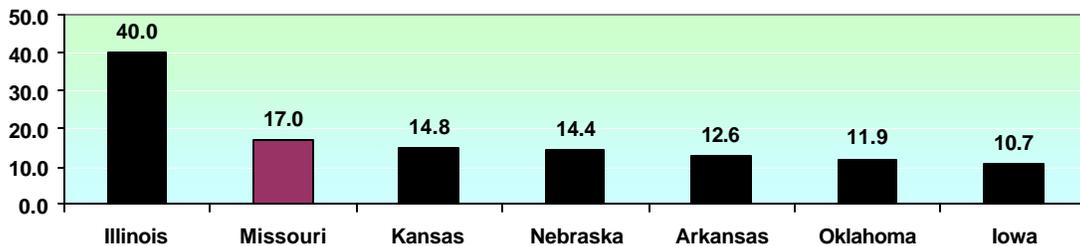
**Foster Care Re-Entries  
Point-in-Time Data Elements V & XII**

The September 30, 2003 Profile Data shows the 2002 percentage to be 8.5%, which would mean that Missouri does, indeed, conform to the federal standard of less than 8.6%. Actual numbers of children reunified increased from 3,334 to 3,592 over this time period.

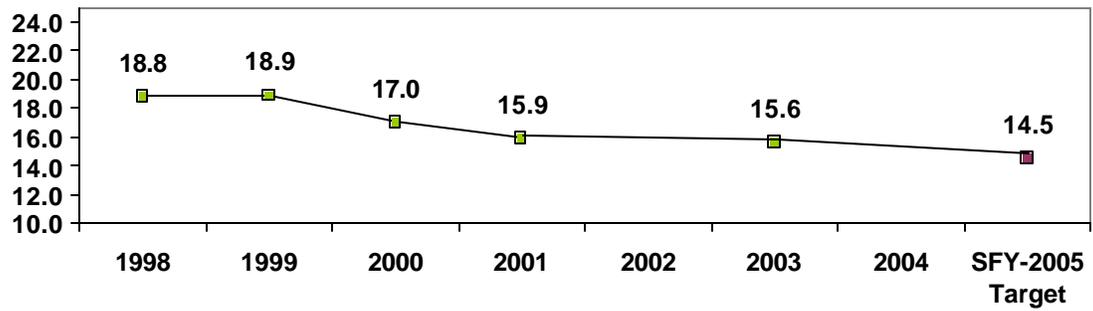
**Length of Stay in Foster Care  
Point-in-Time Data Element VII  
Cohort Data Element VI**

The Point-in-Time Data Element reports that Missouri has decreased the Median Length of Stay in Foster Care from 17.0 months in FFY-00 to 15.9 months in FFY-01 and 15.8 months FFY-02. The First Time Entry Cohort Data Element reports the Median Length of Stay in Foster Care to have remained constant at 15.9 for two years (2000 & 2001). Missouri’s Child Welfare Outcomes Measures for only children in DFS custody (legal status 1) in out of home care also indicates a constant level of approximately 14+ months median length of stay over SFY-02 and SFY-03. The median length of stay in care for children exiting to adoption has decreased from 35.9 months in FFY-00 to 31.5 months in FFY-02. The median length of stay in care for children exiting to guardianship has decreased from 19.8 months in FFY-00 to 17.8 months in FFY-02. At the same time, the median length of stay in care for children exiting to reunification has increased from 5.8 months in FFY-00 to 7.7 months in FFY-02.

**Median Length of Stay in Foster Care in FFY-2000**



**Median Length of Stay in Foster Care**



**Other Permanency Issues**

- Many of the 73 recommendations from the commissions and task forces who have studied the child welfare system would directly impact out-of-home care.

## C. Child and Family Well-Being

*Outcome WB1: Families have enhanced capacity to provide for their children's needs.*

### **Frequency of Contact between Caseworkers and Children and their Families:**

#### **Current Policies:**

The Children's Division's child welfare policies are specific on regular and frequent contact between Children's Division workers and children and families. For intact families, the frequency of in-person contact is based on the levels of risk and the resulting family plan for change. However, a minimum of face-to-face contacts in the home at least once every 30 days is required for Children's Division worker/family contact.

For out-of-home care, the Children's Division worker is required to meet, face-to-face, once every two (2) weeks with children in out-of-home care, not including supervised visitation with siblings or other family members and visits should ideally take place in either a neutral setting or in the out-of-home care placement. The Children's Division worker is also required to meet every two weeks with the placement provider in the home. Children's Division workers often have contact with the child and families during the required visitation. Finally, home visits with the parent(s) are required a minimum of monthly, in addition to contact during visitation and Family Support Team meetings, and may be more frequent based upon the team recommendations for the family.

#### **Basis for Policy**

The required twice a month contact with child by Children's Division worker mirrors Council on Accreditation standards and assists in assuring the safety of the child and developing the child/Children's Division worker relationship. More frequent contact may occur based on the Family Support Team recommendations. In Jackson County, the Consent Decree mandates that weekly contact with the child occur for the first eight weeks of any new placement of the child. After the first eight weeks the Children's Division worker must have twice a month, face to face contact with the child. Monthly home visits with the parent(s) in addition to other contacts, are necessary to determine child safety and progress towards the family plan for change. The policy generally reflects sound social work practice in requiring frequent and regular contact between the Children's Division worker and the child, the placement provider and the family.

Once a month, minimum contact, with intact families is based upon the best practices in Missouri. The practice is to have more frequent contact based upon the needs of the child and the family. Children's Division workers have weekly phone contact with the family and on-going contact with other professionals working with the family.

### Available Data

Peer Review Question	2002 first quarter	2002 second quarter	2002 third quarter	2002 fourth quarter
Worker visits the child in out of home care twice each month	63%	68%	64%	70%
Worker visits the intact family at least one time per month	Data not available	Data not available	83%	82%

Methods for measuring contacts: the peer record review data is likely the most accurate measure of contact as it based on quarterly reviews of 2.5% of the cases (or 10% over the course of a year). The cases are reviewed by “peers” who currently perform the same work. The Practice Development Reviews does not directly measure frequency of contact.

Missouri’s peer record review data demonstrates improvement in Children’s Division workers making visits twice a month with the child for calendar year 2002. Children’s Division worker visits with intact families occurred at a rate of 83% and 82% for the third and fourth quarters of 2002.

While the policy reflects good social work practice, the capacity of Children’s Division worker to meet the policy requirements has been limited due to budgetary restraints, unfilled Children’s Division worker positions, and a lack of the ability of Children’s Division workers to follow policy due to their high caseloads.

### Multi-Disciplinary Team

While Missouri’s investigation/family assessment policies allow other professionals to satisfy the initial child 24 hour contact in some situations, there are no substitutions in our child welfare policies for twice a month visits between the Children’s Division worker and children in alternative care or the minimum of one visit a month with the parent(s) or the twice a month visits in the home with the placement provider.

Our children and families typically do have contact with professionals other than their Children’s Division workers, including mental health professionals, school counselors, and parent aides. In both intact families and children in out of home placement, these contacts are governed through the Family Support Team. On occasion, services are provided to intact families through the Children’s Treatment Services contracts.

<b>Practice Development Review</b>	<b>State Fiscal Year 1999 n = 103</b>	<b>State Fiscal Year 2000 n = 54</b>	<b>State Fiscal Year 2001 n = 102</b>	<b>State Fiscal Year 2002 n = 90</b>	<b>State Fiscal Year 2003 n = 46</b>
Child/Family Participation	69%	81%	75%	79%	77%
Service Team	70%	83%	68%	81%	79%

The Practice Development Review illustrates the degree of participation by the child in alternative care and intact families in the case planning and Family Support Team process. It also illustrates the degree to which the service team is focused on the Family Support Team process: team members know what services are being provided; team members understand their roles and responsibilities; family knows who comprises their service team. In most cases, the Children’s Division worker is the point of contact for the team.

