



**Annual Child and Family Services Plan
2010**

Annual Progress and Services Report

Chafee Plan

CAPTA Plan



Annual Progress and Services Report (APSR) FY 2009

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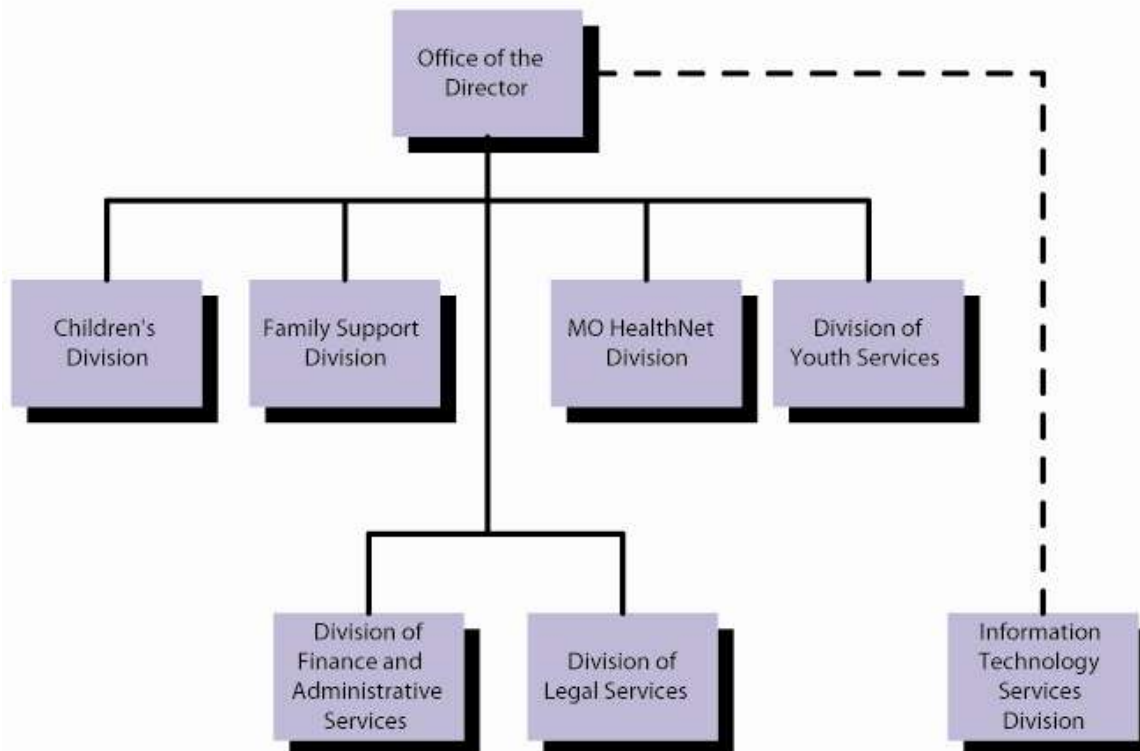
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CFSP Overview

A. Organizational Overview

The Children's Division, under the Department of Social Services umbrella, is designated to direct and supervise the administration of child welfare services to ensure the safety, permanency and well-being of children and families. These services are administered statewide within a centralized organizational framework.

Department of Social Services



Description of Department of Social Services Centralized Structure

Within the Office of the Director, three programs exist under its purview. They are:

- Human Resource Center
 - Monitor job vacancies, create and maintain job classifications, oversee application process and employee benefits
- Research and Evaluation Unit
 - Provide monthly, quarterly and annual reports
- State Technical Assistance Team (STAT)
 - Missouri Child Fatality Review Program
 - Multidisciplinary child maltreatment investigation teams
 - Omni-source of information for the entire multidisciplinary community of professionals dealing with child maltreatment and child maltreatment, child exploitation and child fatality events

Within the Department of Social Services, there are four Program Divisions:

- Children's Division
 - Oversees a 24 hour child abuse and neglect hotline
 - Investigations child maltreatment reports
 - Provides foster care services for maltreated children
 - Provides preventive services to at-risk families
 - Provides intensive family supports for at-risk families
 - Assists with children finding permanency through adoption and guardian services
- Family Support Division
 - Oversees food stamp program
 - Child Support Enforcement
 - Temporary Assistance for Needy Families
 - Rehabilitation Services for the Blind
 - Eligibility Determination for MOHealthNet and MOHealthNet for Kids
- MOHealthNet Division
 - Purchases and monitors health care services for low income and vulnerable citizens
- Division of Youth Services
 - Care and treatment of delinquent youth
 - Includes assessment, treatment and education

Children's Division's Geographical Structure

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

B. Summary of Plan

Missouri's Child and Family Services Plan (CFSP) is separated into sections; overview, annual progress, CAPTA plan, Chafee, financial, and supporting information needed for PI requirements. Within the annual progress and five year plan, our responses are connected to the Children's Division's (CD) guiding principles. These guiding principles provide structure and meaning to our overall vision and mission. By spotlighting the guiding principles, our staff remains focus on elements needed to carry out our mission. The six guiding principles are:

Protection

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

Permanency

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

Partnership

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

Practice

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

Prevention

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

Professionalism

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

C. Integration into the Child and Family Services Review Process

Missouri has just completed second round of the Children and Family Service Review (CFSR) process with the on-site review held on June 7-11, 2010. Being able to connect the Guiding Principles to the CFSR elements will be beneficial for Program Improvement Planning. By further connecting the CFSR elements and the Child and Family Service Plan (CFSP), additional benefits for staff will result. Here are the overarching connections between the principles and the CFSR/CFSP elements:

Missouri's Guiding Principle	CFSR Element	Children and Family Service Plan
Protection	Item 1: Initiating Timely Investigations Item 2: Recurrence of Maltreatment Item 4: Risk of Harm Data Indicators: Absence of Maltreatment of Abuse Absence of Child Abuse and/or Neglect in Foster Care	Descriptor of Child Abuse and Neglect programs CAPTA plan Accomplishments towards goals and objectives
Permanency	Item 5: Preventing Multiple Entries Item 6: Placement Stability Item 7: Appropriate Permanency Goals Item 8: Reunification, Guardianship, Relatives Item 9: Adoption Item 10: APPLA	Accomplishments towards goal and objectives Continuum of services Chafee Plan

Missouri's Guiding Principle	CFSR Element	Children and Family Service Plan
Permanency (cont)	<p>Case Review System Item 25: Written Case Plan Item 26: Periodic Review Item 27: Permanency Hearing Item 28: Termination of Parental Rights Item 29: Notice of Permanency Hearings and Reviews to Caregivers</p> <p>Permanency Composite 1: Timeliness and Permanency of Reunification Permanency Composite 2: Timeliness of Adoption Permanency Composite 3: Permanency for Children and Youth in Foster Care Permanency Composite 4: Placement Stability</p>	<p>Adoption Incentives</p> <p>Adoptions from other countries, post-adoption services</p>
Partnerships	<p>Agency Responsiveness to Community Item 38: Agency Responsiveness to Community Item 39: Agency Annual Reports Pursuant to the CFSP Item 40: Coordination of CFSP Services with Other Federal Programs</p>	<p>Citizens Review Panels</p> <ol style="list-style-type: none"> 1) Task Force on Children's Justice 2) Child Abuse and Neglect Review Board 3) State Fatality Review Board <p>With recommendations and agency response</p> <p>CFSR Advisory Board (CFSP Oversight)</p> <p>Federal Grants and Programs</p>

Missouri's Guiding Principle	CFSR Element	Children and Family Service Plan
Practice	<p>Item 11: Close Proximity Item 12: Siblings Together Item 13: Visits—Child, Parents, Foster Parents, Siblings Item 14: Preserving Connections Item 15: Identifying Relatives Item 16: Maintain Parent-Child Relationships Item 18: Case Planning Involvement Item 19: Face-to-face visits--children Item 20: Face-to-face visits-parents Item 21: Educational Needs Item 22: Physical, Medical, Dental Needs Item 23: Mental / Behavioral Health Needs</p> <p>Item 24: Statewide Information System</p> <p>Foster and Adoptive Home Licensing Approval and Recruitment Item 41: Standards for Foster Homes and Institutions Item 42: Standards Applied Equally Item 43: Requirements for Criminal Background Checks Item 44: Diligent Recruitment of Foster and Adoptive Homes Item 45: State Use of Cross Jurisdictional Resources for Permanent Placement</p> <p>Service Array Item 35: Array of Services Item 36: Service Accessibility Item 37: Individualizing Services</p>	<p>Monthly Caseworker Visits</p> <p>Indian Child Welfare Act and coordination of permanency provisions, Coordination with Tribes</p> <p>Health Care services</p> <p>Disaster Plans</p> <p>Monthly Caseworker Visit Report</p>
Prevention	<p>Item 3: Services to Prevent Removal Item 17: Needs of Children, Parents, Foster Parents</p>	<p>Family Preservation Family Support and Time Limited Reunification, Subpart 1</p> <p>Promoting Safe and Stable Families, Subpart 2</p> <p>Continuum of Services Service Description</p>

Missouri's Guiding Principle	CFSR Element	Children and Family Service Plan
Professionalism	<p>QA System Item 30: Standards Ensuring Quality Services Item 31: QA System</p> <p>Staff and Provider Training Item 32: Initial Staff Training Item 33: Ongoing Staff Training Item 34: Foster and Adoptive Parent Training</p>	<p>Research / Evaluation</p> <p>Title IV-B / Title IV-E Training descriptors</p> <p>Evaluation and Technical Assistance (Received and Provided)</p>

While the Child and Family Service plan lays out the state's vision and implementation plan for their Child Welfare programs, the Child and Family Services Review is the manner in which monitoring of the programs can occur. In addition, the on-site review measures the state's compliance with federal requirements. Both processes require setting goals and objectives relating to safety, permanency, well-being and engagement of stakeholders in assessment and planning processes. Therefore, connecting the elements of these processes together send a clear and concise message to Children Division's staff, hopefully avoiding confusion of having multiple processes. These connections and focus should be advantageous during the second round Program Improvement.

D. State Legislation Impacting Child Welfare

New Supreme Court rules went into effect on January 1, 2010. The following changes occurred as a result of the new legislation:

- The introduction of a Preliminary Child Welfare Proceeding which is held within three days after the petition is filed, but the child is not in protective custody;
- The Post-Permanency Review Hearing will now be called a Permanency Review Hearing. A Permanency Review hearing must be held every 6 months after the initial Permanency Hearing as long as the child remains in the custody of the Children's Division

In accordance to House Bill 481 related to Missouri statute 509.520 RSMo, which went into effect on August 28, 2009; the law states that any pleadings, attachments, or exhibits filed with the court in any case, should not include: the full Social Security number, the full credit card number, or other financial account number of any party or any child who is the subject to an order of custody or support.

E. Federal Legislation Impacting Child Welfare

With the passage of H.R. 6893: Fostering Connections and Increasing Adoptions Act of 2008 (Public Law 110-351) which was signed into law on October 7, 2008 made changes in the eligibility population for Chafee services and reinforcing changes regarding transition planning for older youth. The law amends the Chafee Foster Care Independence Program (CFCIP) to add provisions of services to youth who after age 16 leave foster care for adoption or guardianship. All youth who were adopted or entered guardianship after the age of sixteen are eligible for Chafee Foster Care Independence Program Services.

With the implementation of this law, adopted or guardianship youth become part of the service population in which outcome information must be reported to the Administration for Children and Families (ACF). The Older Youth Transition Specialist (OYTS) will continue to accept referrals and monitor contract services as well as provide support for the new served population. The law is not retroactive therefore it only applies to youth who were adopted or entered guardianship after the age of 16 on or after October 7, 2008. This additional served population is eligible for all services currently available to youth in foster care; however the Act is very clear that funding cannot be expended for room and board for any child who has not reached 18 years of age or for young adults upon reaching their 21st birthday.

The law also requires that, during the 90-day period prior to the youth's emancipation, the caseworker must develop a personalized transition plan as directed by the youth. The goal of transitioning from care planning is to identify and arrange for anticipated service needs for older youth who will soon be exiting from foster care. Exit planning is viewed as a collaborative effort between the youth, staff and Family Support Team (FST) members to ensure needed services are in place or the youth is aware of how to access services in their community prior to release. In addition to this new legislation regarding a documented **plan**, Council on Accreditation (COA) standard PA-FC 13.01 requires agencies to provide youth transitioning to independence with at least six months advance notice of the cessation of any health, financial, or other benefits that will occur at transition/case closing.

Annual Progress of Child Welfare Continuum of Services

This section describes programs and services which support a continuum of services within Missouri's Child Welfare arena. Each program write-up provides, when applicable, supporting change evidence from the past year's Annual Service Plan Review (ASPR). Regardless if programs are served by public or private entities, Missouri strives for a seamless transitioning process from one program to another. Strong partnerships assist in the transitioning process.

The primary purpose of the Child and Family Services Plan (CFSP) is to review the integration of programs serving children and families and to make sure the continuum of services is adequate to meet the needs of those served. From the local level to the state, messages are proclaimed robustly and continually that everyone must work together to help families in need. From prevention, protection and permanency, Missouri Children's Division strives to continually evaluate our programs and services to advance the quality of our overall child welfare system.

A. Protection

Child Protective Services (CPS) is a program mandated for the protection of children alleged to be abused and neglected. This program provides specialized services seeking to prevent abuse and neglect of children. The CPS program receives, screens and investigates allegations of child abuse and neglect, performs assessments of child safety, assesses the imminent risk of harm to the children and evaluates conditions which support or refute the alleged abuse or neglect and need for emergency intervention.

The purposes of Missouri's CPS program are:

- To protect the health, safety, and welfare of children by encouraging the reporting of suspected child abuse and neglect
- To assure that appropriate protective services are provided to abused and neglected children and their families and to protect children from further harm
- To provide support, counseling, and other services to children and their families to ameliorate the effects of child abuse and neglect
- To promote the well being of the child in his or her home setting, wherever possible, or in another safe and stable placement

This program provides services designed to stabilize a family in crisis and to preserve the family unit by reducing safety and risk factors. It provides an array of services including:

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

Child Abuse and Neglect Hotline Unit

The Missouri statute specifically charges the Children's Division (CD) with the responsibility of operating a single, statewide toll-free telephone number at all times for receiving reports of child abuse and neglect (CA/N). All hotline calls are screened, assessed, and classified by Children's Service Workers, who meet the same job qualifications as CD field investigators.

Hotline workers use a structured-decision-making Protocol tool for conducting interviews, designed to assure for consistency and objectivity. This screening tool incorporates decision trees for classifying response time (3 hour, 24 hour, or 72 hour) and track assignment (investigation or family assessment track) on CA/N reports.

The hotline received 128,507 calls in SFY 09. Administrative functions accounted for 21,058 calls; of the remaining 107,449 calls, 52% were classified as CA/N reports, 33% as non-CA/N referrals (for appropriate CD intervention or referral to another agency), and 15% as "documented" calls that were not forwarded to a CD field office.

Hotline calls in SFY 08 were comparable to SFY 09 with a total of 127,925 calls. Administrative functions accounted for 22,113 calls; of the remaining 105,812 calls, 53% were classified as CA/N reports, 32% as referrals, and 15% as "documented" calls.

Hotline calls in SFY 07 had a total of 131,060 calls. Administrative functions accounted for 23,175 calls; of the remaining 107,885 calls, 54% were classified as CA/N reports, 31% as referrals, and 15% as "documented" calls.

The hotline automated system is SACWIS compliant and was designed for simultaneous data entry of call information during the telephone interview.

The hotline utilizes Call Management System technology to provide optimum coverage and customer service. Real-time call data is continuously available to both workers and supervisors. During 2009, hotline staff answered 96% of calls offered and gave an average of 120 busy signals per month. During 2008, hotline staff answered 94% of calls offered and gave an average of 314 busy signals per month. During 2007, hotline staff answered 93% of calls offered and gave an average of 226 busy signals per month.

In 2009, the outcomes of 5513 hotline peer record reviews confirmed that hotline workers continue to make accurate and consistent call classifications. Results on six measures listed below ranged from 98%-100% accuracy for calendar year 2009.

#	CANHU PRR Results	Q1	Q2	Q3	Q4	YEAR
1.	Was the answer to ENTRY question #11 summarized clearly?	99%	100%	100%	100%	100%
2.	Were all correct PATHWAYS chosen based on the answer to ENTRY question #11?	99%	99%	99%	100%	99%
3.	Was the call correctly classified as a CA/N Report?	99%	99%	99%	99%	99%
4.	Was the correct Response Priority chosen?	99%	99%	99%	99%	99%
5.	Was the correct Track assignment chosen?	98%	98%	99%	98%	98%
6.	Was the county of assignment correct?	100%	100%	100%	100%	100%
	Total Number of records	1313	1532	1256	1412	5513

Child Abuse/Neglect Reports

Over the past year, the Children’s Division received 51,896 reports of child abuse/neglect, involving 75,544 children. Below is a table showing the percent of change for the past four years.

Children’s Division Child and Abuse Annual Report, CY 2009, Page 1

Year	Total Reports	Annual Change	Total Children	Annual Change
2005	54,108		80,577	
2006	51,383	-5.0%	75,474	-6.3%
2007	52,979	3.1%	77,481	2.7%
2008	50,565	-4.6%	75,781	-2.2%
2009	51,896	2.6%	75,544	-0.3%

In CY-09, Missouri substantiated 4,129 hotline reports involving 5,654 children, and in CY-08, 4,131 hotlines were substantiated involving 6,732 children.

According to the Child and Family Data Profile, produced January 29, 2010, for absence of maltreatment recurrence, Missouri has passed and well exceeded the benchmark of 94.6% or more with outcomes of 95.5% in 2007; 97.1% in 2008. Another data indicator included in this profile is absence of child abuse and neglect in foster care in which Missouri surpassed the benchmark of 99.68% with an outcome of 99.71% for 2008; however in 2007 the outcome was 99.62%, just slightly under benchmark. In addition, the overall combined mock review scores from all six reviews for Item 2, Repeat Maltreatment, is 96% which supports the state data profile outcomes.

Child Abuse and Neglect Investigations/Family Assessments

In CY-09, 52% of the calls received met statutory requirements for child abuse and neglect reports were relatively unchanged from CY-08 with 53% of the calls meeting the requirements. Of the 52% received in CY-09, 45% were coded to the investigation priority track and 51% were coded for family assessments (4% coded “other”, i.e. inappropriate report, etc). Of the 53% received in CY-09, 42% were coded to the investigation priority track and 54% were coded for family assessments (4% coded “other”, i.e. inappropriate report, etc).

Reports of child abuse/neglect can be made by persons who are either “mandated” or “permissive” reporters. Mandated reporters are required by state statute (RSMo 210.115) to report abuse/neglect when they have reasonable cause to suspect a child has been or are being abused. Mandated reporters include health and education professionals, social workers, ministers and foster parents, among others. Permissive reporters are those people not required to report suspected abuse/neglect, such as relatives or neighbors. In CY-09, 58% of the reports were made by mandated reporters, the same as in CY-08. Below is table illustrating the reporters’ break out by type for CY-09.

Children’s Division Child and Abuse Annual Report, CY 2009, Page 9

Reporter Type	Number	Percent
Permissive	21,701	38.5%
Principal or other school official	7,642	13.6%
Social Worker	7,150	12.7%
Law enforcement	6,576	11.7%
Nurse	2,741	4.9%

Mental Health Professional	2,505	4.4%
Unknown	2,046	3.6%
Other Persons with responsibility for care of children	1,432	2.5%
Teacher	1,139	2.0%
Juvenile Officer	783	1.4%
Physician	719	1.3%
Day Care Center/Child Care Worker	575	1.0%
Psychologist	299	0.5%
Other Health Practitioner	238	0.4%
Other Hospital/Clinic personnel	203	0.4%
Foster Parents	171	0.3%
Minister	101	0.2%
Probation or parole officer	80	0.1%
Medical Examiner	66	0.1%
Intern	43	0.1%
Coroner	36	0.1%
Jail or detention personnel	25	0.0%
Dentist/Dental hygienist	23	0.0%
Residential worker	4	0.0%
Chiropractor	1	0.0%
Optometrist	1	0.0%

As this table shows, the most common mandated reporter occupation was school official, followed by social worker and law enforcement officers.

The CD continues to focus attention and resources on its core functions. Investigations and assessments for CA/N remain a top priority for the [Division](#). Technical assistance is available to local offices by central office staff to assist and support investigation and family assessment duties during periods of staff and/or supervisor shortages, and to ensure timely completion of reports. During FY 2008 and FY 2009, the percent of hotlines completed within 30 days remain constant at 60% which is a slight increase from FY 2007 of 52.65%.

When a Children's Service worker determines there is reasonable cause that abuse/neglect has occurred, each child is assigned a category or multiple categories of abuse and neglect. The substantiations are illustrated in the table below.

Children's Division Child and Abuse Annual Report, CY 2009, Page 10

Category	2009	2008	2007
Neglect	51.8%	43.8%	50.0%
Physical Abuse	31.8%	26.0	29.1%
Sexual Abuse	26.4%	23.1	26.6%
Emotional Maltreatment	4.0%	5.2	6.1%
Medical Neglect	2.4%	3.0	2.8%
Educational Neglect	0.8%	1.4	2.2%

Non-CA/N Referrals (Preventive Services)

While 52 percent of the child abuse/neglect hotline calls received met statutory requirements for child abuse and neglect reports, another 35,822 were considered non-child abuse and neglect. These calls of concerns were distributed through several avenues for follow up, such as through

referrals to community services, notification of law enforcement due to the alleged perpetrator was a non-caretaker or a need for a newborn assessment has been identified.

The CD continues to work on collaboration issues with other community responders related to non-caretaker referrals. Presently, no policy or practice changes have been implemented by the CD, however, it is anticipated the juvenile offices and law enforcement agencies will be assuming primary accountability for investigating reports screened out by the CD due to lack of care, custody, and control by the alleged perpetrator. With these reports, CD will continue to provide preventive services and supports to families with safety planning related to the offending behaviors in non-caretaker referrals when they involve children.

Newborn Crisis Assessment and Services

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

The process of how the family is contacted, assessed, and referred for services to the local DHSS/Special Health Care Needs (SHCN) Regional Office remains unchanged. During CY 2009, 2,765 calls were screened at the Child Abuse/Neglect hotline as a newborn crisis assessment compared to 2,805 in CY 2008; and 2,774 calls in CY 2007.

Background Screening and Investigation Unit

The Background Screening and Investigation Unit (BSIU) continue to conduct background checks for Missouri employers for their current or prospective employees/volunteers who have responsibility for child care/supervision. These checks assist the employers in assessing if the employee is an appropriate child caretaker. The checks may also be requested by parents/legal guardians for prospective child care providers for their children. During 2009, BSIU processed 110,422 screenings compare to 2008 of 117,970 screenings.

An on-line background screening system was implemented in August 2008. This new system allows background screenings requestors to input identifying information into an electronic application form. The on-line screening procedure has significantly improved response time, and in many cases the screening results are received by the next working day.

Child Advocacy Center (CAC)

Child Assessment Centers (CACs) are a safe and neutral place where children can go to ensure they receive specialized forensic, medical and therapeutic services necessary to treat the effects of physical, emotional and psychological trauma caused by abuse. CACs provide a safe place where law enforcement, prosecutors and Children's Division's investigators can work together to explore abuse allegations in a manner sensitive to the needs of young victims and their families. CACs in Missouri are regionally located and provide services to all of Missouri's counties. Missouri has fifteen regional advocacy centers with the main offices located in: St. Louis (two locations), Kansas City, St. Joseph, Springfield, Joplin, Sedalia, Trenton, Sullivan and Desoto, Wentzville, Cape Girardeau, Doniphan, Columbia, Parkville, Osage Beach, and

Branson West. Satellite offices are also located in: Nevada, Pierce City, Poplar Bluff, Ellington, St. Robert, Farmington, and Hannibal. In total, CAC services are provided in 24 locations around the State.

All Centers in Missouri are accredited by the National Children's Alliance. Centers go through an extensive accreditation process which requires that Centers meet eleven areas of criteria for providing services. All Centers are reaccredited every five years. During calendar year 2009, 6,010 children received full forensic services compared to 5,859 children in calendar year 2008. Child Advocacy Centers provide a child friendly facility bringing together highly trained forensic interviewers and child advocates with multidisciplinary team investigators. This limits trauma to the child and facilitates a more effective investigation. Child Advocacy Centers also provide access to full forensic medical examinations by specially trained medical professionals.

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

In SFY 09, SAFE-CARE exams were conducted by 87 participating providers and a total of 2,493 exams were completed. SAFE-CARE exams are at times conducted at the physician's medical office; however, they are also completed at Child Advocacy Centers (CAC). The SAFE-CARE exam process allows for a one-time interview of the victim, with the opportunity for the physical examination to occur in the same location, preventing unnecessary stress and trauma to the child victim and their family. CACs often facilitate scheduling the exams and interviews to further assist in the investigation process.

In SFY 09, the SAFE-CARE Network received \$291,000 in state funding to enhance the statewide medical response to child maltreatment. Through a contract with Missouri KidsFirst, this funding was utilized in the development of three Resource Centers, a part-time Medical Director, and a tiered system of care. The Resource Centers are located within the state's three largest children's hospitals. Resource Centers provide training to SAFE-CARE medical providers, multidisciplinary team members, and primary care medical providers. A mentoring program will be available for providers who are new to the field of child maltreatment. Online training modules were developed for sexual abuse evaluation. The modules will be available to medical providers for basic and advanced level training.

B. Permanency

Alternative Care Services

Alternative Care is temporary care by the Children's Division for a child who has been removed from his or her home due to dependency, abuse or neglect. The goal for most children in alternative care is to return to their parent(s) when the circumstances which led to out-of-home placement have been resolved. However, sometimes children are not able to return home and need a permanent family. Out-of-home placements are selected to provide secure, nurturing and homelike settings for children.

Permanency planning and concurrent planning begin within the first 24 hours after a child is removed. Children's Service Workers schedule a meeting with the family within 24 hours of removal to discuss the plan to get the child reunified if that is the case plan. Family Support Team Meetings are held within 72 hours of placement and every 30 days thereafter until court adjudication. After court adjudication, meetings are held as needed but at least every 6 months to discuss permanency and review progress. During the 72 hour meeting, the family support

team develops the preliminary written service agreement which establishes the plan for the first 30 day treatment period. The initial 30 days is critical to timely reunification thus efforts have been made to ensure that staff are meeting with their families to provide the needed support and resources. The child assessment and service plan must be developed within 30 days and updated every 6 months or more frequently as needed.

In 2009, there were 14,256 children in the legal custody of the Division with 5,447 entering during the fiscal year. Out-of-home resource placements include emergency shelter care, family foster homes, kinships homes, relative homes, level A (behavioral), level B (career), medical homes, group homes, and residential treatment centers. All out-of-home resource providers are required to be licensed, contracted, pass a child abuse/neglect background screening and a criminal background check. The electronic fingerprint live scan systems are designed for ease of use and for capturing high quality fingerprint images, helping to ensure superior acceptance rates and accurate criminal history information. The prints are submitted for processing to State and Federal Automated Fingerprint Identification Systems. Employees of group homes and residential treatment centers are also required to submit to the background screenings and checks.

In July of 2008, resource staff and their supervisors were given the ability to access to the online Family Care Safety Registry to expedite the background screening process and to make the licensing process more timely and efficient.

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

- St. Louis City based Family to Family Initiative provides the CD with an opportunity to develop culturally sensitive family foster homes which are located primarily in the communities in which the children live.
- The Fostering Court Improvement program which is available in many judicial circuits across the state. This group includes the judge, juvenile office, CD, Guardian ad Litem, CASA, and any other necessary members of the community. The team meets monthly to discuss issues related to alternative care including how to provide better services for our children and families.
- An extensive array of purchased services from local public and private contractors.
- A comprehensive children's mental health services system to meet mental health needs of children and divert children from going into foster care based solely on the need to access clinically indicated mental health services.
- Funding streams such as psychiatric diversion to reduce barriers to obtaining needed services and preventing unnecessary psychiatric hospital placements.
- Community-Based Child Abuse Prevention (CBCAP) services.
- Foster Care Case Management Contract to serve children with multiple placement disruptions and requiring more restrictive levels of care.
- Kinship Care to allow children to remain living within their extended family structure.
- Transitional Living Program to offer different living situations for older youth which allows for autonomy while still receiving the needed support, services and supervision.

Foster Care Strategies

As a result of a subcommittee of the Foster Care Workgroup, there has been a redesign of the Behavioral and Career Foster Care programs.

The goal of the workgroup was to develop a program to improve child stability and well-being, enhance current policy, and standardize the Youth with Elevated Needs program statewide. The revised program more accurately captures the needs of the child by utilizing a level system instead of focusing on the negative behaviors. The revised program introduced three new tools to help with the referral process and subsequent review process. These new tools are used statewide in an effort to provide more consistency across the regions. There is continuous evaluation of the child's status every 6 months to ensure that the children are placed in the least restrictive environment. If it is determined that the child no longer meets the criteria for the Elevated Needs program, they will be stepped down to a less restrictive level. Because some knowledge and skills are essential before children are placed with families, competencies were developed for resource providers of youth with elevated needs. The competencies will assist resource workers in assessing the needs of the resource providers and identifying services to achieve these competencies. The STARS training for staff was also introduced with the new program. STARS for staff was designed to help workers understand the individual needs of the youth and to provide necessary support to resource providers.

In addition, recent legislation was passed that requires the Children's Division to consider placing children in alternative care with grandparents over any other relatives or foster parents. Research shows that children who are placed with relatives initially have fewer moves and better placement stability.

A bill was passed regarding educational rights for children in foster care. In the past, it has been up to the school district to allow a child in foster care to remain in their school district even if they move out of the school district. There has been a recent push in legislation to allow children to remain in their school district to maintain educational stability for the child. School is where children spend most of their day. School stability is important to the success of children in care.

Two circuits in the state have also developed parent education videos that educate parents about alternative care, and the court system. During the video, several members of the community talk about what happens while a child is in alternative care and strategies to reunify timely. This tool has allowed parents to be more educated about the alternative care system and the court system.

Throughout the process of accreditation, all the circuits in the state have been participating in case reviews which evaluate practice and services provided to families. After the case review, the information is used to develop strategies to improve practice.

An increase in clothing allowance rates for all children in alternative care was approved as of July 1, 2009. In addition, foster parents can receive a diaper allowance for children up to the age of 3 years old. Prior to July 1, 2009, the diaper allowance was only allowed for children up to 2 years of age.

Alternative Care Maintenance Rates

Maintenance rates were increased for all traditional, medical and behavioral placements. The increased amounts seen by all foster, relative and kinship providers went into effect in July 1 2009.

- Age birth to 5 \$271 to \$282
- Age 6 – 12 \$322 to \$335
- Age 13+ \$358 to \$372
- Level A \$708 to \$732
(Behavioral/Medical)
- Level B \$47 a day to \$48 a day
(Career)

Kinship Care

The Kinship Care program continues to be a successful component of the CD's practice. The process of allowing 90 days to complete licensure is facilitating approximately 30 percent of children in CD custody to be placed with family and kin. The CD continues to make it a priority to locate these placements for children entering out-of-home care. A subcommittee of the Placement Stability work group developed recommendations for enhancing Kinship placements. The process is assisting in assuring that relative and kinship providers are able to meet the needs of the children and reduce the financial and emotional stress of the addition to the household. In SFY 2009, 31.8% of the children in foster care were served through a relative placement compared to 24.32% in SFY 2008.

Specialized Care Management Contract

The "Specialized Care Management" contract awarded to Missouri Alliance for Children and Families (MACF) in April 2006 has been renewed for another year. The contract is capped to serve a maximum of 350 youth in the Central and Eastern regions but through a cooperative agreement which was completed in December 2007, an additional 20 youth will be served in Jackson County and an additional 30 youth will be served in the Southwest Region. This agreement is specific to serve those youth currently in a residential placement identified as level IV or above level IV residential placements. This contract and agreement will provide intensive wraparound services and supports by ensuring a maximum case management ratio of 1 to 10, although some caseloads are below this limit.

Negotiations were held with MACF to change some of the outcomes for the renewal of the Specialized Care Management contract. There are now 10 specific outcomes established for this contract dealing with Safety, Permanency and Stability and Child Well-Being.

- 99.43% or more of all children enrolled with the contractor during the reporting period shall not be the subject of reports of child abuse or neglect where there is finding of a preponderance of evidence.
- 95% or more of all children referred to the contractor during the reporting period shall not be on/or have been on runaway status.
- 95% or more of children referred to the contractor during the reporting period shall not be or have been arrested or detained.
- 85% of children dis-enrolled from the contractor must remain stable in their community placement for 90 days.

- 75% or more of youth during the reporting period will not experience a same placement type or a more restrictive placement type move.
- 50% or more of all children placed in residential care at the time of enrollment will be moved to a less restrictive setting within 120 days.
- 95% or more of all children enrolled with the contractor during the reporting period must have received weekly face-to-face contact with contractor staff to ensure safety.
- 90% or more of all children dis-enrolled or discharged must have had a physical examination within the past 12 months.
- 90% or more of all children enrolled with the contractor during the reporting period must be enrolled in school or have successfully graduated.
- 70% or more of all children enrolled with the contractor for six months or longer during the reporting period must have an improved CSPI score.