<b>Peer Review Question</b>	<b>2002 first quarter</b>	<b>2002 second quarter</b>	<b>2002 third quarter</b>	<b>2003 fourth quarter</b>
The service plan clearly identified tasks for each participant for children in out of home placement.	Data not available	Data not available	77%	78%
All household family members were offered an opportunity to participate in the planning and the delivery of services for intact families.	73%	75%	83%	80%

The above chart illustrates the success the Children’s Division experience in assembling a multi-disciplinary team to provide services to children and families for both alternative care families and intact families.

<b>Practice Development Review</b>	<b>State Fiscal Year 1999 n = 103</b>	<b>State Fiscal Year 2000 n = 54</b>	<b>State Fiscal Year 2001 n = 102</b>	<b>State Fiscal Year 2002 n = 90</b>	<b>State Fiscal Year 2003 n = 46</b>
Urgent Response	92%	95%	78%	82%	83%

The Practice Development Review mirrors the federal Child and Family Service Review reviews and gathers data from the case record reviews, interviews with the family, staff and other professionals. The reviewers are an impartial team of staff and community

partners from outside the circuit. Urgent Response measures the urgency and significance of an emerging need or problem of the child or the caregiver is met with a timely and commensurate service response.

Calendar Year 1999	January to June 2000	July to December 2000	January to June 2001	July to December 2001	January to June 2002	July to December 2002	January to June 2003
--	86.67% 65/75	81.33% 61/75	80.00% 60/75	89.92% 66/74	85.33% 64/75	90.67% 64/75	Not compiled

The Omnibus Review Tool, which is used to compile the Semi Annual Report of Compliance for the Consent Decree in Jackson County examines whether all identified services were provided to the child and family, including mental health services. The above chart refers only to children in alternative care in Jackson County.

**Correlation between Actual Contacts and Other Factors :**

Children’s Division worker staffing levels appear to be the most critical factor in achieving required Children’s Division worker contact with children and families. Missouri began the Council on Accreditation process and site visits were conducted 2001. Due to lack of sufficient Children’s Division worker to meet Council on Accreditation standards, the accreditation efforts were suspended in 2002. (The Division plans to resume accreditation efforts as resources become more available.)

Beginning in 2001, the Social Services Block Grant funding decreased and state revenues declined sharply. These significant decreases in funding created hiring freezes and limited Children’s Division worker allocations throughout 2001 and 2002. Due to cuts in revenue spending, hiring freezes occurred off and on during 2002 and 2003. As noted in the following charts, approximately 400 additional Children’s Division worker positions need to be added to meet the minimal Council on Accreditation standards. In addition to the loss of front line Children’s Division workers, there has been a corresponding loss of supervisor positions.

Turnover also creates pressure on Children’s Division worker inability for frequent visiting with children’ and families. Workers are not immediately replaced and existing staff cannot adequately cover other caseloads along with assigned duties. New hires have three months of basic training before they can assume full duties.

Fiscal Year	Actual Supervisors	Need Based on COA standards	Percentage Staffed	Actual Ratio	Ratio if workers were fully staffed
SFY-99	171	235	72.72%	7.73 to 1	9.63 to 1
SFY-00	180	227	79.26%	7.57 to 1	8.83 to 1
SFY-01	204	242	84.33%	6.79 to 1	8.30 to 1
SFY-02	209	262	79.89%	7.07 to 1	8.76 to 1
SFY-03	183	262	69.76%	7.59 to 1	10.03 to 1

### Quality Assurance System

Quality Assurance is gained through Peer Record Reviews (through narratives) and Program Development Reviews (through narratives and interviews). In addition, Jackson County, through consent degree monitoring is able to demonstrate positive outcomes which are allowing the county to exit sections of the consent decree.

***Outcome WB2: Children receive appropriate services to meet their educational needs.***

### Policies/Practices/Procedures for Educational Needs of Children

For intact families, Missouri Child Welfare Manual policy requires a thorough assessment of the family. An initial assessment tool is completed by the Children's Division worker during the initial 30 days after receipt of a "hotline". This assessment includes a section on health and education of the child and/or the caretaker. This information is kept in the family case file. If the case is opened longer than 30 days, a more in-depth assessment is completed on the family and tools including the eco-map, genogram, and timelines are completed which includes more health, mental health and educational information. The comprehensive information gathered drives the development of the Family Plan for Change. Family plans for change are on-going and reviewed by supervisor monthly and revised every 90 days.

For children in out-of-home care, the Child's Assessment Guidelines notes that school collaterals are one of the sources for assessment information and specifically requires educational information regarding the grade level, individual education plan, special classes, extracurricular activities and special achievements/honors of the child.

Peer Review Question	2002 first quarter	2002 second quarter	2002 third quarter	2003 fourth quarter
The child is at grade level and receiving appropriate educational services.	Data not available	Data not available	95%	96%

For the last two quarters of 2002 children in alternative care were receiving the appropriate educational services 95% and 96% of the time. Since 1999 the Practice Development Review documented similar attainment of meeting the educational needs of the child in 2002 and 2003.

Practice Development Review	State Fiscal Year 1999 n = 103	State Fiscal Year 2000 n = 54	State Fiscal Year 2001 n = 102	State Fiscal Year 2002 n = 90	State Fiscal Year 2003 n = 46
Learning progress of the child	83%	91%	81%	94%	94%

The recently released Assessment and Service Plan for children in alternative care will address all aspects of the child's well being. The well-being section of this form asks for very specific information about the status of each of these areas. There is a plan for this form to be available through the child welfare management information system which will provide aggregate circuit and statewide data to determine how Missouri is meeting the well-being needs of Missouri children in alternative care and children from intact families. Education remains the responsibility of the parents of children from intact families.

### **Educational Surrogates/Advocates**

Educational surrogates are available to children in alternative care. Through a Children's Division memorandum issued in January 2002, the policy regarding Public Law 101-476 was clarified. The policy states that the foster parent, is the representative surrogate parent for a foster child with a disability during the IEP and other educational activities. For children placed in residential care, it is the responsibility of the Department of Elementary and Secondary Education to appoint a representative for those children. As noted earlier, recommendations regarding the educational plan for all children are made by the Family Support Team.

### **Sharing of Educational Records with Foster Parents/Kin/Adoptive Parents**

As noted above, the foster parent is the representative for a child with a disability in educational proceedings and, as such, has access to educational records. Foster parents enroll children in school and attend school conferences. Per the Child Welfare Manual, foster parents/kin/adoptive parents have access to the Children's Division record established for a child in Children's Division custody. All information in those files is shared with the placement provider, including education records. Finally, foster parents/kin/adoptive parents are mandated members of the Family Support Team and school representatives are likewise encouraged to attend Family Support Team meetings. This is another opportunity for sharing of education information with the foster parent.

### **Relationship between Children's Division/Department of Elementary and Secondary Education (DESE)**

The Department of Elementary and Secondary Education and the Children's Division partner in a number of efforts where formal agreements exist, including the Caring Communities, the Children's Division and Adolescents Service Systems Project, System of Care, Missouri Juvenile Justice Information Sharing, and the Interdepartmental Initiative with Department of Mental Health, Department of Elementary and Secondary Education and Child, Division of Youth Services and. The informal working relationships between Children's Division and Department of Elementary and Secondary Education are positive. For example, teachers, counselors and other education officials are encouraged to attend the Family Support Team meetings. There was a representative from Department of Elementary and Secondary Education in the external partnering group who participated with this self-assessment.

In 1998-1999 the Department of Social Services and the Department of Elementary and Secondary Education worked together on a project with school districts in a select area of

the state to improve communication between the school districts and the local Children's Division Children's Service Worker. The efforts focused on educational issues for foster children, especially those needing special services. The efforts served as an opportunity to not only improve communication but to help school districts understand how to better utilize funding streams available to them.

Missouri Senate Bill 757 strengthened the cooperation between the Division and school districts by requiring each school district to identify a school liaison. Upon receipt of a hotline, the assigned Children's Service Worker is required to contact the designated school liaison as a part of the investigation/assessment protocols.

### **Automated System for available services**

The Department of Elementary and Secondary Education maintains a website which makes information available on a number of issues and topics. Examples of information provided on the website are sections on other resources and popular links, school laws and legislation, vocational rehabilitation, special education, and student assessment Missouri Aptitude Proficiency test.