All of these measures address the CD's and MACF's commitment to ensure youth are safe and stable and have the opportunity to be successful. Current performance indicates MACF met most outcome measures with these exceptions: less restrictive setting within 120 days if in a residential setting, weekly face-to-face meetings, and physical exams within the past 12 months of dis-enrollment.

Foster Care Case Management Contract

The movement from a fee for service model to a performance based contract for foster care case management services altered the payment structure considerably. Each contractor receives the base caseload which they were awarded. The base caseload and the percentage of children which are expected to move to permanency in 12 months are used to calculate the total number of additional referrals the consortium will receive throughout the contract year. The contractor is only paid for the base caseload. If they fail to meet the permanency expectation they will serve more children than what they are paid for. If they exceed the permanency expectation they will serve less than what they are paid for.

The initial contracts were awarded on 6/1/05 to seven provider consortiums to serve the St. Louis, Kansas City, and Springfield regions. The St. Louis Region consists of St. Louis City, St. Louis County, Jefferson County and St. Charles County. The Kansas City region consists of Jackson County, Clay County, Andrew County and Buchanan County. The Springfield region consists of Greene County, Christian County, Taney County, Lawrence County, Barry County and Stone County.

The current contracts were awarded to the initial seven consortiums effective 8/11/08. Three additional contracts were awarded 9/1/08 to serve 12 counties in the central and southwestern part of the state. These regions consist of Randolph, Howard, Boone, Callaway, Camden, Laclede, Pulaski, Phelps, Texas, Jasper, Newton and McDonald Counties.

As of 4/30/10 the active caseload for private contractors consisted of 2,809 children. This compares to 10,035 children served statewide. Approximately 28% of the foster care population is served through contracted case management providers.

Two "mirror" units, comprised of Children's Division staff who performed case management duties under conditions which replicate the contracts, were established in the Springfield and Kansas City regions. The mirror units allowed an opportunity for early detection of problems with the contract design. In addition, they allowed an opportunity to explore the conditions

which are necessary to produce improved child welfare outcomes. Performance of the mirror units was utilized for evaluation purposes for the first four years of the contract. As circuits prepared for COA accreditation caseloads were reduced for all Children's Division staff. Supervisory ratios and staff development expectations were also standardized for all state agency staff. As such, the mirror units no longer served a purpose. The mirror units were disbanded effective 9/30/09.

The evaluation of these contracts compares data across three groups: Contractors; CD mirror units (designed to match the contractors on certain criteria); and Children's Division staff serving the contracted regions which were not matched to the contractors on caseload size etc. Year 3 data demonstrated the success of the performance based contracts. It also showed that Children's Division staff can be successful providing case management services. As circuits prepared for their COA on-site reviews caseloads were reduced to meet those standards. These are the same standards specified in the performance based case management contracts. A reduction of caseload size has likely been a contributing factor to the successful outcomes for Children's Division.

Other Permanent Living Arrangements

The Family Support Team (FST) may determine during an administrative review or at the permanency hearing there is a compelling reason that the four preferred permanency options of reunification, adoption, guardianship or relative placement are not in the child's best interests. The option of another permanent planned living arrangement (APPLA) may then be explored. APPLA is a specific permanent placement for the child, not just a foster care placement that can be indefinitely extended. The Children's Division has identified all youth who have an APPLA goal and this information has been sent quarterly to the Circuits for review to ensure this goal is being used appropriately and that it meets the needs of the youth. The permanency goal should be discussed at every Permanency Planning Review. Children are placed in APPLA only in cases where the Family Support Team believes and has documented to the court that this placement will endure until the youth becomes independent. In addition, the placement provider is in agreement with the plan and is able and willing, with the assistance of the Division, to meet the safety, permanency, and well-being needs of the youth. The placement provider will make a formal Planned Permanency Agreement with the Division for this purpose.

When a youth is in APPLA, all case management services are afforded the youth including working with the resource or birth family to assess risk, participating in the development of the permanency plan, identifying and providing needed services and meeting with the youth and family to ensure desired outcomes are attained. Services will continue until the youth is released from the jurisdiction of the court.

Foster and Adoptive Parents Recruitment

Missouri utilizes a diligent recruitment model for potential foster and adoptive families that reflect ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed. These diligent recruitment activities involve utilization of bus ads and grocery store checkout ads in locations consistent with the ethnic and racial make up of children in the foster care system for that area. Additionally, the Children's Division coordinates with faith partners in communities throughout the state to showcase by presenting the photos and profiles of children currently waiting for adoption that are also representative of the population of children we are recruiting for in foster care. The Division is mindful when developing promotional materials for

the foster adopt program focusing on children's characteristics (race, ethnicity, age, etc.) which comprise our foster care and waiting adoption population.

In an effort to address concerns for multiple moves for children, St. Louis City began offering new foster parents the unique opportunity to hold a dual emergency and traditional foster home contract in 2006. Children not having to move from an emergency to a traditional foster placement often resulted in less trauma to the children. This has assisted in the increased availability of emergency placement slots for after-hours placements. St. Louis City currently has 29 dually licensed homes. Twenty of these are on the emergency list and will take children after hours.

As of June 30, 2008 there are approximately 575 homes and as of May 31, 2010, there are approximately 639 homes approved by CD as adoptive homes that do not have adoptive children placed at this time.

The CD has devised several strategies in an effort to continue meeting the national standard of 32 percent for all children who exited care to a finalized adoption within 24 months. In addition to the above efforts by state and local staff to recruit and retain resource families, local circuit meetings continue to be held with Juvenile courts to address procedures for filing of Termination of Parental Rights petitions. Access to legal representation has also been improved for CD staff through a joint memorandum and protocol with the Division of Legal Services. The number of finalized adoptions in FY 07 was 1191 and the number of finalized adoptions in FY 08 was 1117.

As of 4/30/09 there were 1,689 children who were available for adoption and awaiting adoptive placement or finalization of adoption; and as of 5/31/10 there were 1310 children who were available for adoption and awaiting adoptive placement or finalization of adoption.

The CD adoption recruitment plan has two components; a group of core activities for which Central Office and every county office will be responsible, and a group of optional activities from which offices may select. Through these activities, the CD desires to reach all potential families regardless of their cultural and socioeconomic status. The core activities of the recruitment plan include:

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

The optional activities for local offices include:

- Northwest Adoption Event
- Northeast Adoption Event
- Linking Hearts Adoption Open House at Ft. Leonard Wood. Effort to profile children and meet families interested in fostering and adopting
- Jackson Co. website allows waiting children to be featured as well as information to be shared with the public in electronic format regarding training classes and general information about CD programs. Sponsored by LINC of Jackson County
- Heart Gallery
- National Recruitment Saturday Celebration in St. Louis County
- Faith based mini-conferences in St. Louis, Jackson County and Springfield
- Jackson Co. and St. Louis have started a bus campaign to recruit foster and adoptive families
- St. Louis also began a movie ad campaign that has been successful
- Profiles of waiting children run in the Kansas City Star
- Wait No More Adoption Events (Memo CD09-46)

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

1. The CA/N background screenings are conducted by the local CD.
2. CA/N background screenings are requested from every state where the applicant and household member 17 years old and older has lived since 17 years of age.
3. Each household member 17 years of age and older must register with the Family Care Safety Registry (FCSR). The registry is maintained by the Department of Health and Senior Services (DHSS) and searches the following systems:
 - CA/N records (findings of "Preponderance of Evidence" or "court adjudicated", or prior to August 28, 2004, "Probable Cause" findings)
 - Employee Disqualification List, maintained by the Department of Health and Senior Services (DHSS)
 - Child-care facility licensing records maintained by DHSS
 - Residential living facility and nursing home records, maintained by DHSS
 - Employee Disqualification Registry maintained by Department of Mental Health
 - Foster parent licensing records, maintained by the CD
 - Sex Offender Registry information maintained by Missouri State Highway Patrol (MSHP)

State and national criminal record checks are completed for each household member age 17 or older, or any person under the age of 17 who has been certified as an adult. Fingerprints are required. The MSHP completes a state criminal record check and then electronically sends the fingerprint images to the FBI for a national search of criminal records.

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

The CD Background Screening and Investigation Unit (BSIU) maintain a log of all criminal background checks completed on alternative care providers and applicants. Beginning in July

2005 the CD began using electronic fingerprinting. In the past 5 years BSIU has logged over 37,818 fingerprint results. Each year there is an average of 9,454 fingerprints logged.

The division utilizes the electronic scan service for the collection of fingerprints. The service is called Missouri Applicant Processing Services, or MOAPS. After the FBI completes its search, results are forwarded to the MSHP, who forwards the results to BSIU.

Case.net, the Missouri State Courts Automated Case Management System, is examined for any reference to Orders of Protection filed, either for a child or adult. There are limits to the use of Case.net.

Adoption Services

Missouri Law identifies the CD as one of the agencies which may place a child for adoption, and establishes time frames for the completion of court ordered/requested adoption assessments conducted once the child is placed in the prospective adoptive home. The court may direct any appropriate individual or agency, including the CD, to complete the assessment.

When it is not possible or in the best interest of the child to return to their biological family, consideration is given to placing the child for adoption. Several factors influence this decision; the attachment of the child to his/her biological family, the parent's ability and willingness to voluntarily relinquish the child for adoption, the juvenile court's determination of whether or not parental rights will be terminated and the older child's desire to be placed in an adoptive home.

Persons who are interested in becoming adoptive parents currently apply at local CD offices. All applicants must complete the STARS/Spaulding training provided through the Division. CD workers and/or contracted providers, in coordination with the training complete the family assessment and screen suitable families. The home studies are initiated within 30 days of the receipt of the application and completed within four months for families to be considered for adoptive placements. Priority is given to those families interested in adopting a special needs child.

The Division maintains an Internet web site Adoption Photo Listing that is located at <http://www.dss.mo.gov/cd/adopt>. Children listed on the web site receive exposure on this site; they may also be featured on other sites such as the national AdoptUSKids site at www.adoptUSKids.org, the Adoption Exchange Website at www.adoptex.org. The Adoption Exchange also manages the Missouri Heart Gallery site located at <http://www.moheartgallery.org>. In addition to these sites, Jackson Co/Kansas City has a website for presentation of children in that region that may be accessed at www.kcchildren.org.

The CD actively recruits foster/adoptive families and enlists the assistance of community partners as well as the faith communities through publicity efforts which utilize newsletters, printed promotional material, public service announcements and local projects.

Subsidized Adoption Program

Some children placed in out-of-home care will never be able to return to their birth home. Furthermore, many of these children suffer from handicapping conditions and others are older or are members of a sibling group. These factors make it challenging to find adoptive homes. Frequently, these children have special needs such as the need for medical care, counseling, therapy, or special educational services. The cost of caring for these children can be prohibitive

for a potential adoptive family. Before the adoption subsidy program, the only alternative was to leave the children in foster care. Adoption subsidy gives the child the benefit of a permanent family while assisting the family who would otherwise be unable to adopt the child.

In recent years, the vast majority of children placed for adoption by the CD have had special needs. The agency has devoted a large portion of its resources and placed a priority on finding homes for these children. As of May 31, 2010, 14,373 children were receiving adoption subsidies at an average monthly cost of \$379.80 per child. Total expenditures for the adoption subsidy program for FY 09 were \$65,506,576.02; which was an increase from \$63,184,096.89 in FY 08. Currently there are 13,000 adopted and 3300 guardianship children served through the subsidy program with an annual budget of 82 million dollars.

The CD released revised adoption and guardianship subsidy contracts on May 2, 2008. This contract is more streamlined and efficient for both families and staff. The purpose of this revision is to provide the best services to adoptive families, guardians and children in the most fiscally responsible way while requiring fewer steps for adoptive parents and guardians to maintain necessary services.

Second Level Matching Team

The Second Level Matching Team (SLM) consisting of regional adoption representatives continues to meet four times per year to facilitate matches for the hardest to place children who are awaiting permanency. This statewide team was developed to match waiting families with children available for adoption. The focus of this group has expanded to include the utilization of a specialized recruitment tool.

The SLM Team Goals have also expanded to include serving as a forum to discuss and resolve adoption issues faced by field staff, assist in defining best adoption practice for CD, and completing quarterly adoption peer record reviews as part of the statewide Continuous Quality Improvement process. During 2008-2009, much of the time of the SLM team was spent reviewing information pertaining to the new policy guidelines that were developed in May of 2008. SLM team members were able to bring common questions and difficulties they were experiencing in their regions to the meetings and the team engaged in problem solving to come to common solutions for many of the difficulties pertaining to adoption subsidy across the state.

Heart Gallery

On April 30, 2010 the Missouri Heart Gallery opened in Kansas City at the Crown Center. The gallery featured 200 photos including 272 children and is slated to travel across the state over the months of April through November 2010. The gallery will travel to Liberty, St. Joseph, Kirksville, Hannibal, Columbia, Lebanon, Camdenton, Sedalia, Springfield, Carthage, Webb City, Joplin, Pineville, Neosho, West Plains, Poplar Bluff, Hazelwood, St. Peters, and Jefferson City. As a result of the gallery, over 120 children have found placement homes since 2006. As a result of the 2009 Heart Gallery 64 children have "Families in Progress".

Inter-Country Adoption

The Children's Division (CD) is the licensing body for all child placing agencies in Missouri. Many of these agencies conduct international adoptions. The rules for licensing child placing agencies require that such agencies conduct a variety of adoption services. The adoption services provided to families adopting internationally include pre-placement planning, post-

placement supervision, assessment of the child's adjustment into the home, and support services. Adoption disruptions are also assessed by the child placing agency. The section of the child placing agency's rules pertaining to international adoptions is in the process of being revised.

Residential Treatment Services for Children

Residential treatment provides specialized treatment for children needing more structure and intervention than a foster home can provide. Placement is time limited and treatment focused so the child can transition to a lesser restrictive setting in family or community-based care. The CD Residential Program Unit (RPU) has the responsibility for licensure, supervision and re-licensure for the Residential Child Care Agencies (RCCA) and Child Placing Agencies (CPA).

Throughout SFY 09, 1,778 children received residential treatment services. This is a decline from SFY 08 when 1,817 children received residential treatment services. This decline is attributed to the general decline in children and youth entering into CD custody. There has been a policy in effect to get younger children out of residential treatment and into a less restrictive setting. There has also been an on-going effort to get older youth into specialized foster care settings. This is a positive trend when fewer children are coming into CD custody and those who are coming into custody are being placed in less restrictive settings. Residential treatment services provided include: individual, group and family counseling, recreational therapy, educational services, medical and psychiatric services, transitional living and life skill training for older youth, family focused reunification services and a closely supervised, structured place to live.

In 2009, these children received services through 76 licensed residential child care agencies operating at 144 separate sites, and 77 CPAs providing foster care and/or adoption services at 94 separate sites. Twenty-three RCCAs are dually licensed to provide child placing services. In 2009, there were three initial RCCA and one initial CPA licenses awarded. Thirty-six RCCAs and 37 CPAs renewed their licenses in 2009. In 2009, of the 76 licensed RCCAs, 28 were accredited through nationally recognized accrediting bodies (Council on Accreditation of Services for Children and Families, Inc., Joint Commission on Accreditation of Healthcare Organizations, Commission on Accreditation of Rehabilitation Facilities). Thirty-three of the 77 CPAs are accredited. Two additional RCCAs and three additional CPAs are actively seeking accreditation at this time. Such accreditation in Missouri serves as prima facie evidence that an accredited agency meets state licensing standards. Licensed RCCA staff are required to have initial orientation and a minimum of 40 hours of on-going training per year while licensed CPA staff must have a minimum of 20 hours. RPU continues to encourage RCCAs to use the "Strengthening the Culture of Care" (COC) curriculum. The goal of COC is to assist agencies in providing safer, more nurturing, child-centered practices that reduce the need for physical restraint and/or locked isolation.

While the initial COC "train-the-trainer" curriculum was developed in conjunction with the National Resource Center for Youth Services (NRCYS) and the sessions were conducted by NRCYS in 2004, it has gained momentum and support by the Child Welfare League of America (CWLA). At the encouragement of CWLA, Missouri and the NRCYS entered into a collaborative effort with agencies in Minnesota, Michigan, Massachusetts, Washington, and Indiana to field-test COC for three years. NRCYS is collecting data on the use of physical restraints and/or locked isolation, the incidence of injuries, child abuse/neglect reports, and results of client satisfaction surveys from the six agencies. NRCYS conducted three (3) "refresher" train-the-trainer programs in 2006, and included staff from the all of the agencies. In 2009, NRCYS

conducted three (3) train-the-trainer programs for Missouri RCCA's. CD believes that the COC initiative will improve safety and nurturance of children in a residential care setting. This improvement is measured through a hoped for reduction in the number of CA/N reports with a positive finding (Preponderance of Evidence) received by residential treatment facilities and tracked in a database. RPU also conducts twice yearly meetings with administrative staff of RCCAs that focus on information sharing and performance enhancement.

Child Placing Agencies

In FY 2009, there were seventy-three (73) licensed child placing agencies with an additional forty-five (45) operating sites for a total of one hundred and eighteen (118) child placing operating sites. Of the seventy-three (73) licensed child placing agencies, thirty-eight (38) were accredited. The child placing agencies placed 410 (domestic) and 299 (international) children for adoption. Several child placing agencies are involved in the foster care case management and the specialized contract described previously in this report.

C. Partnerships / Collaborations

Adoption and Foster Care Coalitions (AFCC)

Several Child Placing Agencies throughout the state have formed a collation of agencies named the Adoption and Foster Care Coalition. (AFCC). Although not funded with the IV-B grant the Coalition is active in improving the lives of Missouri families and children. AFCC continues with the contract, Pregnancy Maintenance Network (PMN) with the Missouri Department of Health and Senior Services. AFCC conducted its eighth (8th) annual legislative gathering. AFCC continues to meet with legislators advocating for adoption and foster care issues, as well as, providing comments to the Children's Division (CD) on child welfare policy.

Child Advocacy Centers (CAC)

The Child Advocacy Centers are members of Missouri KidsFirst. Missouri KidsFirst is a not-for-profit organization that provides advocacy and support services to Missouri's Child Advocacy Centers. Directors of each of Missouri's Regional Child Advocacy Centers serve as the Program Board for the Missouri Network of Child Advocacy Centers under Missouri KidsFirst. The Board of Directors of Missouri KidsFirst is made up of a diverse group of professionals and leaders which include businessmen and community and civic leaders from across Missouri. The Board oversees and directs the management of Missouri KidsFirst which also includes the program Prevent Child Abuse Missouri, a Chapter of Prevent Child Abuse America, and administration of a contract creating Medical Resource Centers for training and support of Medical Professionals working with child abuse victims statewide. The Board will continue to work to address on-going issues relating to training, coordination and program development within the CAC Network.

MoHealthNet Managed Care Committee

The MO HealthNet Managed Care Consumer Advisory Committee (CAC) was formed to advise the Director of MO HealthNet (MHD) on issues relating to enrollee participation in the MO HealthNet Program. The CAC meets quarterly to discuss MHD Managed Care issues and for the Managed Care health plans to provide updates in their areas. The committee is comprised of several consumers who present their concerns from their areas of the state. Representatives from the various managed care health plans attend these meetings, as well as representatives

from MO HealthNet Division, Family Support Division, Children's Division, Legal Services of Eastern, Western and Southern Missouri, Medical Centers, Head Start, Missouri Primary Care Association or any other entity with a MHD interest. This committee opens the door for communication to occur so better service is provided to consumers in the state of Missouri.

Task Force on Children's Justice

2009 Task Force on Children's Justice Committee recommendations included:

- It would be beneficial to Community Stakeholders to hear former foster youth discuss their experiences in foster care. The Task Force feels that often Stakeholders have little to no understanding of how decisions made effect foster youth and their experiences.

CD Response: The Children's Division is committed to having the stakeholders hear from current and former foster youth. This commitment will be fulfilled by assuring at least one foster youth is in attendance at CJA meetings. At this time the CJA task force has a youth representative as well as a foster care graduate.

- School-based mentoring programs for youth in foster care because teachers often don't know the answers regarding foster youth aging out of the system.

CD Response: The Children's Division is committed to looking at ways to reach out to foster youth in their school system as well as heightening awareness of the issues facing youth aging out of the system with school personnel, teachers and counselors. This commitment is being fulfilled in cooperation with the School Based Social Work program and the Education Workgroup which includes open communication with school/educational liaisons.

- Not supportive of proposed legislation regarding jury trials for terminating a parent's rights

CD Response: The Children's Division provided information to the task force regarding the delays in permanency that might result from this legislation and appreciated the support of the task force in opposing the legislation. The task force and the Division are committed to assuring that the elements of abuse and neglect are identified at time of removal and all possible steps are taken to ensure youth may return home whenever safety may be assured. Additionally the task force is committed to overseeing the investigation and prosecution process in abuse and neglect to assure that the rights of the youth are protected and best served throughout that process avoiding the need for court intervention through jury trial at the time of TPR.

- Children's Division to maintain its achieved Accreditation (COA) Standards

CD Response: The Children's Division has achieved Accreditation and appreciates the commitment of the task force to assisting in any way possible to maintain the accreditation status.

- Not supportive of the elimination of Mandated Reporter Referrals and Preventative Service Referrals.

CD Response: The Children’s Division regrets having to eliminate these referrals because of budget shortfalls. However, the Division is committed to working with the task force to ensure that no reports of Child Abuse and Neglect pass the Child Welfare System without the appropriate investigation. Additionally, the Division is working with the task force to prevent abuse/neglect in the situations previously covered by M and P referrals through heightened public awareness for child abuse and neglect issues and partnership and collaboration with community partners that can assist in prevention of abuse and neglect.

The Child Abuse and Neglect Review Board(s)

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

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

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

During 2008, the four CANRB panels heard 304 cases and upheld 157 (52%) and in 2009, the five CANRB panels heard 333 cases and upheld (56%) with the following outcomes:

Outcome of Reviews CY 2008

	BOARD 1	BOARD 2	BOARD 3	BOARD 4	BOARD 5	TOTAL
Upheld	29	59	52	46	2	188
Reversed	47	29	32	32	5	145
Total	76	88	84	78	7	333

The 4th Board was created in March 2008 and the 5th Board was implemented in December, 2009.

State Technical Assistance Team

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

STAT is supervised by the DSS Director and available 24-hours a day to respond to requests for assistance. STAT's investigative responsibilities are considerably different than those of the CD. During 2009, STAT investigated 211 cases, down from 263 cases in 2008. Of the 211 cases, almost 131, 57 percent were sexual abuse (94) with 43 percent were exploitation related (37). Prosecutors filed 229 felony charges during 2009.

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

The State Child Fatality Review Panel (CFRP), consisting of members from various professional disciplines, meets quarterly to review topics and trends of concern. The Panel continues to recommend prevention efforts related to child deaths due to bed sharing, safe bedding and abusive head trauma. The CD and STAT continue to promote safe-sleep with the use of brochures and materials provided by the Missouri Children's Trust Fund and the Department of Health and Senior Services. Additionally, Pursuant to 210.195, RSMo., the CFRP reviewed child deaths related to abusive head trauma (Shaken Baby Syndrome), as reported by local fatality panels, throughout the state. It has come to the state Panel's attention that some physicians ("experts") are being paid to testify that such trauma is not inflicted. Researchers and a pediatrician from the University of Missouri-Columbia proposed a research study on abusive head trauma-related child fatalities. The state Panel endorses and supports the researchers' efforts in applying for a federal research grant to conduct the study, but to date, funding has not been granted. The CFRP annual fatality reports are available for review at the following website: <http://www.dss.mo.gov/re/cfrar.htm>.

In addition, as a result of the reviews of individual child fatality cases, local CFRPs made other specific recommendations for prevention during 2008. Some of these included; educate students and teenagers on the dangers of shaking a baby, the abusive head trauma it can cause and what to do to prevent shaking a baby; educate on safety of electrical devices and electrical-related dangers in and around homes; provide news release/education about reporting child abuse and neglect, and the CA/N Hotline number, and the dangerous risks of bed sharing and unsafe bedding.

Practice Alerts have been sent to all CD staff addressing safety issues involving infants and toddlers, and fire safety. The CA/N hotline number is available on the website accessible by the public, and red cards publishing the 1-800 hotline number are routinely disbursed during public training opportunities. Additionally, mandated reporters are routinely provided training by local offices as well as central office staff. This training includes information on how to report child abuse and neglect. Additional prevention efforts in the form of PowerPoint presentations and

informational fact sheets can be reviewed at the following website:
<http://www.dss.mo.gov/stat/prev.htm>.

State Youth Advisory Board

Members of the State Youth Advisory Board (SYAB) represent all children and youth who have been in or are in Out-of-Home placements. Each SYAB member is responsible for providing Children's Services policy and procedural input to Children's Division (CD) administrative staff/Juvenile Court. The SYAB decides what goals and activities they want to pursue for upcoming meetings and carry those out accordingly. The SYAB also works as a network by bringing back important information to the Area Youth Advisory Board (AYAB). There are currently 36 members on the SYAB.

The SYAB met on a quarterly basis for FY 10. The Chafee contract contains language requiring each region to nominate up to three youth for potential membership on the board. Transitional Living Program (TLP) contractors and case managers working with youth with Native American heritage have also been invited to nominate youth. In FY 10, participation from TLP youth increased.

In FY 10, local boards have become more organized. In June 2009, at the Youth and Adult Leadership and Empowerment Conference, local advisors and boards had the opportunity to consult for technical assistance with a Program Development Specialist from the National Resource Center on Youth Development and alumni youth from Missouri regarding development of youth boards. At the March 2010 meeting, youth shared ways to increase youth involvement in local boards. The SYAB is planning on meeting with the State Foster Parent Advisory Board in FY 11 to discuss how foster parents can assist with youth leadership boards.

The SYAB has also assisted with development and implementation of the National Youth in Transition Database. The youth developed a skit that can be presented at seminars and workshops and a poster that is to be displayed in local offices encouraging youth to participate in the survey. They have shared their concerns regarding education and child abuse and neglect investigations. They also developed a list of what qualities make a good case manager to assist in the hiring process. Members also reviewed a VISTA grant for Court Appointed Special Advocates and agreed to be the advisory board for the agency, should they be awarded the grant. At the writing of this report, grants were not being awarded due to funding but the board remains committed to the project should there be a need for their services.

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

An SYAB member is available on an as needed basis for participation in the Continuous Quality Improvement (CQI) Statewide meetings. CQI is a process by which all staff looks at the agency as a whole and develop plans for improvement. A SYAB member is also a member of the Missouri Task Force on Children's Justice. The task force is a Citizen Review Panel that reviews the Children's Division's compliance with the State Child Abuse Prevention and Treatment Act (CAPTA) Plan, assists the Children's Division in the coordination of foster care/adoption program, the review of child fatalities and near fatalities, examines policies, procedures, specific cases, and generates an annual report to be released to the public.

Two members of the SYAB participated in the Blue Ribbon Panel Task Force on Aging Out. This task force was formed to assess resources available to support youth in or exiting from

care and to recommend ways to strengthen communication and collaboration among youth-serving agencies. One member of the SYAB participates in the Youth Independence Interdepartmental Initiative that began in April 2010 to implement the Blue Ribbon Panel Task Force on Aging Out's recommendations.

An alumni youth is a member of the Health Care Oversight and Coordination Committee. The purpose of the group is to develop a plan to coordinate and provide oversight of health care services for foster youth.

An older youth is also a member of the Improving Educational Opportunities and Outcomes for Children in Foster Care Advisory Team. The Educational Advisory Team's mission is to collaborate to assure that children in foster care are offered the same educational opportunities as those children not involved in the foster care system.

A youth and adult leadership and empowerment conference was held in June 2009 entitled "Back in Action, Still We Stand." The conference was held over three days in Jefferson City with over 200 youth and adults in attendance from throughout the state. The event was planned and hosted by members of the State Youth Advisory Board. Six workshops were presented which were designed to empower and educate youth on subjects relating to their independence. The topic areas included: Self Advocacy, Coping Skills, Permanency Options, Leadership, Resources, and Resiliency. The SYAB feels that it was a great chance to bring together youth and adults to share what they had in common and to empower them on leadership and self advocacy. Youth in attendance were ages 15 to 20 with a special emphasis on recruiting Native American youth to participate.

In August 2009, an SYAB member spoke at the Practice Summit regarding her experiences in care.

In October 2009, members of the SYAB presented a skit and panel on the National Youth in Transition Database and transitioning out of care at the Midwest Foster Care and Adoption Association Annual Conference.

In October 2009, the SYAB revised its handbook.

In March 2010, a member of the SYAB presented at training for Juvenile Officers.

In April 2010, SYAB members and youth from regional boards participated in Child Advocacy Day. The members developed talking points and met with legislators from their area. They participated in a rally at the Capital. 54 youth and chaperones attended the event.

Also in April, interviews were held and an alumni youth was selected to represent Missouri as a Foster Club All Star in Portland, Oregon for the summer. Missouri plans to utilize the youth upon her return to teach other youth leadership and advocating skills as well as represent Missouri in speaking engagements.

The SYAB has been an active part of the Children and Family Service Review (CFSR) process and participated in a focus group in March 2010. Select members voted on by their peers will also participate in another focus group in June 2010. One member is on the CSFR advisory committee.

The SYAB will begin planning in June 2010, for hosting a youth and adult leadership and empowerment conference to be held in the summer 2011.

Members from one region of the state are working on a placement handbook for youth.

SYAB members, as well as other older youth in care throughout the state, will continue to be active in participating in speaking engagements and workgroups to promote youth in foster care needs. SYAB members will continue to present at CD's OYP Training statewide, and other local presentations. SYAB members will continue participation in various workgroups as well. Youth throughout the state will continue participating at the national level in an internship in Washington D.C., through the Orphan Foundation of America (OFA) and with the FosterClub All-Stars.

For FY 11, the SYAB will continue to participate in speaking engagements and advisory boards/committees throughout the state and will continue to be the voice of youth in care and increase their visibility and participation in communities.

The SYAB will continue efforts to include Native American youth participation in leadership activities.

In FY 11, the SYAB will continue to provide input for programs and policies and advocate for youth in out-of-home care. The strategic plan will be revised in June 2010.

Foster Care Case Management Partnerships

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

In January 2003, the contracted case management providers and state agency administrators were invited to participate in a discussion of a performance based case management contract. A meeting was held on 2/11/03. Plans to develop a performance based contract by 7/1/04 were diverted when Dominic James died at the hands of his foster father. Public and legislative outcry for child welfare reform ensued which included the development of contracts for comprehensive service delivery for children and their families by 7/1/05 in consultation with the community and providers of service. This led to regional meetings across Missouri in 2003 and statewide meetings of approximately 80 community stakeholders. The invitation list included current and potential contracted case management agencies and Intensive In-Home Services and Family Reunification Service contractors. In addition, each region sent invitations to community members such as child advocates, court personnel, legislators, and internal CD staff.

At the statewide meetings information was provided from the three workgroups which were formed to develop portions of the Request for Proposal (RFP). The workgroups discussed the enrollment process, outcomes, and provider qualifications. Information was also distributed, in writing, to allow the 80 stakeholders statewide an opportunity to provide input on these portions of the RFP.

Within the first six months of implementation of the performance based contracts Continuous Quality Improvement (CQI) Meetings were implemented at the local and regional levels. These meetings were designed to address implementation issues at the lowest level possible. Issues which could not be resolved at the local level were referred to the regional CQI. Issues which could not be resolved at the regional level were referred to the CEO meetings.

As Missouri is now in the 5th year of a performance based case management contract time is set aside at the CQI meetings for quality assurance/best practice discussions. As such, invitations for the regional CQI meetings are sent to the public and private QA and QI specialists.

Program Manager Meetings are held quarterly. These meetings now serve as the state level tier for the CQI process. This meeting is facilitated by a contractor. These meetings provide a forum to work on unresolved issues from the regional CQI meetings and an opportunity to share best practice. At the most recent meeting participants were put in small groups for discussion of strategies to improve family engagement and reunification.

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

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

Joint QA initiatives at the state level include federal reviews such as worker visits with children, Child and Family Service Review and AFCARS/data integrity. Contracted QA staff are invited to attend CD QA Unit meetings twice per year. The contracted QA specialists are now routinely engaged in data clean up efforts to achieve improved data integrity.

On February 10th and 11th, 2009 Children's Division and contracted QA staff attended a two day training sponsored by Kids Hope United. This provided an opportunity for private and public staff to collaborate, share ideas for quality assurance and best practice, and share tools.

The PIP Advisory Committee, which was originally formed to monitor progress and develop strategies to improve areas of deficiency identified in the first CFPSR, is comprised of CD staff and contracted agency representatives. This Committee continued to meet on a quarterly basis to prepare for the second CFPSR, which was conducted in June, 2010.

Education Advisory Team

Improving Educational Opportunities and Outcomes for Children in Foster Care Advisory Team was formed in SFY 08. The Educational Advisory Team's mission is to do all they can to assure that children in foster care are offered the same educational opportunities as those children not involved in the foster care system. The advisory team members represent a variety of disciplines including the educational system, foster parents, private and public child welfare, court-related child advocacy, juvenile justice and youth in out-of-home care. The Educational Advisory Team meets on a quarterly basis.