***Outcome WB3: Children receive adequate services to meet their physical and mental health needs.***

### **Health Care for Children:**

#### **Policies and Procedures Regarding Health Care Services**

The Child Welfare Manual states that it is the responsibility of the Division to provide the necessary medical or psychological services, evaluations, care or treatment needed by a child in the Division's custody in out-of-home care. The Manual also contains detailed policies and procedures regarding the provision of health care services to children in out of home care. Within 24 hours of coming into care (or as soon as possible), policy requires an initial health examination for the child, including a complete Healthy Child and Youth screening. It also requires Children's Service Workers to ensure that medical information is obtained from the parent/physician and given to the foster parent-within 72 hours, if possible, and no later than 30 days.

The list of medical information to be obtained has reference points, including immunizations, past and current medical problems, history of psychological services and developmental milestones. On-going placement support activities include implementing any treatment recommendations made by the physician, dentist, professional or psychological examiner. On-going health care is to be obtained in accordance with the Healthy Child and Youth examination/immunization schedule.

Peer Record Review Results and the Practice Development Reviews examined health related factors for children who are in out of home placement and children from intact families.

Peer Review Question	2002 first quarter	2002 second quarter	2002 third quarter	2003 fourth quarter
The assessment indicates factors specific to family such as health were considered for intact families.	72%	81%	81%	81%
The physical needs of the child in out of home care are being met	Data not available	Data not available	95%	96%

The above chart depicts the Children’s Division ability to meet the health needs of children.

Practice Development Review	State Fiscal Year 1999 n = 103	State Fiscal Year 2000 n = 54	State Fiscal Year 2001 n = 102	State Fiscal Year 2002 n = 90	State Fiscal Year 2003 n = 46
Health / physical wellbeing	96%	100%	96%	99%	98%

The above chart depicts the health and physical well-being of children in alternative care and children from intact families.

Jackson County which is under a consent decree is required to collect data in regards to preventive as well as on-going health care for children in out of home placement. Jackson County utilized the Practice Development Review to collect the data on a monthly basis and reviews one hundred fifty cases annually.

Calendar Year 1999	January to June 2000	July to December 2000	January to June 2001	July to December 2001	January to June 2002	July to December 2001	January to June 2003
90%	86.67% 65/75	61.33% 46/75	76% 57/75	66.23% 49/74	70.67% 53/75	Dental = 55.93% 33/59 Physical = 92% 69/75	Dental = 58.21% 39/67 Physical = 90.59% 77/85

The chart above reflects preventative health care for children in out of home care in Jackson County. Due to the limited number of dentists who will accept Medicaid the overall percentage of compliance is low.

Calendar Year 1999	January to June 2000	July to December 2000	January to June 2001	July to December 2001	January to June 2002	July to December 2002	January to June 2003
92.86%	89.33% 67/75	86.67% 65/75	92% 69/75	93.24% 69/74	92% 69/75	96% Physical only 72/75	95.29% Physical only 81/85

The chart above reflects physical health needs of children in out of home care in Jackson County.

### Responsibilities

As noted above, the Children's Division worker has responsibility for providing medical information regarding the child in out of home care to the placement provider when the child comes into care and/or changes placements. Placement provider responsibilities include maintaining a record of health and health care, especially immunization records, and to cooperate with the Children's Division in arranging for routine medical and dental care, as well as, ensuring the child receives appropriate care during any illness. Some juvenile courts require court orders for certain medical procedures, such as surgery. Children's Division worker responsibilities also include discussing with all clients the importance of primary and preventive health care and providing transportation, as necessary, when appropriate to the case plan and if it has been determined another resource is not available. The Family Support Team is responsible for making recommendations regarding the child, including treatment recommendations, and for designating who would carry out the recommendations. The Family Support Team can serve as an effective vehicle in clarifying the roles of the various parties when confusion occurs over the responsibility for a given activity. As the legal custodian, the accountability falls on the Children's Division worker when other arrangements are not possible.

For children from intact families, the child's parents are responsible for all health care. Through the Child Health Incentive Program, Missouri offers health insurance to families whose income is 300% of the poverty income line. Depending on the level of incomes, families experience no expense, co-payments, and premiums for health care.

### Data regarding the provision of health care

All children in out-of-home care are covered by Missouri Medicaid for Children (MC+). Foster parents statewide have identified difficulties locating dentists who will accept Missouri Medicaid and that issue remains difficult to resolve. Services not covered by Medicaid can be purchased for children with approval from the Division area office.

Jackson County has a medical database that was custom-built specifically in response to the Consent Decree. This database serves as a model for rest of Missouri.

### Jackson County Database fields:

- Child’s demographic information including name, Departmental Client Number, date of birth, gender, race, mother, father and siblings
- Custody date, Children’s Service Worker, placement and MC+ plan
- 72-hour meeting date, time, location and FSTM date, time and location; CS-1 health summary forms (“snapshot” of current health information)
- Summaries of initial exams, Healthy Child and Youth exams, vision, hearing, dental, follow-up and mental health visits (“medical passport/discharge summary” which contains all entries before and during custody)
- A history of information requests and progress notes by the nurse case managers
- Health care plans, medications, allergies, appointment times, diagnostic tests, past medical history, birth, nutritional, developmental, mental health and school information

Recent enhancements to the database have enabled Missouri to streamline the medical passport in Jackson County, generate a more automated enrollment notice, and to query for overdue and coming-due dental exams. It contains a wealth of data that is in logical fields, and can be queried and exported countless ways.

### **Procedures for conducting health assessments**

As noted earlier under policies and practices, routine medical/dental care is to be provided per the Healthy Child and Youth immunization/examination schedule. Child assessments during entry into out-of-home care and on-going require information regarding the child’s physical health.

### **Extent to which the child’s health issues are addressed in the case plan**

Health information collected during the child assessment is shared with the Family Support Team and used to drive the case plan for children in out of home care. Health information is collected on children from intact families and the Children’s Division worker assists the family in addressing the health care barriers.

### **Provision of health care to children in out-of-home care and in-home**

As noted above, all children in Children’s Division custody in out of home care are covered by Missouri Medicaid for Children (MC+). Physical health needs are met through managed health care plans; behavioral health needs are addressed on a medical fee-for-service basis. Medical care not covered by Medicaid can be provided under special expenses with the approval of the Area office. Children’s Service Workers must ensure that the Department of Health and the Division of Medical Services resources are explored, as well as other resources before utilizing special expense funds (For children living in-home in need of services, the Children’s Service Worker would review community resources and explore with the family potential options, such as MC+, county health clinics, Bureau of Special Health Care Needs.

**Initial Health examinations/on-going examinations**

As referenced above under policies and procedures, children entering out-of-home care are required to have a medical exam within 24 hours and on-going examinations / immunization per the Healthy Child and Youth schedules.

**Procedures ensuring that the health and safety needs of children are a priority**

As noted above under policies and procedures, children are required to have a physical examination within 24 hours, the Children's Division worker is required to provide detailed information regarding the child on 15 health issues to the placement provider within 72 hours, if possible, and within 30 days at the latest. Periodic immunizations/examinations are to be conducted per the Healthy Child and Youth schedule. Initial and on-going assessments of the child are required to include information regarding physical health.

**Sharing of health records with foster parents**

Missouri Child Welfare Manual states that all information about the child will be shared with the parent/caregiver on an ongoing basis.

**State's health care system**

Children in the custody of the Children's Division in out-of-home placement receive Medicaid for Children and in some parts of the state children are in a managed care health plan, MC+ for physical health services. (Mental health services, however, remain fee-for-service.) Uninsured children from intact families and whose families meet the financial means test, disabled children who meet eligibility requirements and children in Temporary Assistance for Needy Families also receive MC+. As noted earlier, dental providers who will accept MC+ payment rates are hard to find in many parts of the state. Children in foster care may also face changing providers when health care plans change or they move to a neighboring county where the existing health care plan is not operating.

**System for Special Needs Children**

The Division has developed medical foster parent homes to care for medically fragile children in out of home care. This has helped to keep children out of institutions and in the community. Training is geared to the specific needs of the child. For children with behavioral and mental health needs, the division has developed Behavioral Foster Care and Career Foster Care and pays these providers above the traditional foster care rates but below the residential care rate. Finally, the System of Care initiative with the Division and key partners in mental health, education and the juvenile courts will strengthen the ability of the state to provide for special needs children.

For children from intact families, the parents are responsible to meet the special needs of children. The Children's Service Worker may assist the family in obtaining services and connecting the family with the Child Health Incentive Program.

**System for Dental Health Care needs**

Due to the limited number of dentists willing to accept Medicaid payment, the provision of dental services remains problematic in Missouri. Some dentists who are treating the adult foster parents will agree to serve the foster children as well, even though payment is

at the reduced MC+ rate. Other dentists agree to serve the foster children as part of their service to the community. A few communities do have low-cost dental clinics and others have community organizations willing to offer assistance. In other locations, foster parents have no choices but to drive long distances to find a dentist who will accept Medicaid payment.

Recently, Healthy Kids and Seniors Dental, a new service provider for dental and optical services has obtained authorization from one half of the MC+ plans to provide dental services in Jackson County. It is the intent of this provider to spread across the entire state to provide these services.

***Mental Health Care for Children***

**Policies and Practices**

The Child Welfare Manual requires the Children’s Service Worker to “ensure that medical information is obtained and shared with the foster parent within 72 hour, if possible, or no later than 30 days”. The medical information required specifically includes psychological services (past and present), current medications, and current and past medical providers. The manual requires that the Children’s Service Worker must ensure that children with serious emotional and behavior disturbances receive appropriate counseling, therapy and/or medication. Also, the Children’s Service Worker must ensure that the placement provider has the knowledge and skills necessary to provide appropriate care for the child.

<b>Peer Review Question</b>	<b>2002 first quarter</b>	<b>2002 second quarter</b>	<b>2002 third quarter</b>	<b>2003 fourth quarter</b>	
The assessment indicates factors specific to the family such as mental health were considered for intact families	72%	81%	81%	81%	
The mental health needs of the children in foster care are being met	Data not available	Data not available	95%	97%	
<b>Practice Development Review</b>	<b>State Fiscal Year 1999 n = 103</b>	<b>State Fiscal Year 2000 n = 54</b>	<b>State Fiscal Year 2001 n = 102</b>	<b>State Fiscal Year 2002 n = 90</b>	<b>State Fiscal Year 2003 n = 46</b>
Emotional Behavioral Health	83%	92%	91%	91%	95%

Emotional and behavioral health issues have shown a steady improvement for children in out of home care and children from intact families. Access to mental health services for children remains an issue for intact families. These families face many barriers: transportation, insurance, and lack of knowledge of the mental health system.

### **Requirements for conducting initial mental health evaluations of children entering foster care and for ongoing evaluations**

The Child Welfare Manual requires an assessment for each child needing out-of home care, which includes emotional/mental health. The Child's Assessment Guidelines specifically include information regarding emotional health, medication, treatment and behavior. CS-16 is an initial and on-going assessment tool for the family (and family members) and is updated every 90 days. The ecomap and genogram help capture family involvement with community providers (such as mental health agencies), relationships between family members and the strengths and weaknesses. These assessment instruments drive the treatment plan for the child and for the family. Assessment and treatment planning will also be enhanced with the introduction of the new Child Assessment and Service plan, which is currently being field tested. This document will include expanded Emotional Health information. The Child Assessment and Service plan will also be shared with the FST members during FSTM.

### **Data regarding provision of mental health services**

The delivery of mental health services is recorded in the child's case record.

### **Methods for tracking the provision of mental health services to children entering care and children receiving in-home services**

As noted earlier, our 2002 Peer record Review Results indicated that approximately 95% of the children in out-of-home care had their mental health needs met.

### **Requirements for conducting initial mental health evaluations**

The requirements for evaluating mental health are embedded in our assessment requirements, and CS-16 requirements are described in the above sections.

### **State's Use of Medicaid**

All children in Children's Division custody in out-of-home care are covered by Medicaid for Children (MC+) and can receive health care services from any enrolled provider. Mental health services are provided as fee-for-service, even in the parts of the state where physical health care is managed by health care plans. Children at home covered by MC+ also have access to mental health services at fee-for-service rates. Medicaid- covered mental health services have helped make those services available and affordable for children in care and at home.

### **Coordination**

The Children's Division and the state Department of Mental Health has a long history of partnering. A current initiative referenced earlier is the System of Care which focuses on interagency efforts to serve children with mental health needs and to prevent those children from entering out-of-home care due to those needs.

### ***Other Well-Being Issues***

#### **Issues of Concern:**

- Increased Children's Division worker resources are needed to achieve consistent visitation with children and families as prescribed by our policies and procedures.
- The level of Children's Division worker should be increased to meet the Council on Accreditation standards for best practice. If the level of staffing can't be increased, the division should examine priorities to ensure that child and family contacts are occurring.
- Our data system requires enhancements to better capture the health and mental health services received by children in care of public agency.
- Missouri urgently needs more dentists who will accept Missouri Medicaid.
- Children's Division workers currently have multiple assessment requirements, the policies are confusing and the assessment tools are sometimes cumbersome. Accordingly, case assessment information on well-being issues tends to be spread all over the case files and does not appear to be driving the case plan.

#### **Potential Reforms**

- The Division plans to resume the pursuit of accreditation, and to use the accreditation process as a tool in obtaining Children's Division worker resources.
- The System of Care initiative underway has potential to serve children with mental health needs more effectively and to reduce the number children placed in alternative care due to unmet needs.
- The new Child Assessment and Safety Plan is being tested in the field and contains more information on well-being indicators. Children's Division worker are also in the beginning stages of creating a new assessment tool that will simplify assessment requirements, capture more well-being information and can be used for both intact families and children in placement and their families.

## Section V

### State Assessment of Strengths and Needs

*1. What specific strengths of the agency's programs has the team identified?*

#### **Re-entry Rate in Foster Care**

Missouri Child and Family Services Review Data Profile provide the aggregated data for determining substantial conformity. Missouri's percentage of children who re-entered care within twelve months of a prior foster care episode was 8.5% which exceeds the federal standard set at 8.6% or less. Beginning in FFY-00, Missouri data was showing a trend where less children was re-entering care than the year before. The evidence for the continuing improvement for this data element is under review to determine attributes. A hypothesis for the improvement is the increased use of Family Support Team Meetings (FSTM). When FCOOH program introduced the concept of having FSTM's within 24 and 72 hours after the removal of a child, and continued every thirty days until adjudication, the involvement of families to jointly determine services needed and helping create case plans became invaluable. Also, the family involvement and participation in the decision making process should have a direct effect in the outcome for their child.

#### **Services Array**

Missouri offers a wide array of services that are available throughout the state. Those services include (but are not all inclusive); mental health (both contracted and in-house providers), parent aide services (homemaker, supervising visits, transportation), mentors, independent living services, parent education classes, transportation services, intensive in-home services and drug and alcohol treatment. There are a few services more limited in availability requiring families to travel to neighboring circuits or wait until the service is available. These services include family reunification and medicaid dental providers. Some families may be prohibited from accessing some of the services due to their inability to pay. Therefore, some of the community services have a sliding fee scale which is subsidized through a variety of ways.

*2. What specific needs has the team identified that warrant further examination in the onsite review? Note which of these needs are the most critical to the outcomes under safety, permanency, and well-being for children and families in the State.*

#### **Permanency--Family Support Team Meetings**

FSTM is a vehicle to move toward permanency plans quicker and appropriately. The formal process began several years ago with the beginning of the Family-Centered Out-Of-Home approach for children in alternative care. This approach concentrated on engaging families in the hours soon after a child was removed from their home. The up-front engaging of families helped expedite change quicker. The concept of using relative care prior to exploring foster homes became the "first" option for children's placement. The FSTM has evolved over time and is useful in relationship and trust building between children's service workers and families.

### **Permanency—Frequent Moves**

Children in Missouri’s foster care system experience on average, over three changes in placement while in the state’s care and custody. Missouri does recognize the potential negative impact of a child moving from one placement to another. Strategies are being analyzed such as improved initial assessments, better matching of children with placement providers, and enhancements for expediting timely permanence.