The Educational Advisory Team recognized three initiatives to focus on how to improve the education opportunities and outcomes of foster youth. The Educational Advisory team divided up into three workgroups to meet the three initiatives. The three workgroups identified are: Raising Awareness, Engaging and Empowering Stakeholders and Developing Tools and Resources.

Talking points are being composed to present to stakeholder groups throughout the state. The talking points will be based on the basic awareness of the issues regarding education and foster youth as well as what can be done to improve outcomes for foster youth. The group will shape the talking points around identifying the real issues.

Missouri Prevention Partners

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

Goals for this group are:

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

The agencies involved in the Missouri Prevention Partners include: Dept. of Social Services, Dept. of Health and Senior Services, Dept. of Mental Health, Dept. of Corrections, Dept. of Public Safety, Children's Trust Fund, Kids Hope United, Practical Parenting Partnership, Head Start State Collaboration Project, ParentLink, Missouri Juvenile Justice Assoc, State Technical Assistance Team, and Missouri KidsFirst.

Missouri's Community Partnerships

This network of twenty private/public partnerships was established in 1993 to implement innovative approaches to achieve six core result areas. They are Parents Working, Children Safe, Children Ready to Enter School, Children & Families Healthy, Children and Youth Succeeding in School and Youth Ready to Enter the Work Force.

The Family and Community Trust (FACT), a non-profit corporation, composed of state department heads and leaders from the corporate and civic arenas, provides guidance and

direction to the network of Partnerships. FACT and the Community Partnerships accomplish their work by:

- Increasing the accountability of communities and agencies to improve results.
- Changing the way services are delivered by integrating and locating them in neighborhoods where children and families live and learn.
- Changing the way services are financed by pooling funds more flexibly across state agencies and communities and linking program funding to produce results and save money.
- Changing the way decisions are made by involving neighborhood residents and the community in decisions that affect their well-being.

In FY10 the Community Partnerships leveraged over \$9 of additional funding to address community issues and needs. In that same year they served over a 500,000 clients and generated over 300,000 hours of volunteer services in their local communities. (See attachment G which highlights some examples)

For more information visit the web site www.mofact.org.

Governors' Blue Ribbon Panel /Youth Independence Interdepartmental Initiative

Former Governor Blunt appointed the Blue Ribbon Panel for Youth Aging-out of Foster Care in August of 2008. The seventeen member panel was comprised of Department Directors from the Departments of Social Services, Mental Health, Health and Senior Services, Higher Education, Elementary and Secondary Education, and Economic Development as well as representatives from private business/industry, current and former foster youth, private youth service providers, the juvenile court system, the Juvenile Justice Association, a Court Appointed Special Advocate, and a foster parent.

The charge of the panel was to assess current and private resources within Missouri available to support youth in or exiting from foster care. The panel would recommend ways to improve and strengthen coordination, communication, and collaboration among youth serving agencies and private industry to maximize the efficiency and effective use of resources to support the youth and their healthy transition to successful adult roles and responsibilities. The goals outlined for the panel were better use of resources, better outcomes for youth through existing and emerging programs, and better futures for our youth and our economy.

The first meeting of the Blue Ribbon Panel featured a presentation by five current and former foster youth. The youth discussed the challenges of older youth in the foster care system as well as barriers to successful transition from the system. This presentation made a significant impact on the Blue Ribbon Panel members who requested that these five youth be officially appointed to the panel.

The panel met from October 2008, until May 2009. The panel focused on six primary topics: permanency and lifelong connections, physical and mental health, transitional supports, education, employment, and cross system collaboration. The final recommendations have been made and presented to the Governor for consideration. A decision was made to form an initiative, The Youth Independence Interdepartmental Initiative, which was formed in April 2010 and will convene over the next three years with the purpose of implementing the Blue Ribbon Panel Task Force on Aging Out's recommendations. The original task force was formed to assess resources available to support youth in or exiting from care and to recommend ways to

strengthen communication and collaboration among youth-serving agencies and ended in FY 10. More detailed information is available in the Chafee Section.

CFSR Advisory Committee

Formation of a committee to provide feedback for the Program Improvement Plan began in 2005 and has evolved into a Child and Family Services Review (CFSR) Advisory Committee governed by a Charter. The CFSR Advisory Committee's centralized focus is to build an advisory resource infrastructure and lead to a broader collaboration which will improve access and service availability, as well as reduce services and funding fragmentation. By using the same committee for several requirements, this has given the Children's Division the capability to educate several disciplines and partners on the complex issues facing child welfare. Through this education, our partners are better equipped to understand the child welfare arena and why it takes more than one agency to make a difference in a life of a child.

Comprehensive Children's Mental Health Services System

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

The statewide implementation of the Custody Diversion Protocol in partnership with the Department of Mental Health (DMH) mandates timely response to any parent voicing the intention to surrender custody so that his/her child may receive clinically indicated mental health services. The Custody Diversion Protocol was piloted in the fall of 2004 and fully implemented statewide in February 2005. As of March 31, 2009, 881 youth have been referred through the protocol; 843 of these youth or 96% have been diverted from state custody. Thirty-three percent of these youth remained in their homes and received community based services through DMH. The remaining 67 percent received some sort of out-of-home care either through DMH funding or through the CD's Voluntary Placement Agreement (VPA). In any given month, approximately 65 youth are supported through a VPA.

The Children's Division has contracted with the University of Missouri, Columbia, to create a web-based training on Custody Diversion and Voluntary Placements. This training has been made available to all CD, DMH and community stakeholders. Training on Custody Diversion and Voluntary Placement has been provided to the CD, DMH, Juvenile courts and numerous community stakeholders. Circuit-specific training has occurred to address identified concerns, and the continued approach and recommendation are to leverage resources and problem solving at the local level. Regional Mental Health Coordinators represent each geographic region of the state and meet on a quarterly basis with Department of Mental Health partners to help address local issues.

Likewise, utilization of the Voluntary Placement Agreement continues to be utilized throughout the state as efforts to serve children in need of mental health services focus on a collaborative partnership with the juvenile court, the Department of Mental Health, and the CD.

Community Based Child Abuse Prevention (CBCAP)

The Children's Trust Fund (CTF), Missouri's Foundation for Child Abuse Prevention, is the

designated lead agency for administering the CBCAP funds in Missouri.

Background Information

Over the past 11 years, the Missouri Children's Trust fund (CTF) has partnered with thirteen communities to develop and validate new collaborative models to prevent child abuse and neglect (CAN). These efforts have centered on overcoming two identified challenges that have diminished the effectiveness of child abuse prevention efforts. First, CTF and its consultants found that Missouri families and children at risk of child abuse and neglect often suffer from intertwined economic, social, educational, behavioral health, and physical health problems. That is, the challenges facing families cannot be defined as individual discrete issues (poverty, depression, lack of job skills, children's illness, lack of transportation, housing instability, etc.) as all of these issues are interwoven in complex ways that cannot be detached from others and need a broad array of services that are coordinated and integrated into a system. While many of Missouri's communities have a wide-range of services to reduce families' risk factors and enhance families' protective factors and resilience; these services are siloed by categorical funding and functional organizational and professional boundaries, and thus, lacking coordination and integration with other related service entities. The silo of services may help policy makers and providers rationalize the human services maze, but it often diminishes the services' power and undermines the effectiveness of needed professional services and supports, further paralyzing those with comingled issues. What is lacking in many Missouri communities is a framework of relationships to bridge across the organizations and professionals and collaboration processes and mechanisms for the organizations and professionals to work together in a concerted effort to prevent child abuse and neglect.

The second challenge to success is the deficit-based mindset that is deeply rooted in human service organizational and professional cultures. These cultures and systems perpetuate reactive approaches to address the problems of child abuse and neglect – families receive support only after they have been identified or reported for child abuse and neglect. Moreover, human service organizational and the respective professionals' perspectives continue to dominate the definition of the family's needs or solutions. This deficit-based mindset could be viewed as prejudicial in that it leads to a differential diagnosis of the family's need/problems and professional-oriented plan of treatment. This is an excellent way to develop a "root cause analysis" on needs or problems, but it does not foster thinking by professionals and families about a plan for prevention and strengthening the family. Consequently, there continues to be inadequate focus on determining family strengths and promoting the development of family competencies and capabilities that enable families and their members to have control over important aspects of their lives and to relate to their children more effectively. The CBCAP sites effectively employ family support strength-based approach to prevention by engaging a family and an inter-disciplinary team of professionals in developing and implementing the family's integrated service plan. Also, the CBCAP sites learn to use a family strengths inventory tool as well as embed protective factors to help the family and its family support team to identify the family's strengths, resources, and goals.

Over the past decade, CTF has pursued a powerful CBCAP network strategy known as "The Missouri Model" that leverages community-based learning and capabilities through building network relationships. . Initially the Children's Trust Fund implemented this project as a demonstration model incorporating a standardized set of criteria and outcome measures to support the evaluation and collection of data.

The Missouri Model

The intent of the CBCAP project in Missouri is to help communities develop a model integrated system for delivering health, family support, and social services to children and families in order to improve outcomes, reduce costs, and ultimately reduce the risks of child abuse and neglect. The CBCAP focuses on agencies combining their resources and working together alongside the families to solve the multi-faceted problems families are faced with today. The purpose of this model is for each CBCAP site to provide a more efficient and seamless coordination of service delivery to families and their children thereby reducing duplication of existing services, maximizing the resources of public and private providers to better serve the consumer, children and families, and in doing so reduce the likelihood of child abuse and neglect occurring. The coordination of services is done through a “lead agency” model where one agency takes the lead in coordinating a comprehensive service plan and needed services with the family. The emphasis of the Missouri model is coordination of services. It is believed that if health care and social services are coordinated across the continuum, rather than fragmented, then at-risk parents or expectant parents and their children are more efficiently served, outcomes can be improved, thereby reducing the total cost of providing services to these families

In FFY 08 (State fiscal year 2009) the Children’s Trust Fund replicated this model for a third time by awarding Community Based Child Abuse Prevention grants (CBCAP) to three communities:

- Joplin (Newton & Jasper Counties) – The Alliance of Southwest Missouri – “Project Care”
- Caruthersville (Pemiscot & Dunklin Counties) – Pemiscot County Initiative Network ; “Lower Bootheel CBCAP Project”
- Marshall (Saline County) – Missouri Valley Community Action Agency – “Strong Family Partnership”

Each CBCAP community was awarded an average of \$100,000 in funding. During the first 6 month capacity building phase the site focused on: 1) developing the CBCAP leadership structure (advisory board and network coordinator); 2) forming relationships in order to implement a network development strategy to leverage the diverse abilities, information, ideas, and support services that community-based organizations and professionals possess to promote family/child protective factors, resilience, and reduce risk factors in order to prevent child abuse and neglect; and 3) engaging community stakeholders in joint planning efforts to develop an integrated service delivery model that incorporates the Missouri lead agency/family support team coordination model.

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

An important part of this grant is the collection of data on outcomes of these services and the overall model. At the end of the first year, 83 at risk families consisting of 253 individuals were benefiting from this project. Many of these families were single parent families with very young children and few economic resources or community supports. There were 62 provider network member organizations involved in the project, with 23 organizations serving in the role of “lead agent”.

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

and successful replication of the program in other communities. Overall the CBCAP sites continues to show statistically significant improvement in scores of standardized measures of family risk (Child Abuse Potential Inventory) and distress (Parent Stress Index) among parents participating. Families also report high levels of satisfaction with the services they receive.

Missouri KidsFirst

Missouri KidsFirst is a statewide not for profit located in Jefferson City, Missouri, committed to protecting Missouri's children by improving the response to child victims and ending the cycle of child abuse in our communities. The Missouri KidsFirst Board of Directors is comprised of community and business leaders from across Missouri with a wide variety of backgrounds. They operate under an approved set of detailed by-laws. Missouri KidsFirst has two main program areas: The Missouri Network of Child Advocacy Centers and Prevent Child Abuse Missouri.

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

Prevent Child Abuse Missouri, a program of Missouri KidsFirst, strives to create a statewide movement that explains how child abuse and neglect can be prevented and the role each of us plays in achieving that goal. The economic and social viability of every community depends on the healthy growth and development of children, supportive environments for children, and healthy, stable and nurturing families. Prevent Child Abuse Missouri works to create this movement through several projects including: Stewards of Children Child Sexual Abuse Prevention Education; Pinwheels for Prevention campaign; promotion of Child Abuse Prevention Month, and the Go Blue campaign. Prevent Child Abuse Missouri partners with the Missouri Internet Crimes Against Children Task Force to assist in preventing technology-facilitated child exploitation and works with Practical Parenting Partnerships to provide a comprehensive approach to parent involvement in schools and offer a framework for building home-school-community relationships through training, a variety of resources, networking, technical assistance, monthly newsletters and other professional development opportunities.

Supervision Advisory Committee

This committee represents the "finest" supervisors from around Missouri. Supervisor participants are selected by the Regional Directors and are based on outstanding performance and strong leadership ability. The committee maintains its focus through a strategic plan (See Attachment A) developed with the assistance of the National Resource Center for Organizational Improvement.

The committee is governed by a Charter and meets quarterly to discuss new or pending issues including policy, program and practice areas impacted by quality supervision. At the end of every meeting, a member of the Children's Division's Executive team attends and gets briefed on outstanding issues and proposed ideas to enhanced supervision across the state. The strategic plan and exec team's response are shared with all supervisors through a Web link on

the intranet. In addition, this committee plans a bi-annual conference which provides supervisors with enhanced learning opportunities.

This committee also serves as a policy review team for the division.

Indian Tribe Consultation

Missouri does not have federally recognized Indian tribes in the state. However, there are three Indian centers--the Heart of America Indian Center, the American Indian Council and the Southwest Missouri Indian Center, which are active in the state. The Indian Centers participated with the CD in regards to training and consultation on the latest policy development.

The Indian Centers were notified of SYAB meetings and were encouraged to participate with their youth. Although they have not participated at this time, CD will continue to seek their involvement. It is the intent of the CD to share with the Chafee contracted providers the names and contact information of the Indian Centers so as to have the contracted providers also engage in communication and possible resource sharing with the Indian Centers.

All benefits and services under the programs are made available to Indian youth in the state on the same basis as other youth. All youth, ages 14 and older, regardless of descent, per policy, are to be referred to the Older Youth Transition Specialists for Chafee/ILP support and services.

Fostering Court Improvement Project

Missouri's Fostering Court Improvement project is a collaborative effort to use agency and court data systems to improve case handling and outcomes through intensive data focused interaction and training for personnel in selected project judicial circuits. It combines training on the National Curriculum for Caseflow Management in Juvenile Dependency Cases Involving Foster Care with development, collection and analysis of Missouri specific court performance measures and integration and utilization of this information with the data available through an external website (www.fosteringcourtimprovement.org) and other sources within the CD Quality Assurance (QA) staff from the Children's Division assists circuit court staff identify trends and develop plans for improvement. The QA Specialists provide information to the local FCI teams.

The AFCARS reporting system traditionally utilized a cross-sectional design which gathers child level point-in-time data rather than longitudinal child data from date of removal to date of discharge. This allows only point-in-time descriptions and retrospective reporting of outcomes rather than tracking children's progress from point of removal to discharge out of foster care. FCI combines expertise developed at Emory University and University of Illinois at Urbana-Champaign to convert existing AFCARS data into a longitudinal data system that will support court performance reporting and data collection. The CD is now utilizing this software to stitch together Missouri's six-month AFCARS submissions into longitudinal records. The longitudinal product created populates a new website that is to be posted online quarterly. The website ranks, by county, children's division regions, and judicial circuits, a broad range of data items pertaining to removal, foster care population and discharges.

Fostering Court Improvement was initially implemented in four judicial circuits: Circuit 13 (Boone and Callaway Counties); Circuit 22 (St. Louis City); Circuit 31 (Greene County); and Circuit 35 (Dunklin and Stoddard Counties). These circuits were among those with the highest populations of children in out-of-home placement. These sites received training in mid-October 2006. The project expanded to include the following three circuits which participated in the

training provided in September, 2007: Circuit 23 (Jefferson County); Circuit 25 (Pulaski, Maries, Phelps, and Texas Counties); and Circuit 26 (Camden, Laclede, Miller, Moniteau, and Morgan Counties). In the fall of 2008, three more circuits were added: Circuit 2 (Adair, Knox and Lewis counties); Circuit 5 (Buchanan and Andrew counties); and Circuit 45 (Lincoln and Pike counties). Each circuit volunteered to participate in the project.