### **Well-Being—Limited Dental Care**

The Practice Development Review has revealed there is a need for Medicaid Dental providers. Children in the care and custody of the child welfare system have limited access to dental care as a result. Some community groups have been creative in their efforts to solve this need. Some communities offer car pooling opportunities to travel outside of the area in which they live to obtain dental care. Others have explored the use of a dental van to provide cleanings, fillings, and routine exams. The dental van is making plans to provide services statewide but currently only serves Jackson County.

2. *Which three locations, e.g., counties or regions, in the State are most appropriate for examining the strengths and concerns noted above in the onsite review?*

## **St. Louis County Largest Metropolitan County Site Selection #1**

### **Demographics and History**

St. Louis County is home to over a million people, making it the most populated county in Missouri with nearly 20% of the state’s population. Additionally, St. Louis County has the most affluent population with an average household income nearly \$15,000 higher than the State average. St. Louis County per capita income (1999) is \$27,595.

St. Louis County came into existence just nine years after the Louisiana Purchase and nine years before Missouri attained statehood. After their historic exploration of the Louisiana Purchase and beyond, both Meriwether Lewis and William Clark served as territorial governors of the area that included Missouri. In October 1812, Governor Clark organized the five administrative districts of Upper Louisiana Territory into counties, one of which was St. Louis County. In 1818 Franklin and Jefferson counties were formed out of the original St. Louis County, leaving St. Louis County with the land that today comprises St. Louis County and St. Louis City.

The separation of St. Louis City from St. Louis County occurred in 1876. At the time, the separation was strongly advocated by city leaders who felt the non-urban parts of the County were an undue burden on the urbanized and prosperous City of St. Louis. The newly separated County had a population of 31,888, the third largest in Missouri. The first permanent European settlement in what is now St. Louis County was Florissant in 1785. Creve Coeur also existed at the time of the Louisiana Purchase.

St. Louis County experienced a growth period from 1940 to 1970 primarily due to migration from the City of St. Louis. The population grew from 247,000 just before World War II to 951,000 by 1970. Since 1970, the population growth has stabilized, growing just 2% in the 1980's and an estimated 1.7% in the 1990's. The 1990's also experienced more people moving out of St. Louis County than moving in, due to a growth shift, known as the urban sprawl, to the outlying counties of St. Charles, Jefferson, Franklin, Lincoln and Warren. One of the primary reasons for the population movement in the 1990's is the large tracts of land available for development, and new, affordable housing.

The population of St. Louis County has been diversifying since the 1970's. The white population has declined, while the population of Asians and Pacific Islanders has had the highest rate of growth, increasing 79% since 1970. The African American population has also grown significantly, increasing by 27%.

### **Geographical Description**

St. Louis County is situated at the confluence of the Mississippi and Missouri Rivers, it encompasses 524 square miles. It is on the eastern edge of the state bordering St. Louis City and Illinois to the east and north. The western and southern sections of the county are bordered by Jefferson, Franklin, and St. Charles Counties. The area is served by major interstates, an international airport, railways and river ways.

The area is known as the Gateway to the West.

### **General Information**

St. Louis County is a distinct governmental area. The County is comprised of 91 municipalities and areas of unincorporated St. Louis County. Approximately 66% of the residents reside in municipalities. The County Government Center is in Clayton. Local government services are provided by the municipalities, County Government and various special service districts. There are 60 municipal police departments in addition to the St. Louis County Police Department. There are 43 municipal fire departments/fire protection districts. There are 24 public school districts including a county wide Special School District and a variety of private and parochial schools. There are several public and private universities and colleges with campuses in St. Louis County. There are 12 private hospitals located within the county borders; St. Louis County Health Department provides an array of public health services.

The five largest private employers in St. Louis County are The Boeing Company, Schnuck's Markets, Inc., McDonald's Restaurants of St. Louis and Metro East, SSM Health Care System and Washington University. The average unemployment range for St. Louis County in 2002 was 4.8%; the statewide average was 5.5%. St. Louis County contains about a quarter of all the jobs in the State of Missouri and almost half of the jobs in the St. Louis metropolitan region. The County's employment base became more diverse throughout the 1980s and 1990s as jobs shifted from manufacturing to the service sector. The service sector in St. Louis County experienced the greatest increase in

employment between 1987 and 1997, rising from approximately 25% to 33% of all jobs in the County.

### **Economic Data**

St. Louis ranked 16<sup>th</sup> nationally among other metropolitan areas for the Cost of Living Index for the third quarter 2001. The average for all participating places is 100, St. Louis was 100.7. According to 2000 Census figures, the average cost of a home in the County was \$116,500. The median household income in 1999 was \$50,532.

### **Transportation**

Public transportation is available through Bi-State which operates a regional bus system and limited Metro-Link rapid transit system. Metro-Link is currently expanding to provide services to a larger section of the county.

### **Population Served**

KIDS COUNT 2002 data, children make up 25.2% of the County's population. Of these children, 31.2% are minority children and 9.3% of the County's children live in poverty. Fifteen percent of the children reside in households receiving Food Stamps and 30.3% are enrolled in free/reduced lunch programs.

Statewide, St. Louis County ranks 12<sup>th</sup> (1=best, 115=worst) out of 115 counties in overall child well-being factors according to the KIDS COUNT 2002 data. Both the statewide and St. Louis County rates for child abuse and neglect have increased over the last four years, however the rate in St. Louis County remains significantly lower than the statewide rate. The rate for out of home placements is the same as it was in 1997, 3 per 1000 children. The statewide average is 5.4 per 1000 children. St. Louis County ranks slightly above the statewide averages in low birth weight infants and infant mortality. There has been a decrease in the percent of high school dropouts, the births to teens ages 15-19 and violent deaths of teens. The number of children receiving public mental health services almost doubled from 1997 to 2001.

As of August 2003, St. Louis County had 1256 children in custody (forty-seven percent of the youth in custody are over 13 years of age or older). Given St. Louis County's location as part of a larger metropolitan area and the mobility of the children and families served, the population involves some residents of surrounding areas. Agency best practice is to continue involvement with families rather than transfer cases among surrounding counties each time a family or child moves across a geographical county boundary. Some services, such as Intensive In-Home Services, are provided on a regional basis.

### **Community Involvement**

Children's Division staff are housed in four different buildings in St. Louis County representing three areas of the County, north, south and central. This provides better accessibility to families served and to be part of larger service centers. The Children's Division shares buildings with Family Support Division, Division of Youth Services, Department of Health and Senior Services, Division of Probation and Parole, Division of

Workforce Development, Department of Natural Resources and Division of Vocational Rehabilitation. The various locations promote partnering with school districts and local law enforcement as well as other community agencies. St. Louis County has a collaborative agreement with the public housing authority which allows the awarding of housing certificates to identified families. The agreement also involves a community action agency which provides assessment and treatment services, parenting programs, drug testing and employment assistance.

The Family Court of St. Louis County operates the SAFETI court program which focuses on families where substance abuse is the major issue. St. Louis County has a Truancy Court program which is based in several of the school districts and targets grade school and middle school children with identified truancy problems. The program will involve children referred by the Children's Division for the first time in the 2003-04 school year.

St. Louis County is a Greenbook Initiative site. The Greenbook Initiative focuses on the co-occurrence of domestic violence and child maltreatment. There are 25 agencies in the St. Louis region which provide domestic violence services ranging from shelters to batter's intervention programs.

The Family Court of St. Louis County and the Children's Division have partnered to provide services to "crossover" youth. Youth who are identified with involvement in both the delinquency and child protection units of the court are staffed to determine if they would benefit from services by Crossover staff and the Children's Division. Staff from the Court and the Children's Division are assigned, by geographic areas, to work with these youth and their families.

The Children's Division participates in Community Response Teams with community partners, including representatives from state and local public health agencies, mental health providers, schools, family courts, Division of Youth Services to staff and develop plans for families needing assistance.