The 10-15 member teams which attended the training included the following: Judge; court personnel such as juvenile officers and court administrators; juvenile clerks; attorneys who represents state (JO attorney & DLS attorney); attorney who represents parents; GAL/CASA and CD; and community stakeholders such as contracted service providers. These teams continue to meet locally on a monthly basis. OSCA and the CD provide technical assistance to the project sites to assist them in identifying systemic areas for improvement and to develop and implement reform efforts. This support includes on-site visits and attendance at the monthly meetings.

The circuits are responsible for reviewing the data collected by the Children's Division and the Juvenile Court to determine areas for improvement. Several Circuits (13th, 22nd, 23rd, and 31st) have conducted extensive case reviews on children in care in order to ascertain the needed changes. Because of these data reviews, circuits have developed parent education materials to help parents have a better understanding of the child welfare and court process when their children are placed in care. These range from pamphlets to videos to classes. Older youth are becoming more involved in their own decision-making by participating in Permanency Planning Reviews and attending court hearings.

Court and agency practices have changed to better serve children. Guardians ad Litem are being appointed sooner. Older youth are educated about their rights and responsibilities. Cross training is occurring between court staff and agency staff. In addition, communities are being involved in ways not seen before.

The future of the Fostering Court Improvement Project is bright as circuits continue to request to participate. The goal of FCI is that every circuit will adopt these practices and it will no longer be a "project" but a common practice.

Juvenile Court Improvement Project

The purpose of the Juvenile Court Improvement Project (JCIP) is to develop and implement a plan for improvement which will result in timely, full and fair proceedings for children and their families and to provide for the safety, well-being and timely placement of abused and neglected children in permanent homes. The activities of the court improvement project are directed by the JCIP Steering Committee, which meets quarterly. Members of the Juvenile Court Improvement Project Steering Committee were appointed by order of the Supreme Court of Missouri in January 2004. Members serve on a 2-year term. In that same order, the Steering Committee was assigned to the Family Court Committee. The Office of the State Court Administrator staffs both committees.

Appointed members include:

- Honorable Cary Augustine, Associate Circuit Judge and Administrative Judge of the Family Court, 13th Judicial Circuit. Judge Augustine is also the liaison to the Family Court Committee.
- Honorable Stanley Moore, Circuit Judge of the 26th Judicial Circuit

- Honorable Anne-Marie Clarke, Family Court Commissioner - Juvenile Division, 22nd Judicial Circuit
- Ms Lois McDonald, Missouri State Foster Care and Adoption Advisory Board
- Ms. Beth Dessem, Executive Director, Missouri CASA
- Ms. Bettie Haug, Director of Child Protection/Family Court, 23rd Judicial Circuit
- Mr. Phil McIntosh, Guardian ad Litem, 2nd Judicial Circuit
- Mr. Perry Epperly, Family Court Administrator and Chief Juvenile Officer, 31st Judicial Circuit
- Ms. Cheyanne Ingram, Executive Director, Heart of America Indian Center
- Mr. Aaron Martin, Attorney at Law
- Ms. Susan Savage, Assistant Deputy Director, CD, Missouri DSS (ex officio member)
- Mr. Jeff Adams, Training Program Manager, CD, Missouri DSS (ex officio member)

D. Practice

Foster Care Strategies

See Annual Permanency Section, Foster Care Strategies

Fatherhood Workgroup

The Children's Division is making diligent efforts to improve outcomes for children by ensuring noncustodial parents are actively engaged in case planning. Currently the focus is on fathers, because in most instances, fathers are the noncustodial parents. A fatherhood workgroup has been established with CD staff and community partners. Recently a survey was distributed to field staff across the state to assess how "father friendly" CD was when dealing with fathers. The data was collected and analyzed, and discussed with the workgroup.

The workgroup meets quarterly and currently is updating the Child Welfare Manual in the foster care, family-centered services and hotline investigation program areas to ensure policy includes language around involving all family members in the case planning process with focus on the non-custodial, non-resident parents.

Interstate Compact on the Placement of Children

The progress achieved in this fiscal year includes the continuing awareness and implementation of Public Law 109-239 (Safe and Timely Interstate Placements). The implementation of clearer policy has strengthened the worker's ability to set deadlines and make all parties accountable to comply within the 60-day timeframe to meet the established goals. A training session was videoed and distributed to the Circuit Managers and Juvenile Courts to offer continued education on the policy and procedures of Interstate Compact on the Placement of Children (ICPC). In conjunction with the Office of State Courts Administrator ICPC has participated in the Court Improvement Program to improve procedures to resolve barriers of moving children into permanency.

In SFY 09, Missouri ICPC served 2,733 children, which included 905 requests for services from other states for Missouri children, and 615 out-of-state requests for Missouri services on behalf of children from other states.

Missouri's border agreements with Illinois and Kansas remain in effect relative to parent and unlicensed placement resources in coordination with ICPC.

Native American Collaboration

The CD Central Office has undertaken a considerable effort in the past year to improve compliance with the Indian Child Welfare Act (ICWA). The division has utilized training/TA through the National Resource Center (NRC) to provide ICWA training to top level management from each of the regions. Additional training was provided to field staff across the state, completed late fall of 2008. An Indian Ancestry questionnaire was developed for use at the onset of any alternative care case. The questionnaire is to be completed by every family where a child is at risk of being removed from the home to document any or no Indian heritage. State ICWA policy was modified to clearly and concisely guide a worker through the ICWA process when an Indian child has been identified. An ICWA checklist was also developed to assist a worker with ICWA compliance. It is our intent to assist staff in identifying Native American children and families and in locating appropriate resources.

CD Central Office staff attended the American Indian Symposium in November 2008. Staff were trained on Indian culture and effective tribal collaboration. Staff attended workshops that dealt exclusively with ICWA compliance issues.

Cooperation is maintained with the state or tribal court assuming or having jurisdiction over a Native American child when providing services. Missouri courts assume secondary responsibility when the tribal court does not take jurisdiction. In any juvenile court proceedings, the Native American custodian or tribe of the child has the right to intervene at any point. All parties to the proceeding have the right to examine all the reports, testimony, witnesses and exhibits upon which the court's decision may be based.

Discussions are ongoing regarding the recruitment of Native American youth for local or the state youth advisory board with the OYP contractors. Nonetheless, strengthening both local and SYAB recruitment continues to be an area of focus for the CD.

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

Prior to the release of [Memo CD09-75](#), which included a policy revision, Intro to ICWA Checklist, Indian Ancestry Questionnaire, ICWA Informational Brochure and the ICWA compliance flow chart, The Children's Division sought input and feedback from two Missouri Indian Centers, Kansas City Native American Indian Center and the Springfield Indian Center. The Specialist not only solicits feedback but has worked diligently to build relationships with these two Indian centers to promote a comfort level to freely exchange information. In addition, Indian Center representative participate in the CFSP Advisory Committee to provide feedback on the CFSP.

In the FACES system, a screen to report the Family Support Team information requires the case manager to select a "yes" or "no" as to whether the child is of Native American heritage. If the worker checks the "yes" box, a text box appears to describe how the case manager came to this conclusion. A specialist in Central Office requests a report, twice per year, from Research and Evaluation on all cases that indicate a Native American Heritage. The Specialist reviews the case contacts and narratives to ensure ICWA compliance. If compliance is not met, the

Specialist contacts the case manager and work together to move this case into compliance. Currently there are approximately 50 ICWA related case in Missouri.

Family and Children's Electronic System (FACES)

Missouri continues development of its single statewide system. Missouri's final SACWIS component, Resource Management and Financial Management, is currently being tested and will be implemented in July 2010.

As with any automation development effort, FACES struggles to keep up with the ongoing changes that need to occur in the production environment as well as the changes made to legacy system that need to be mirrored in the development environment.

Continued data clean-up efforts have also been necessary to make the data converted from legacy systems conform to the new, more stringent processing rules in FACES. As data integrity issues are identified, FACES staff perform system testing to ensure that appropriate edits are in place in the new system, and if not, to add the necessary edits to prevent the anomalies in the future.

The accompanying cultural change for staff has been a challenge as well, however FACES training sessions deliberately focused on the development of local FACES experts with the depth of knowledge necessary to provide the critical on-site support necessary to ease the transition.

Legacy Systems - Ongoing legacy systems changes has been a challenge for a variety of reasons, the primary one being that knowledgeable IT IDMS programmers are difficult to obtain and retain. Contracted programmers are currently providing this critical function.

AFCARS Review – An AFCARS review was conducted in Missouri during March 2009. Several system changes and practice changes are required. Missouri is in the process of initiating and processing necessary system changes through a comprehensive AFCARS Improvement Plan.

Child Care Efforts

The CD is developing an interface with its Family and Children Electronic System (FACES) and the Family Assistance and Management Information System (FAMIS) which is supported by the Family Support Division (FSD). This system interface will provide child welfare workers with enhanced features in determining eligibility and authorizing child care for children receiving services through the child welfare system. This interface will streamline the child care system by allowing eligibility, authorizations, and child care providers to be paid through one system, thus improving the accountability of the child care program. The interface is expected to be completed by the end of July 2010.

Additionally, the CD is developing a claims and restitution system to support the child care subsidy program. This system will streamline the identification, collection and management of child care provider claims.

Older Youth Efforts

Within the Older Youth Program (OYP) there are services and funding provided through the Chafee Foster Care Independence Program (CFCIP). The CFCIP is contracted out to private

agencies to administer and deliver services and funding to older youth in foster care, youth adopted or have obtained legal guardianship after the age of sixteen as well as former foster youth. Services have been contracted out since January, 2008. Contract revisions were issued in 2009 to implement fully the Fostering Connections Act, ensuring youth who obtained adoption or guardianship after age 16 received life skills training and resources. The contract contains language about the Four Core Principles identified by the Muskie School of Public Services, University of Southern Maine and the National Resource Center for Youth Services for successful adolescent transition programs - positive youth development, collaboration, cultural competence and permanent connections. The expectations and requirements are that Chafee contracted providers will engage the youth in their case planning, design life skills instruction specific to the youth's needs with youth input, and offer a variety of methods in which youth can gain competency in each life skill.

The Older Youth Program (OYP) reflects the philosophy and the services offered to foster and former foster youth, ages 14 and older. The program addresses:

- The philosophy of youth permanency and positive youth development;
- The responsibilities of case managers of older youth, Chafee Contractors, TLP Contractors, and Older Youth Transition Specialists;
- Procedures for using the Ansell-Casey Life Skills Assessment and the Adolescent FST Guide & Individualized Action Plan;
- Helpful resources to engage youth in permanency and education planning.

The Adolescent FST Guide and Individualized Action Plan assist workers and youth in the planned transition of a youth becoming an adult and leaving foster care. It details the goals of the youth and facilitates the involvement of identified adults in the youth's life. Transition planning is completed ninety days prior to the youth leaving care and documented on the Adolescent FST Guide. In November 2009, a memorandum regarding transition planning requirements and the Fostering Connections to Success and Increasing Adoptions Act as well as a PowerPoint presentation on transition planning was disseminated to staff. It is available on the intranet/internet.

The Ansell-Casey Life Skills Assessment (ACLSA) is an evaluation of youth independent living skills. It consists of statements about life skills that the youth and his/her caregivers complete. The ACLSA was designed to be as free as possible from gender, ethnic, and cultural biases.

A portfolio assessment is used for each youth 14-21 to give the youth the opportunity to take some control of the assessment and show what they have learned. It focuses on the growth and development of the youth's potential.

Performance assessment is used to show the direct observation of a youth's performance and allows the youth to see their accomplishment with historical data on their overall life skill development.

In FY11, Older Youth Program forms will be available through the FACES system. This will enhance services to older youth as data can be extracted from the Research and Evaluation unit as a result. We will be able to use the data to look at utilization of services as well as outcomes. CD is also strengthening permanency connection requirements for older youth by adding an edit in the current system where three permanent connection names and addresses must be entered at the time of exit from care. With FACES implementation of Older Youth forms, supervision will also be enhanced as the access of case information will be more readily

available. As forms are not currently available in FACES, it is time-consuming and cumbersome to gather data and have a picture of program implementation. Although this is a barrier in providing current services at times, several program review and development projects were conducted to address this need and get an overall picture of the program utilization in FY10. With the additional information provided from these projects, CD has been able to strategize and implement some changes as a result. Efforts will continue in FY11.

As a result of a pilot program implemented in FY09 that examined the Transitional Living Program's (TLP) utilization with a consideration form completed at Family Support Team Meetings, the Children's Service Plan is in the process of being revised to ensure TLP's are considered at permanency planning meetings every six months. These updates are in the testing phase at the writing of this report. A memo was issued in November 2009 to all staff to clarify requirements for Transitional Living Programs and Independent Living Arrangements. This was as a result of the pilot as it was determined through the pilot that this was needed.

In FY09-10, file reviews of the Older Youth Transition Specialists (OYTS) records on contracted providers were reviewed to look at documentation and services being provided for youth 14-21 throughout the state in order to determine strengths and needs and improve upon these. The reviewers were representatives from Budget and Finance, Contract Management, and the Practice and Professional Development Unit. From the review, the Older Youth Transition Specialists duties, the Transitional Living Program payment guidelines, and Chafee Foster Care Independence Program Services payment guidelines were revised and distributed to the Older Youth Transition Specialists. Tips for reviewing the outcomes reports, payment documentation record retention guidelines, and helpful forms utilized by the Older Youth Transition Specialists were shared with the Older Youth Transition Specialists.

In March FY10, statewide random sample file reviews were conducted of 4% of youth receiving Older Youth Program Services from Children's Division and Foster Care Case Management Agencies. Older Youth Transition Specialists, Quality Assurance Specialists, Quality Improvement Specialists and Program Development Specialists assisted with the reviews. All forms and documentation related to best practice with the older youth and the program (Transitional Living Program, Independent Living Arrangement, Chafee, and transitioning from care/exit planning) were reviewed.

The purpose of the review was to get an overall picture of the Older Youth Program services being provided through documentation in the file. The review was to gain insight as to the strengths of the program as well as learn at a state, circuit and private agency level if the older youth program is being accessed and used as designed and per policy, to develop and recommend strategies for improvement, and to prepare for the National Youth in Transition Database implementation in October. The review specifically was looking to see if life skills for youth had been assessed, if referrals had been made, and examined the quality of services youth were receiving once referred. The results were shared with administration from Children's Division and Foster Care Case Management Agencies as well as printed in the quarterly newsletter for Continuous Quality Improvement "In Focus." Tips for what could be done immediately to improve services to older youth were also provided. A strategic planning meeting was held in April to discuss next steps for the Older Youth Program as a result of the review and these will be developed and implemented in FY10-11.

The Children's Division intranet and internet have been updated in FY10 with resource information specific to Older Youth and this will continue in FY11.

In December 2009, the Older Youth Transition Specialists and the Independent Living Coordinator met with members of the Practice and Training Development Unit to discuss ways to enhance the Older Youth Program Training which is part of Child Welfare Basic Training. In FY11, CD will continue to modify and update training programs for Older Youth Program Services.

In FY10 and continuing in FY11, are several workgroups and task forces to address older youth needs.

A Transitional Living Advocate Program workgroup was formed in February 2010 to evaluate the programs strengths and needs in terms of training, utilization, and recruitment. The group met again in April to revise and work on implementation of suggested program changes and will continue to meet.

The Transitionally Challenged Youth Workgroup is addressing the needs of youth who do not meet criteria for special adult services upon exit from care but continue to need elevated on-going support and to look at the resources at a statewide level available to these youth.

In February 2010, the Spaulding Focus Group met and made recommendations to enhance the training with more information about what to expect as youth reach preadolescence and teen years. The recommendations were shared with executive administration.

In April 2010, the Youth Independence Interdepartmental Initiative convened and will meet over the next three years. The charge of the group is to implement the Blue Ribbon Panel Task Force on Aging Out's recommendations to help youth successfully transition from care.

The Independent Living Coordinator is a member of the Council for Adolescent School Health (CASH) which meets quarterly. The purpose of CASH is to inform and advise the Missouri Department of Health and Senior Services (DHSS) decision-makers regarding adolescent and school health issues and initiatives. The CASH may be invited to provide input and advice to other planning committees, work groups, task forces, and advisory councils seeking expertise on adolescent and school health.

The Jackson County Older Youth Transition Specialist (OYTS) participates in the Educational Opportunities for Kids Aging out of Foster Care group. This is an initiative that is being sponsored by Metropolitan Community College (MCC). The goal is to give youth the opportunity to obtain a workforce-related certificate by participating in an MCC continuing education program. This is still in the planning stages and only for Jackson County at this time.

The Jackson County Region Older Youth Transition Specialist is also a member of the Healthy Transitions Grant Advisory Committee. The grant is federally-funded with the purpose to help youth aging out of the children's mental health system. Jackson County is 1 of 7 sites nationally to receive this grant. Truman Mental Health facility administers the program. The plan is to have the program in all four Mental Health facilities in Jackson County within five years, which is the length of the grant.

The Southern Region Older Youth Transition Specialist is a member of the Ozark Region Workforce Investment Board Youth Council.

The St. Louis Region Older Youth Transition Specialist is working with the Fostering Court Improvement Project on reviewing cases of older youth in foster care. The group is the City Court Improvement Review Board for Youth (CCIRBY).

The St. Louis Region Older Youth Transition Specialist serves on the Missouri Mentoring Program Advisory Board. The Missouri Mentoring Partnership (MMP) is an employment with mentoring program that serves youth 16 to 21, with the majority from CD and Division of Youth Services. They match youth with employers and workplace mentors while providing job skills to the youth. The advisory board focuses on program development and recruiting business partners. The Older Youth Transition Specialist is the chair of the program development subcommittee. The board hosts a 'Life after High School' event every other year focusing on job training, skills, and life after high school (college, tech, career, and jobs) and meet on a quarterly basis.

The St. Louis Region OYTS also serves on the Homeless Adolescent Task Force through Legal Services of Eastern Missouri. The task force meets quarterly with community persons who work directly with adolescents who are homeless or at risk. Resource and legal issues pertaining to this population are shared in conjunction with the schools and Legal Services of Eastern Missouri to ensure that the needs of this population are being met. Legal Services of Eastern Missouri chair the meetings. They also have a yearly law forum which educates professionals in the community on youth issues including McKinney Vento, consumer lending, special education students, and navigating Family Support Division.

The St. Louis Region OYTS is a member of the Community Partners Committee with The Spot and other youth organizations. The committee meets monthly and focuses on services and needs of older youth in the St. Louis Region by conducting youth forums, special interest groups, and discussing the mental and physical health needs of the older youth population with a focus on sexually transmitted diseases. Members include medical/clinic and hospital personnel, Epworth, CD, The Spot, Washington University Adolescent Health Center, DMH, etc.

The St. Louis Region OYTS is involved in the St. Louis Older Youth Resource Network which meets quarterly with OYTS, Deputy Juvenile Officers, Guardian Ad Litem, Court Appointed Special Advocates, Chafee providers, TLP providers, and county older youth workers. Presentations are provided at the meetings on older youth services by a community partner. The network discusses new legislation or policy changes, shares resources, networks, and discusses any concerns regarding older youth in foster care.

CD plans to continue contracting services out through private agencies and building upon community resources for older youth. CD will continue its efforts to ensure that all youth eligible for OYP services are receiving them.

The Children's Division has been working diligently on implementation of the National Youth in Transition Database in FY10. In February 2010, a memo was issued introducing NYTD and beginning plans for implementation. With the memo, a handout to be included in the exit packet and a poster to be displayed where visible to youth was included. Changes were made on the Older Youth Program Referral form, The Adolescent FST Guide and Individualized Action Plan, and the Individual Life Skills Progress form to be in compliance with NYTD reporting standards and service elements. The Children's Division's Independent Living Coordinator has been meeting regularly with FACES and the Information Technology Service Division to develop the survey and means of reporting service information. The Independent Living Coordinator has been including information about NYTD at presentations across the state. In October 2009, a

workshop was given at the Midwest Foster Care and Adoption Association Annual Conference. A presentation regarding NYTD was given to the Program Managers in December 2009. A presentation was provided to the State Foster Care Advisory Committee in March 2010. Information was shared at the Child and Family Service Advisory Committee meeting in February 2010. A presentation was given in March 2010 at the Office of State Court Administrators and a presentation will be given in May 2010 to Juvenile Officers in Jefferson County. Information regarding NYTD was also shared at the 2009 Youth and Adult Leadership Conference and with the State Youth Advisory Board, which provided input to the survey, poster, and exit packet handout. Contract revisions have been made or are in the process of being made for our service providers of Chafee, TLP and life skills to be in full compliance with NYTD reporting requirements. The Children's Division website has been updated to include a section on NYTD.

In FY11, CD will be compliant in reporting services and outcomes for youth for the National Youth in Transition Database (NYTD) and will continue to develop outreach efforts for youth who are no longer in care.

For FY11, CD will continue contracting out Chafee, TLP, and ETV services and continue development of community resources. CD will be reporting services and outcomes on Older Youth and forms will be automated allowing data to be extracted regarding services and outcome.

Chafee Foster Care Independence Program

See Chafee Section for detailed information.

Educational Training Vouchers

See Chafee Section for detailed information.

Healthy Care Services Plan for Children and Youth

Missouri currently utilizes the EPSDT guidelines to ensure that children in care have developmental assessments as well as vision, dental and hearing services as outlined below: EPSDT screenings are known in Missouri as Healthy Children and Youth (HCY) screenings, or, simply, well-child checkups. Missouri Care follows the 2000 American Academy of Pediatrics schedule for preventive pediatric health care as a standard for screening frequency. The schedule is listed below:

Newborn	9-11 months
By one month	12-14 months
2-3 months	15-17 months
4-5 months	18-23 months
6-8 months	Each year, from ages 2-21

Components of a full EPSDT screening include:

- Health and developmental history (both physical and behavioral health)
- Complete physical exam
- Health education
- Immunizations and lab tests, as indicated

- Lead screening and testing, as indicated
- Developmental screening
- Fine motor/gross motor skills screening
- Hearing, vision, and dental screening

The Children's Division is coordinating with the Department of Mental Health and the MO HealthNet Division to provide consistent comprehensive care to each child in a foster care placement. The work that is ongoing with both of these departments is designed to meet physical and mental health and dental care for children in the alternative care system. It is proposed that this coordination can be achieved by utilizing the electronic data, having a review done by medical staff as well as a protocol for use of this information for every child as a part of routine reviews and case planning. Additionally, the Division has begun pursuing coordination with DMH to identify multiple psychotropic drugs and or contraindicated medications automatically and alerts provided to staff to address. A review was done in 2008 to determine any contraindicated medications that were being prescribed to children and youth in alternative care and the Department of Mental Health sent notification to the providers where contraindications were discovered. Trends were reviewed by a workgroup of experts from DMH, MO HealthNet and Children's Division, with the intent for these reviews to be on going. The Division is working with DMH and MOHealthNet to utilize an Integrated Health Profile (IHP) that is generated for clients served by all of these Divisions. IHP provides staff with notification for tests or follow up that needs to be conducted as well as alerts for the contraindicated drugs being prescribed. The IHP is a tremendous tool to be used in case planning to ensure the best attention is given to healthcare issues.

The Division has taken the lead in organizing a Healthcare Coordination Workgroup which is addressing the healthcare issues of youth in the foster care system. The workgroup is comprised of the partners from DMH and MO HealthNet in addition to foster youth, pediatricians and private case management contract staff. This group committed in ensuring Missouri is in compliance with P.L. 110-351 in the coordination and oversight of healthcare for youth in foster care.

Additionally, the Division is committed to designing a centralized, comprehensive medical record and is exploring the ability to create this record from existing systems with MO HealthNet and DMH through use of cyber access. A policy review is ongoing to determine the best practice to obtain the maximum benefit from the medical record including sharing the information at each case review and FST as well as reviewed for follow up with the supervisor during routine conferences. Additionally, all information will need to be updated in the FACES system to document the compliance with ongoing medical care and screening. Policy will be written to instruct staff on utilizing the medical record to benefit children.

The Division currently utilizes MO HealthNet consultants when specific assessments or guidance on appropriate medical treatment is necessary. The Division welcomes the opportunity to work with a group of experts that can assist us with assuring best medical planning and follow through for children in A/C and is adding to what we are already working with in cooperation with DMH and MOHealthNet. The Division will be forming a workgroup with representatives of CD, DMH, and MO HealthNet to address the coordination and service provision.

On April 27, 2010, Memo CD10-41 clarifies the requirements for an initial medical examination and an ongoing medical examination corresponding to the HCY schedule mentioned. The

purpose of the initial health examination is to identify the need for immediate medical or mental health care and assess for infectious and communicable diseases. To be in compliance with the Council on Accreditation Standards, the HCY exam must be completed within 30 days after a child's placement. Additionally, Missouri Revised Statutes, Section 210.110, requires all children birth to age 10 to receive a physical, developmental and mental health screening every months following the initial health examination.

E. Prevention

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

Family-Centered Services

Families entering the child welfare system due to reports of child abuse or neglect receive case management services referred to as Family-Centered Services (FCS). FCS may also be provided if the family requests preventive treatment services. Services are available to families, including expectant parents, who request services aimed at preventing child maltreatment or family dysfunction and promoting health and appropriate parenting skills. FCS seeks to empower the family and minimize its dependence upon the social service system. During SFY 2009, there were 17,761 active cases compared to 17,759 during SFY 2008. The 17,761 cases encompass 28,398 adults and 35,483 children. Approximately 14 percent of FCS families served were the result of substantiated child abuse/neglect reports and 48 percent were the result of Family Assessments. Family requests for preventive services made up 28.78 percent of the group served.

In SFY08 a workgroup was formed to utilize the Strengthening Families approach by embedding effective prevention strategies into existing systems. This workgroup is comprised of Children Service Workers, Children Service Supervisors, Children Service Trainers, Child Welfare Program Development Specialists, and Early Childhood Program Development Specialists. Strengthening Families focuses on family supports and resources that already exist in their homes and communities. Recommendations have been made on how to make use of the Strengthening Families five protective factors to help support families. The group will continue to meet and shape conversation around how to embed the Strengthening Families protective factors into CD's policy and practice.

Intensive In-Home Services

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

CD staff provides intense, time-limited family preservation services to families for 25 percent of the cases and purchases services through contractors for 75 percent of the cases. Referrals are accepted 24 hours a day, seven days a week. An IIS Specialist carries two cases and assesses the family within 24 hours of referral. If the family is deemed appropriate, services begin immediately. Cases will not be opened for families when safety of the child cannot be assured. The IIS specialist is available to the family 24 hours a day, 7 days a week. The services are provided in the family's home or natural environment that may include neighborhoods, school or work settings. The intervention is intensive with twenty hours a week

or more devoted to each family. An average of eight to ten hours per week of face-to-face or telephone contact with families is expected. Services are time-limited lasting, four to six weeks.

IIS services are available to all 45 circuits within the State of Missouri. In the last two years, there has been an increase in the number of IIS cases that CD handles in house and a decrease in IIS cases contracted out.

An IIS referral is required in all cases when a Children's Service Worker plans to recommend removal of a child. If a child is removed on an emergency basis, a supervisory conference is required within 72 hours and prior to the protective custody hearing to determine whether the family should be referred to IIS. In the last five years, CD has consistently used the IIS program. The IIS program has successfully diverted a significant number of children from entering alternative care. Specifically, in state fiscal year 2009, 3,182 at-risk children were accepted into the IIS program which is slightly less from 2008 which served 3,356 children. In each of the last five years, over 86% of families remained intact at the end of IIS intervention. The data supports the fact that specialists are assessing families and providing identified services families need to be successful, allowing them to remain intact.

At the end of an intervention, satisfaction surveys are sent to families requesting feedback. Feedback is reviewed and practice and process changes are suggested to policymakers.

In November of 2008, the IIS program was phased into Missouri's SACWIS system – FACES (Family and Children's Electronic System). Within this program, CD and contracted staff input contacts with families, family support team information, family assessment and resource information. This new information system is intended to streamline the IIS program statewide. In addition, the new system has promoted better communication between CD and contracted IIS providers as all parties have access to the same information regarding the IIS intervention. A new process was developed for referral entry and case opening which will enable the referral process to be consistent statewide.

Child Care

The CD is the lead agency for the federal Child Care and Development Fund and administers the state child care subsidy program for low income and protective services families served through both the CD and the FSD. Currently, child care subsidies help support approximately 44,000 low income children with about 3,000 children identified as protective services.

For Fiscal Year 2010, the Children's Division was able to maintain the eligibility income limits at 127% of the Federal Poverty Level (FPL) and introduce a transitional benefit package for eligible households. The intent of the transitional benefit is to reduce the "cliff effect" where families find themselves having their out of pocket expenses go from approximately 10 percent of their income to being responsible for the entire child care cost. Child care providers last received an increase to their child care reimbursement rates in FY 2009. Rate increases applied to certain child care providers as a result of an overall rate restructuring. Rates were adjusted to better reflect the market in certain areas, as reported in a Market Rate Survey and established by DSS.

The Contract and Compliance Team (CCRT) generated a cost savings in the child care subsidy program allowing the CD to reinvest into the program. , The CCRT unit completed on-site monitoring of 5,775 of the approximately 5,000 child care providers receiving payment on a monthly basis. As a result 417 contracts or registration/payment agreements have been

closed. Effective November 1, 2009, CCRT ceased conducting contract/registration compliance reviews.

Child care subsidy provides a necessary service to families within the child welfare system by providing concrete support during their time of need. The child care subsidy program assists in supporting the safety and well-being of children in low income families by providing parents with a choice other than unsafe environments for their children. Maximizing funding for child care subsidy ensures DSS is able to serve the greatest number of families in need. Timely and accurate payment ensures higher quality providers are willing to accept DSS subsidized children.

School Based Service Worker Contracts

During the 2009-2010 academic year, the CD contracted with 42 school districts throughout the state for 61 workers. The primary goals of the school based service worker agreement includes the prevention and early identification of children at risk of child abuse and neglect or other barriers which could limit full potential for success in the school setting, and early intervention and the provision of services to strengthen families.

New contract requirements began with the 2007-08 school year, allowing for a more effective (outcomes based) reporting process. During the 2008-09 school year, there was an average per school per month of 13,222 of children enrolled in the contracted school districts. The school based service workers served approximately 7% of the children enrolled in school and approximately 5.8% of families.

In addition to aggregate data, the workers also provide summary information on child abuse and neglect prevention activities performed for the children and families served. Services included referrals for child abuse/neglect, counseling, mental health, attendance or academic issues, classroom behavior, health/medical, domestic difficulties, drug and alcohol issues, personal needs (hygiene, clothing, etc), home visits, transportation, vocational, dental, and housing.

Restrictions under Family Educational Rights and Privacy Act continue to prohibit identifying information on clients from being obtained through the schools; however, workers are monitored internally, on their performance in compliance with the state contract by the designated school supervisor.

A Fall and Spring newsletter was developed for the 2009-2010 school year to foster collaboration efforts between school districts and local CD offices. The newsletters included training information, hotline information, and other related subjects.

Child Care and Development Fund

The **Missouri Child Care Resource and Referral Network (MOCCRRN)** provided child care referral services for approximately 24,978 families during SFY 09. This includes referral calls and on-line searches. Of the 24,978 families who were provided referral services, 17,147 families accessed services on-line. The MOCCRRN also served as the primary training resource for child care providers. Trainings coordinated and provided statewide were developed by the Department of Health and Senior Services, Section for Child Care Regulation. The trainings are Basic Child Care Orientation Training (CCOT), Infant Toddler CCOT, Family

CCOT, and School Age CCOT. In FY 09, MOCCRRN offered 2,594 training clock hours for 18,090 participants in 1034.5 sessions.

The **OPEN** (Opportunities in a Professional Education Network) initiative is the state's early childhood professional development system and includes a Professional Achievement and Recognition System (PARS) and Trainer Registry. In SFY 09, 1,589 participants were added to the PARS registry which totaled 8,476 participants. This registry tracks child care providers and their staff's education and professional development. During the same timeframe, 232 trainers were added to the Trainer Registry which totaled 1,776. This registry tracks education and professional development of trainers who provide training to child care professionals. OPEN has been an intricate partner in the oversight of the Quality Rating System (QRS) pilot project. The QRS is an initiative which rates child care programs according to the quality of the program using a state approved rating tool. The data collected in the PARS registry along with the Trainer Registry is important to making QRS work statewide. OPEN provides statewide leadership on mentoring and articulation on early childhood career development.

The Educare program provides training and technical assistance to subsidized child care programs. In SFY 11 Educare will be available in 82 of Missouri's 115 counties providing opportunities for providers to enhance their care giving skills. In SFY 09, Educare impacted over 38,000 children in over 1800 programs. Educare also provides training on child care subsidy payment system to the providers, many of whom are referred by the Division of Finance and Administrative Services, Contract Compliance Review Team identified as needing technical assistance with subsidy requirements. In SFY 08, Subsidy Orientation Training was given to 241 participants.

Early Childhood Development Education and Care Fund (ECDECF)

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

1. Early Head Start (EHS)

State funding currently provides one quarter of the total EHS slots available in the state. Federal funding provides the other three-quarters. Approximately one quarter of EHS families are teen parents. In SFY 09, ten Missouri EHS grantees served 1,691 children and continually provide 571 childcare slots for those eligible. MO EHS grantees partner with community child care providers to provide EHS services. In SFY 09, there were 777 non-EHS children impacted by the services of EHS professionals throughout the state. Head Start at the federal level was re-authorized in February 2008. There were many changes within the reauthorizations, which will have a major impact on Head Start programs. Program providers are anxiously awaiting clarifications and specific policies on these changes along with timeframes as to when these things must be completed. Some guidance has been released but clarifications are continuing to come from the Office of Head Start.