### **Caseloads and Staffing**

There are 173 direct service staff allocations for St. Louis County. Hiring freezes resulted in the County carrying a vacancy rate of 13% to 16% for a large portion of the period under review. Adoption, foster and kinship licensing, Intensive In-Home Services, Family Centered Out of Home and investigation programs have specialized workers. Ongoing Family Centered Service cases and alternative care cases are assigned to generic workers. There are 23 first level supervisors allocated to the County, there has been approximately a 17% vacancy rate for supervisors. The Children's Division contracts with 12 private agencies in St. Louis County to provide case management services for out of home care cases. The contractors have a combined allocation maximum of 250 families, individual caseloads for contracted case managers are maximized, by contract, at 14 families per worker. The staff allocation for St. Louis County is reduced to reflect cases carried by private agencies. Caseloads for in house staff are significantly higher.

**Federal Outcomes**

St. Louis County has met three of the six Federal safety, permanency and well-being outcomes during SFY-03:

Recurrence of Maltreatment – Of all children, who were substantiated victims of child abuse/neglect during the first six months, what percent had another substantiated report within six months

- Federal Benchmark – 5.9% or fewer
- St. Louis County -- 5.7%

Foster Care Re-entries -- Of all children who entered foster care during the year under review, percent that re-entered foster care within 12 months of a prior foster care stay

- Federal Benchmark – 8.6% or less
- St. Louis County -- 7.75%

Length of Time to Achieve Adoption – Of all children who exited foster care during the year of review to a final adoption, the percent of children who exited care in less than 24 months from the time of the latest removal from home

- Federal Benchmark – 32% or more
- St. Louis County -- 34.54%

Incidence of Child Abuse and Neglect in Foster Care (by foster parent or residential facility staff) – Of all children in foster care in the state during the period under review, the percentage of children who were the subject of substantiated or indicated maltreatment by a foster parent or residential facility staff

- Federal Benchmark – .57% or less
- St. Louis County -- .77%

Stability of Foster Care Placements – Of all children who have been in foster care less than 12 months from the time of the latest removal, the percent of children who had no more than two placement settings

- Federal Benchmark – 86.7% or more
- St. Louis County – 76.37%

Length of Time to Achieve Reunification – Of all children who were reunified with their parents or caretaker at the time of discharge from foster care, the percentage of children who were reunified in less than 12 months from the time of the latest removal from home

- Federal Benchmark -- 76.2% or more
- St. Louis County -- 62.95%

## **Jackson County Site Selection #2**

### **Demographics**

Jackson County has a population of 655,855 and is an urban/rural geographical mix located on western side of the state. Kansas City and immediate suburbs such as Lee's Summit, Blue Springs, Grandview and Independence would comprise the urban core. Smaller towns such as Grain Valley, Buckner, Fort Osage and Lone Jack are more rural. Jackson County Children's Division is divided into 6 geographical offices that serve designated sections of the county. The locations are referred to as: Midtown, Uptown, Downtown, South, East and Southeast offices.

The Jackson County population consists of people from many ethnic backgrounds. The 2000 census indicated a racial mix of 70% White, 23% African American, 5% Hispanic, .5% American Indian, 1% Asian, etc. There is an over representation of African American children placed in alternative care. Currently, this issue has not been resolved and on-going probe is continuing.

### **Caseloads and staffing**

There are 221 Children's Services Worker allocations in Jackson County. These positions include staff who recruit and license foster parents, investigate and assess Child Abuse/Neglect Hotline reports, work with intact families, kinship and relative families, as well as children who are in a foster care placement. Staff have also been designated to find alternative care placements for children, find adoptive placements for children who are awaiting adoption and work with families receiving adoption subsidy. The services available to families and children are consistent with those provided in the rest of the state. Services such as counseling, day treatment, child care, mentoring, parent aide, and Medicaid are available to meet the safety, risk and well-being needs of children.

The Jackson County Children's Division's office is unique from the rest of the state in that it is under a Consent Decree which require specific issues to be resolved and conditions must be met for dissolution. The Consent Decree primarily focuses on children who are in the care and custody of the state and falls under the 16<sup>th</sup> Circuit jurisdiction. An example of one of the Consent Decree's requirements is a caseload size standard. This standard limits the number of cases an alternative care service worker to 14 class members (legal status 1) and 25 total children (14 legal status 1, plus nine other children in other program areas).

Jackson County is also unique to the remainder of the state in that it has four staff and one supervisor that form an internal Quality Assurance Unit. The main function of the unit is to monitor compliance for the requirements of the Consent Decree. The unit also provides assistance and case activity tracking to staff whose caseloads do not fall under the requirements of the Consent Decree.

### **Community Involvement**

Jackson County is organized into six geographical areas to better integrate the Division's services more closely with community based services and increase opportunities for community interaction. For example, staff partner with local law enforcement departments, area school districts and community centers. Staff also collaborates with local churches and libraries recruiting potential new foster and adoptive homes.

There is an alliance consisting of area medical personnel to oversee medical care issues pertinent to children who are under the court jurisdiction or supervision. Jackson County is fortunate to have two very good resources within Children's Mercy Hospital and Truman Medical Center to meet the medical needs of children. Both hospitals are very involved with the community and have partnered with the Division to provide consultation and training for staff on various medical issues.

There continues to be an on-going effort to improve and enhance the interactions between the Family Court and the Jackson County Children Division offices. This includes opening the lines of communication and obtaining a better understanding of the roles and responsibilities of job duties and promoting more timely permanency for children. To address the issue of permanency, during January 2003 the Jackson County 16<sup>th</sup> Circuit Family Court established a judicial case management system. This process is designed to engage parents immediately after a decision is made to place their children in protective custody. The system is designed to assigned an attorney for the parents (if needed) within 72 hours, keep family meetings focused on the safety and risk issues which brought the child and family to the attention of the Court, and concentrates their efforts on what needs to happen so permanency may be established more quickly. This process creates more interaction between the members of the entire service team including court personnel, Division staff, and the parent's attorney.

As a result of the Consent Decree, a Community Quality Assurance (CQA) Committee was established. This committee is comprised of local stakeholders representing education, mental health, medical professionals, foster parents, domestic violence, court personnel, and others. This group responds to issues that have been identified as concerns based on the various reviews completed in Jackson County and provides solutions to those concerns to improve outcomes for children and families.

### **Federal Outcomes**

Jackson County's met four of the six federal outcomes measures in SFY-03. Jackson County results, using internal data from Research and Evaluation, are as follows:

#### Recurrence of maltreatment

- Federal Benchmark -- 5.9% or fewer
- Jackson County -- 4.80%

#### Incidence of child abuse and neglect in foster care (by foster parent or residential facility staff)

- Federal Benchmark -- .57% or less

- Jackson County -- 0.57%

#### Length of time to achieve reunification

- Federal Benchmark -- 76.2% or more
- Jackson County -- 81.18%

#### Length of time to achieve adoption

- Federal Benchmark -- 32% or more
- Jackson County -- 63.43%

#### Foster Care Re-entries

- Federal Benchmark -- 8.6% or less
- Jackson County -- 18.26%

#### Stability of foster care placements

- Federal Benchmark -- 86.7% or more
- Jackson County -- 79.79%

### **29<sup>th</sup> Circuit Children's Division Jasper County Site Selection #3**

#### **Demographics**

Jasper County is located in the Southwestern corner of the state of Missouri. According to the 2000 census, there were 104,686 persons residing in the county. This was a 15.7% increase from the 1990 census and the city of Joplin is the largest community within Jasper County. Joplin has 45,504 residents with the next largest city being the county seat, Carthage, with a population of 12,668. There are numerous smaller communities that make up the remaining population of Jasper County. The racial make up of the county as of the 2000 census is as follows:

92.58%-White	1.48%-African American
1.33%-Native American	.69%-Asian
0.06%-Pacific Islander	3.45%-Hispanic or Latino
2.24%-from two or more races	1.62%-Other

#### **Geographical Description**

Jasper County borders the state of Kansas to the west, the county of Newton to the south, the county of Lawrence to the east and the county of Barton to the north. The county covers an area of 641 square miles. Interstate 44 provides passage for residents to travel east through Springfield and onto St. Louis and west into Oklahoma and beyond. The county has easy transportation connections with Highway 71 that runs north to the Kansas City area and south into Arkansas. Within the city of Joplin, there is a Municipal Airport that provides several daily flights into St. Louis for connections into the larger cities throughout the United States.

**General Information**

St. Johns Medical Center is a major hospital and employs a total of 2655. Health care opportunities are also available in Carthage through McCune Brooks which has 55 beds available.

There are several manufacturing companies in Jasper County. Leggitt and Platt Inc. is located in Carthage and employ 2420 individuals locally. There are also several major trucking companies based out in this area, CFI employs 2079 individuals, TriState has 800 employees and Sitton Motor employs 650. Eagle Picher employs 2000 individuals and the local Wal-Mart stores have over 895 employees. The food industry includes General Mills with 585 employees and Schrieber Foods with 650 employees.

Jasper County is the home of Missouri Southern State University (MSSU). Jasper County also has educational opportunities available with Vatterott College, Ozark Christian College, and Franklin Technical Center.

**Economic Data**

Unemployment in Jasper County has a current rate of 5.6%. Jasper County enjoys one of the lowest housing costs in the U.S. The average value of existing homes in the area is \$86,005. New three-bedroom homes typically range from \$70,000 to \$105,000. Rent prices for homes range from \$325 to \$550 per month. A variety of apartment complexes offer furnished or unfurnished apartments ranging from \$250 to \$450 per month. The county has Section 8 housing available as well as several Income Based Apartment complexes to assist families in finding affordable housing. The low cost of housing includes one of the lowest residential property taxes in the Midwest. The median income for a family in the county is \$37,611.

**Transportation**

Jasper County does not have a public transportation system. The MAPS busses, (Metro Area Paratransit System) are available to take qualified individuals for medical appointments. There are also local Taxi companies available that offer Cab Coupons and reduced fares for eligible individuals.

**Population Served**

According to KIDS Count 2002, Jasper ranks 106 out of 115 counties (1=best, 115=worst) children make up 25.7% of the county's population. Of these children 12.1% are minority children and 19.2% of the county's children are living in poverty. 29.6% of the children in Jasper County receive food stamps.

Several social issues continue to be areas of concern for Jasper County. These issues include a high number of mothers (who recently have given birth) without high school diplomas as well a high number of teenage pregnancies. There are an alarmingly high number of children that do not complete high school in the county. The high number of child abuse and neglect reports has led to a correspondingly high rate of out of home placements and a large number of children in state custody in Jasper County.

As of July 2003, Jasper County has 568 children in custody. The circuit has 166 licensed foster homes, 70 licensed relative/kinship homes and 43 licensed respite homes.

### **Jasper County Self Evaluation**

The purpose of this study was to look at four separate Children's Division outcomes in Jasper County and to attempt to ascertain the factors which influenced those outcomes. The four outcomes considered include:

- Number of children per thousand reported for child abuse and neglect in Jasper Co.
- Number of children per thousand reported for child abuse and neglect in Jasper Co. who are determined as probable cause.
- Number of children per thousand who entered DFS custody in Jasper Co.
- Percentage of children in DFS custody that are returned to their parents in Jasper Co.

The study was conducted through a combination of meetings with groups of staff and representatives of the Juvenile Office and the Children's Center, individual conferences with staff and gathering of statistical information.

Jasper County appears to be unique in several characteristics which affect the Children's Division, the most notable being the high incidence of methamphetamine usage and production. Jasper County does have a very high rate of reporting of child abuse and neglect with a much higher percentage of reports coming from law enforcement than in other judicial circuits. The combination of the high reporting rate, the high percentage of reports coming from law enforcement, and the high incidence of methamphetamine has probably led to a higher percentage of children having a probable cause finding.

With the higher level of probable cause which is an indication that abuse or neglect has occurred there is a result of higher entry rate into foster care. Children are taken into custody when a team member believes that they cannot safely remain in their own home. The challenge for all the members of the team is to find services which will assure the safety of the children with them remaining in the home. Oftentimes the services which the family would need are of an intensive nature and no openings are available for these services.

Many children entering care means that Jasper County has a large number of children in care. After children enter care, work is focused toward a permanency option, with reunification being the preferred choice. All members of the team are constantly assessing what will need to occur for the children to safely return to their parents. Jasper County does return fewer children to their parents than many other circuits. Once again, the challenge for all members of the team is assessing when children may safely return home and identifying, finding, and providing the services needed to create safety for the children when they return home. Oftentimes the services needed are very intensive such as family reunion services, but no openings are available. There is more need than service available due to maximum use of availability.

### **Community Involvement**

Jasper County is a one county circuit. There continues to be a strong working relationship between the staff of the Children's Division and the Juvenile Office. Team meetings are held on cases where all interested parties are invited to attend and have equal input. Jasper county children are represented in team meetings and in court proceedings by active Guardian ad Litem. CASA volunteers are also assigned to cases by the Judge. The local law enforcement entities are involved and very invested in the well being of the children of Jasper County. Forensic interviews are done with a team approach at the Children's Center of Southwest Missouri located in Joplin. These interviews are taped and dictated for use in criminal prosecution.

Jasper County has a wealth of services available to families such as: in-patient and out-patient treatment for substance abuse and aftercare planning, services for domestic violence and an extensive array of counseling services both for individuals and groups. There are also numerous private counseling establishments as well as church based services available. The Salvation Army has emergency housing and shelter programs available.

The Missouri work force development center is centrally located in Joplin and has services available to families on line that can be accessed from outset areas such as Carthage.

Jasper County has also welcomed the partnership of "Children's Haven" in the past year. This facility is a crisis nursery that is available to any family that needs to have temporary placement for their children when other resources are not available. Children do not have to be placed in the custody of Children's Division to access this placement

Jasper County works as part of a strong partnership with all of the schools. Each school in the county has a school based social worker. These individuals continue to be part of the treatment team for children when the Children's Division becomes involved with the family.

### **Caseloads and Staffing**

There are 52 Social Service Worker allocations in the 29<sup>th</sup> Circuit. All of these workers are based in the Jasper County office. Of these 52 social service staff there is an Adoption Specialist, an Adoption Subsidy Worker, a Foster Care Licensing Worker, a Foster Home Training Worker, 11 full time Investigators of Child Abuse/Neglect, three Intensive In-Home Specialists / Family Reunification Workers, four Family Centered Service Workers, 29 Family Centered out of Home Workers, and one worker who specializes in working with older youth. There are six supervisor positions, one Social Work Specialist position and one circuit manager for the county/circuit. An Independent Living Specialist and a Title IV-E Specialist are also located in the Jasper County Office.

Family centered out of home workers carry an average caseload of 23 families. Family centered workers carry an average of 13 cases per worker. Hotline investigators average between 17 - 19 cases per month. Regular family support team meetings and a

designated time frame for permanence have helped move children to quicker permanence.

### **Federal Outcomes**

The Federal Outcomes identified for the Child and Family Services Review address child safety, permanence and well being. Jasper County has met 2 of the 6 Federal outcomes during the first two quarters of 2003.

Foster Care Re-entries – Of all children who entered foster care during the year under review, percent that re-entered foster care within 12 months of a prior foster care stay

- Federal Benchmark – 8.6% or less
- 29<sup>th</sup> Circuit – 16.5%

Length of Time to Achieve Adoption – Of all children who exited foster care during the year under review to a final adoption, the percent of children who exited care in less than 24 months from the time of the latest removal from home

- Federal Benchmark – 32% or more
- 29<sup>th</sup> Circuit – 47.7%

Recurrence of Maltreatment – Of all children, who were substantiated victims of child abuse / neglect during the first six months, what percent had another substantiated report within six months

- Federal Benchmark – 5.9% or fewer
- 29<sup>th</sup> Circuit – 8.4%

Incidence of Child Abuse and Neglect in Foster Care (by foster parent or residential facility staff) – of all children in foster care in the state during the period under review, the percentage of children who were the subject of substantiated or indicated maltreatment by a foster parent or residential facility staff

- Federal Benchmark - .57% or less
- 29<sup>th</sup> Circuit – .0%

Stability of Foster Care Placements – of all children who have been in foster care less than 12 months from the time of the latest removal, the percent of children who had no more than 2 placement settings

- Federal Benchmark – 86.7% or more
- 29<sup>th</sup> Circuit – 72.9%

Length of Time to Achieve Reunification – of all children who were reunified with their parents or caretaker at the time of discharge from foster care, the percentage of children who were reunified in less than 12 months from the time of the latest removal for home

- Federal Benchmark – 76.2% or more
- 29<sup>th</sup> Circuit – 61.5%

*4. Comment on the statewide assessment process in terms of its usefulness to the State, involvement of the entire review team membership, and recommendations for revision.*

### **Usefulness to the State**

The CFSR statewide assessment provided a structure for the state to evaluate the systemic factors and data outcomes that affect the children and families. Specifically, this provided a structure for dialogue among other disciplines who participated as external partners. However, there was a great time commitment for the external partners to participate in this process. An identified need which became apparent from the first meeting with our external partners was to provide more overall education about the agency and programs. This education would have expedited the process.

Also, our external partnering group needed more face-to-face meeting time. There was substantial discussion which sometimes was curtailed due to the amount of time needed to complete the project.

The Child and Family Services Review compliment the Title IV-B state planning process.

### **Involvement of all External Partners**

All external partners were involved in the roundtable discussion for each question of the statewide assessment. All external partners received all external reviews and internal quality assurance reviews (such as PRR, PDR, consumer surveys, outcome measures, etc) at least two weeks before a face-to-face meetings. The team was divided into two groups; however, every question was reviewed. The external partner's discussions served two purposes. First, the Division extracted necessary information for the statewide assessment but secondly, the external partners were able to gain a better understanding of the Division's barriers and limitations.

### **Recommendations for Revision**

The Statewide assessment questions crossed several systemic areas. For instance the quality assurance efforts cross over into several systemic factors, particularly case review system. Also, duplication of information was occurring between foster care licensing and services array.

The data collection can be extremely confusing due to the different periods of time used in the calculations. If a standard time such as; calendar year, federal fiscal year, state fiscal year (assuming all state's are on same schedule) would be helpful. Also, some formula changes for re-submission of AFCARS to insure all data on the state's data profile is useful.

There should be a link of the Program Improvement Plan (PIP) to the Title IV-B. Maybe the PIP could become the Title IV-B plan.

Earlier site selection would be helpful. A written guide explaining the negotiation process for site selection is needed.

*5. List the name and affiliations of the individuals who participated in the development of the statewide assessment.*

Jeff Adams, Children's Division Training Unit Manager  
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 Carrie Bolm, MSW, LCSW, Prevent Child Abuse Missouri, University of Missouri  
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 Marge Cole, RN, MSN, Department of Health  
 Dr. Chuck Cowger, University of Missouri School of Social Work  
 Ruth Ehresman, Citizens for Missouri's Children  
 Harvey R. Fields, Jr., "One Church, One Child", St. Louis  
 Ms. Shari Finnell, Parent, "Who's Children Are They?"  
 Janeene Foley, MSW, Children's Division Foster Care and Adoption Unit Manager  
 Vince Geremia, M.Ed., LCSW, Children's Division & Adoptive Parent  
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## Glossary

<b>ACRB</b>	<b>Alternative Care Review Board</b>
<b>AFCARS</b>	Adoption Foster Care Analysis Reporting System
<b>ASFA</b>	Adoption and Safe Families Act
<b>AYAB</b>	Area Youth Advisory Board
<b>BFC</b>	Behavioral Foster Career
<b>BIOC</b>	Best Interest of the Child
<b>BOSS</b>	Basic Orientation Supervisory Skills
<b>BSIU</b>	Background Screening Investigation Unit
<b>BSW</b>	Bachelor of Social Work
<b>CA/N</b>	Child Abuse and Neglect
<b>CANRB</b>	Child Abuse and Neglect Review Board
<b>CAPTA</b>	Child Abuse Prevention and Treatment Act
<b>CASA</b>	Court Appointed Special Advocate
<b>CCOT</b>	Child Care Orientation Training
<b>CEU</b>	Continuing Education Unit
<b>CFC</b>	Career Foster Care
<b>CMU</b>	Contract Management Unit
<b>COA</b>	Council on Accreditation
<b>CPA</b>	Child Placing Agency
<b>CPS</b>	Child Protective Services
<b>CRU</b>	Central Registry Unit
<b>CFSP</b>	Child and Family Services Plan
<b>CFSR</b>	Child and Family Services Review
<b>CQAC</b>	Community Quality Assurance Committee
<b>CQI</b>	Continuous Quality Improvement
<b>CSIPS</b>	Children's Services Integrated Payment System
<b>CSPI</b>	Child Screening Psychiatric Inventory
<b>CTS</b>	Children's Treatment Services
<b>CWM</b>	Child Welfare Manual
<b>CWPT</b>	Child Welfare Practice Basic Orientation Training
<b>CYAC</b>	Children with Youth in Alternative Care
<b>DCN</b>	Departmental Client Number
<b>DHSS</b>	Department of Health and Senior Services
<b>DJO</b>	Deputy Juvenile Officer
<b>DLS</b>	Division of Legal Services
<b>DMH</b>	Department of Mental Health
<b>DSS</b>	Department of Social Services
<b>DYS</b>	Division of Youth Services
<b>EPSDT</b>	Early Periodic Screening, Diagnosis, and Testing
<b>FACES</b>	Family and Children's Electronic System
<b>FCOOHC</b>	Family Centered Out Of Home Care
<b>FCS</b>	Family Centered Services
<b>FRS</b>	Family Reunion Services

<b>FCSR</b>	Family Care Safety Registry
<b>FSD</b>	Family Support Division
<b>FST</b>	Family Support Team
<b>FSTM</b>	Family Support Team Meetings
<b>GAL</b>	Guardian Ad Litem
<b>ICPC</b>	Interstate Compact for Placement of Children
<b>ICWA</b>	Indian Child Welfare Act
<b>IIS</b>	Intensive In-Home Services
<b>ILP</b>	Independent Living Program
<b>ISP</b>	Integrated Service Plan
<b>ISTD</b>	Information System Technology Division
<b>JO</b>	Juvenile Officer
<b>MC+</b>	Managed Care
<b>MEPA</b>	Multiethnic Placement Act
<b>MFFAS</b>	Missouri Family Functioning Assessment Scale
<b>MJJA</b>	Missouri Juvenile Justice Association
<b>MMP</b>	Missouri Mentoring Partnership
<b>MOJJIS</b>	Missouri Juvenile Justice Information System
<b>MRI</b>	Missouri Results Initiative
<b>MSW</b>	Master of Social Work
<b>MU</b>	Missouri University
<b>NCANDS</b>	National Child Abuse and Neglect Data System
<b>NRC</b>	National Resource Center
<b>OHI</b>	Out of Home Investigation
<b>OJT</b>	On-the Job Training
<b>OSCA</b>	Office of State Courts Administrator
<b>PDR</b>	Program Development Review
<b>PPT</b>	Permanency Planning Team
<b>PRR</b>	Peer Record Review
<b>RCCA</b>	Residential Child Caring Agency
<b>RCST</b>	Residential Care Screening Team
<b>RPU</b>	Residential Program Unit
<b>RSB</b>	Rehabilitation Services for the Blind
<b>RSMo</b>	Revised Statutes of Missouri
<b>SACWIS</b>	State Automated Child Welfare Information System
<b>SDM</b>	Structured Decision Making
<b>SIDS</b>	Sudden Infant Death Syndrome
<b>SLM</b>	Second Level Matching Team
<b>SOC</b>	System of Care
<b>SOE</b>	Survey of Organizational Excellence
<b>STARS</b>	Specialized Training, Assessment, Resource, Support and Skills
<b>STAT</b>	State Technical Assistance Team
<b>SW</b>	Service Worker
<b>SYAB</b>	State Youth Advisory Board
<b>TANF</b>	Temporary Assistance to Needy Families

<b>TARS</b>	Training Attendance Records
<b>TLP</b>	Transitional Living Program
<b>TPCI</b>	Transition from Prison to Community Initiative
<b>TPR</b>	Termination of Parental Rights