2. Start-Up Expansion

In SFY 09 there were 32 competitive bid grantees and 85 licensed slots were added by the new grantees. Of the 32 grantees, 24 were in the second or third year. Therefore, their licensed slots had already been added in previous years. There are eight Community Partnerships who also received this funding. They added 460 DSS subsidized licensed slots within 69 child care facilities.

3. Stay at Home Parent

In SFY 09, 16 competitive bid contractors served 11,013 children in 9,105 families. Eight Community Partnerships received this non-competitive funding and served 453 families with children between ages 0-3. These contractors are required to screen the children for developmental delays and social emotional health by using the Ages and Stages Questionnaire and the Ages and Stages Questionnaire Social Emotional. The parental stress levels must be screened by using the Parental Stress Index. Contractors are also required to track how much time parents spent reading to the children and to provide developmentally appropriate books to the families.

4. Accreditation Facilitation for Child Care Providers

Accreditation funding provides a 20 percent increase in child care subsidy base rates to accredited providers as an incentive for child care providers to become accredited and to support the additional costs of being an accredited facility. Providers eligible for this base rate increase include providers accredited by NAEYC, NAFCC, COA, NECPA, CARF, and Missouri Accreditation. In order to maintain the integrity of the accreditation process, accrediting organizations must apply to DSS to be a recognized accrediting organization and submit extensive background information regarding the operation and quality of their program. Applications are reviewed by an impartial team of evaluators made up primarily from staff of universities and community colleges. Accreditation Facilitation services are available across the state through the Missouri Child Care Resource and Referral Agencies to assist child care providers that serve subsidized children to become accredited. These services vary across the state and may include but are not limited to on-site technical assistance, scholarships for staff, equipment and training. In SFY 2009 352 child care providers received these services. Eight Community Partnerships also receive this funding and in SFY 2009 they served 124 child care providers.

Strengthening Families

Across the country, early care and education programs, child welfare departments, and others are using the Strengthening Families approach to build five Protective Factors in families:

- Parental resilience
- Social connections
- Knowledge of parenting and child development
- Concrete support in times of need
- Children's social and emotional development

Research shows that these factors reduce the incidents of child abuse and neglect by providing parents with what they need to parent effectively, even under stress. By building relationships with families, program staff can recognize signs of stress and build families' Protective Factors with timely, effective help.

This breakthrough strategy for dealing with child neglect and abuse shows great promise because:

- The Protective Factors have been demonstrated to work and are informed by extensive, rigorous research.
- Activities that build the Protective Factors can be built into programs and systems that already exist in every state, such as early childhood education and child welfare, at little cost.

- Strengthening Families has widespread support from social science researchers, state child welfare officials, early childhood practitioners, and policy experts. Currently, the Strengthening Families approach is being applied in 36 states.
- Early childhood educators want to strengthen families: a National Association for the Education of Young Children survey shows that 97% want to do more to prevent maltreatment.

Although Strengthening Families was developed in early care and education programs, partners in a large variety of settings working with many different populations are exploring ways to apply the approach.

Strengthening Families Through Early Care and Education

This initiative is supported by the Center for the Study of Social Policy and the National Alliance of Children's Trust Funds through funding by the Doris Duke Foundation. Missouri has proceeded with the implementation of the Strengthening Families through Early Care and Education initiative. The goals are to incorporate five protective factors to the extent possible in CD's early childhood and child welfare programs and to create better linkages with other child welfare systems through cross training and joint initiatives. The process began with selecting six pilot sites that will serve as exemplary sites with the hope that eventually they will mentor other sites in the Strengthening Families model.

The pilot sites were chosen in FY 2007 along with a contractor to provide technical assistance in embedding the protective factors into their programs. The five protective factors: Parental Resilience, Social Connections, Knowledge of Parenting and Child Development, Concrete Support in Times of Need, and the Social and Emotional Competence of Children have been woven through or embedded within a variety of major initiatives and programs including; training for frontline child welfare staff, training for foster parents, the Parents as Teachers National curriculum, the Prevention module of basic child care orientation training for child care providers, the Children's Trust Fund discretionary grant program, the statewide strategic plan developed under the national MCFH Early Childhood Comprehensive Systems (ECCS) Plan grant that guides the work of the Early Childhood Coordinating Board appointed by the Governor, the state Quality Rating System, and a variety of grants and initiatives of the various state agencies engaged in early childhood activities. This work will continue on an ongoing basis.

Several individual city, county and community initiatives are also beginning to utilize the Strengthening Families model in their infrastructure to support parent involvement and to embed the protective factors in their programs and initiatives. In conjunction with the ECCS plan, the SFI steering committee will be developing outcome measures and strategies as part of the ECCS strategic plan. The CD is working to contract with someone as a project manager for this initiative to begin at the end of FY 08 and continue through FY 09. The project manager will work to move the initiative forward and to meet the goals of the original plan. Due to budget shortfalls the CD has not yet been able to contract with a project manager however the work continues.

The CD is also working to embed the Protective Factors and SFI philosophy and framework in its child welfare policy, practice, and training.

Intensive Family Reunification Services (IFRS)

Intensive Family Reunification Services (IFRS) is a short-term, intensive, family-based program designed to reunify children who are in out-of-home care and who, without intensive intervention, are likely to remain in care longer than six months. Intensive Family Reunification Services are based on the belief that families can, through intensive intervention, improve their functioning, learn to meet the needs of their children, and gain support from within their community to enable families to be safely reunified. The goals of IFRS are to assist the family in removing barriers for the return of their child(ren), assist in the transition of returning the child(ren), and to develop a plan with the family which will maintain the child(ren) safely in the home for at least one year following the intervention.

CD staff and contracted staff provide intense, time-limited family reunification services to families. Staff meets with families within 72 hours of the IFRS referral. An IFRS Specialist will carry no more than three families at any given time and a minimum of thirteen families annually. The intervention is intensive, averaging 13 hours per week, per family. The IFRS Specialist is available to the family 24 hours a day, 7 days a week. Services are time limited, usually 60 to 90 days.

The North Carolina Family Assessment Scale for Reunification (NCFAS-R) was utilized for a pre and post functioning to measure changes in family functioning during an IFRS intervention. This tool is currently being used by staff and contractors statewide and will continue to be used as the assessment tool for IFRS.

Families are eligible to receive IFRS if at least one child (0-17 years) is in the custody of the Children's Division and placed in out-of-home care. Sites offering IFRS include:

- Site #741: Lawrence, Barry, Stone, Newton, McDonald Counties
- Site # 941: Jackson County
- Site #942: St. Louis City, St. Louis County, St. Charles and Jefferson Counties
- Site #943: Boone, Callaway and Cole Counties
- Site #944: Franklin, Gasconade and Osage Counties
- Site #945: Cass and Johnson Counties
- Site #946: Washington, Ste. Genevieve, St. Francois and Madison Counties
- Site #947: Crawford, Dent, Iron, Reynolds and Wayne Counties
- Site #949: Camden, Laclede, Miller, Moniteau and Morgan Counties

Because of the growing need, eight new sites were added to expand the services to rural areas of the state which include:

- Site #841: Andrew and Buchanan Counties
- Site #842: Jackson County
- Site #843: Maries, Pulaski, Phelps, and Texas Counties
- Site #844: Jasper County
- Site #845: Greene County
- Site #944: Audrain, Montgomery, Warren, Pike, and Lincoln Counties
- Site #948: Perry, Bollinger, Cape Girardeau, Scott, Mississippi, New Madrid, Pemiscot, Stoddard, and Dunklin Counties
- Site #950: Christian and Taney Counties

Of these sites, there are 8 IFRS specialists who work for the Children's Division and 26 IFRS specialists who are contracted providers.

The IFRS program continues to be used with high success rates. Children are reunifying with their families earlier with this intensive program.

In November of 2008, the IFRS program was put into FACES (Family and Children's Electronic System), which is Missouri's SACWIS system. Within this program, CD staff and contracted staff input contacts with families, family support team information, family assessment, and court information. This new computer system is meant to streamline the IFRS program statewide. The new computer system will provide data on how many children were reunified through this program and their status at 3, 6, and 12 months following intervention. Then, program success can be determined.

Crisis Nursery

Crisis Nurseries provide temporary care for children whose parents/guardians are experiencing an unexpected and unstable/serious condition that requires immediate action resulting in short term care, and without this care the children are at risk for abuse and neglect or at risk of entering state custody. Crisis Nurseries serve children age birth through 12 years of age (and siblings of these children if necessary). Care for this age group is typically due to an immediate emergency where the parent has no other support systems to provide care and the child is too young to be left alone, such as parental incarceration, another sick child in the household, homelessness, domestic violence, parental illness, etc.

Crisis Nursery services are provided free of charge to families voluntarily accessing services in response to such a family emergency. Crisis Nursery services are available twenty-four (24) hours a day, seven (7) days a week. A child will be accepted at a crisis nursery facility at any time, day or night, if space is available. Crisis Nursery contracts are awarded through a competitive bid process which was rebid in 2007. Currently there are twelve (12) crisis care nurseries across the state. In FY 09 3,256 unduplicated children served in crisis care nurseries. See five year plan, Objective #11 for more information.

Teen Crisis Care

Teen Crisis Care Centers provide a safe haven for teenagers, ages 13 through 17 years, who are experiencing a crisis at home. Teens experiencing crisis, and lacking a safe haven, may also resort to participation in risky behaviors in order to survive. As a result these teens sometimes fall prey to predators, drug addiction, prostitution, and/or experience serious injury or, in the extreme, death.

Older youth seek crisis care services as a result of problems that have been typically building over time, such as an altercation with a parent, being kicked out of their home, parental substance abuse or mental health issues, homelessness, or because of situations that place them at risk of emotional, physical, or sexual abuse. These situations typically take time to resolve or to make alternate more permanent arrangements. As a result, in addition to providing a safe place for a "cooling off period", teen crises typically require providers to assist in stabilizing the crisis within the family through mediation, referrals for appropriate intervention services, and/or the necessary referral to permanent support services within the community.

Teen Crisis Care services are provided free of charge to families voluntarily accessing services in response to such a family crisis. Crisis care services are available twenty-four (24) hours a day, seven (7) days a week. A teen will be accepted at a crisis care facility at any time, day or night, if space is available. Crisis Care contracts are awarded through a competitive bid

process which was rebid in 2007. Currently there are nine (9) teen crisis care centers across the state. See five year annual update for progress data. In FY 2009 555 unduplicated children served in teen crisis care centers. See five year plan, Objective #11 for more information.

F. Professionalism

In addition to the Children's Division directly providing training, other entities who will be used to provide short term training will include (but not be limited to) OSCA and CASA. Additional categories of trainees will include relative guardians; staff from state-licensed or state-approved child welfare agencies providing services to children receiving title IV-E assistance; child abuse and neglect court personnel; agency, child or parent attorneys; guardians ad litem; and court appointed special advocates per PL 110-351.

Professional Development and Training SFY 10-11

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

On-the-job Training

New staff must complete On-the-Job Training (OJT), which supports the classroom training. On-the-Job training activities are part of the learning process of the new worker and they must be allowed time and support in completing these activities. In order for classroom training to have an effect on practice, participants must use their newly acquired skills in the work setting in the performance of OJT activities. The supervisor must ensure that new workers have an opportunity to do the assigned OJT activities referenced in the guide. An revised OJT guide was developed for both the supervisors and the staff with required activities to be completed. The Acknowledgement of Completion of OJT Assignments form must be initialed and dated by the supervisor and employee following each activity during the first 6 months of the OJT process. At the completion of the first 6 months of OJT, a final sign off is required by the supervisor and the employee. The completed form is to be kept in the employee's local personnel file.

Completion of OJT is also acknowledged and tracked through the Employee Learning Center (ELC). The ELC is used to track enrollments, wait lists, completion of training, assigned curricula, training plans, as well as creating gap analysis reports.

Child Welfare Practice Basic Orientation Training

The initial in-service curriculum is titled Child Welfare Practice Basic Orientation Training (CWPT). This training is provided to new Children's Division staff and new contracted agency staff. The initial in-service training takes place during the first several months of employment

and currently includes 126 hours of classroom training provided by Children's Division trainers combined with on-the-job training that is under the direction of the first level supervisor. The emphasis of the supervisor is on reinforcement of competencies of skills taught in the basic orientation classroom training.

The new Children's Services Worker, including one promoted to the position from elsewhere in the agency, is in probationary status during the first twelve months of employment. During this twelve month probationary period, the new employee receives ongoing in-service classroom training and OJT related to their job assignment which is in addition to the initial CWP Basic Orientation. A probationary worker carries a reduced caseload during this probationary period and is closely supervised in all aspects of the job to ensure that he or she is acquiring the skills necessary to adequately perform the job duties.

There are five classes in the initial Basic Orientation curriculum:

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

As of June 2010, a total of 15 regionalized sessions of Child Welfare Practice Basic Training have been conducted for 162 participants.

- Setting of the training activity - Contracted facility (i.e. hotel or agency conference rooms when possible; sessions conducted regionally to provide greater availability to staff and minimize travel cost)
- Duration category of training activity - full time (section 235.61)
- Provider of the training - Children's Division Professional Development and Training
- Approximate number of days /hours of the training – A complete session is currently 126 hours over 5 weeks with approximately one –two weeks in between each for OJT skill practice activities
- Audience to receive the training - All new Children's Division front line social services staff and contracted agency staff providing case management
- Description of the estimated total cost - approx. \$ 300,000 per year (14-24 sessions per year conducted regionally)
- Federal Title IV-E funding is allowable as one of the funding sources for this training and would be distributed based upon our Cost Allocation Plan and the results of the Random Moment Time Study.

The following activities are addressed in this training:

- Referral to services
- Preparation for and participation in judicial determinations
- Placement of the child
- Development of the case plan
- Case reviews
- Case management and supervision
- Recruitment and licensing of foster homes and institutions

Core In-service Modules for Front Line staff

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

Investigation and Assessment Core In-service

This 4-part in-service module will provide concentrated focus on the identification and response to specific types of abuse and neglect. Various methods of instruction will be used to explore Critical Thinking Skills, Social Investigation/Assessments, Multi-Disciplinary Teams, Supervisory Consultation, Decision Making, Worker/Child/Family Safety & Risk, Interviewing Children and Adults, Documentation, Introduction to Child Advocacy Centers, Physical Abuse, Sexual Abuse, and Physical Neglect, and Skills Demonstration and Practice emphasis in conjunction with On-the-Job Training Assignments.

As of this date in SFY 10, 7 sessions have been conducted for a total of 84 participants. Additional sessions are planned for SFY 11.

- Setting of the training activity - Contracted facility (i.e. hotel or agency conference rooms when possible)
- Duration category of training activity - part time (section 235.61)
- Provider of the training - Children's Division Professional Development and Training
- Approximate number of days /hours of the training – 32 hours; offered 2-4 times per year
- Audience to receive the training - New Children's Division front line social services staff who have been on the job for 6-12 months; Front line supervisory staff attend the supervisory portion only
- Description of the estimated total cost –\$30,000 /yr
- Federal Title IV-E funding is allowable as one of the funding sources for this training and would be distributed based upon our Cost Allocation Plan and the results of the Random Moment Time Study. The following activities are addressed in these training modules:
 - Referral to services;
 - Preparation for and participation in judicial determinations;
 - Placement of the child;
 - Development of the case plan;
 - Case reviews;
 - Case management and supervision

Family Centered Services for Intact Families Core In-service

This in-service module will provide the knowledge and skills for a CD staff person providing service to intact families. Concentrated focus will be on Engagement Skills, Safety/Risk Assessment and Re-assessment, Safety Planning, Family Support Team Meetings, Family Specific Service and Treatment Planning, Underlying Issues/Family Functioning, Case Planning

and Case Documentation and Skills Demonstration and Practice emphasis in conjunction with On-the-Job Training Assignments.

In SFY 10, 7 sessions have been conducted for a total of 86 participants. Additional sessions are planned for SFY11.

- Setting of the training activity - Contracted facility (i.e. hotel or agency conference rooms when possible)
- Duration category of training activity - part time (section 235.61)
- Provider of the training - Children's Division Professional Development and Training
- Approximate number of days /hours of the training –14 hours offered 2- 4 times per year
- Audience to receive the training - New Children's Division front line social services staff who have been on the job for 6-12months;Front line supervisory staff attend the supervisory portion only
- Description of the estimated total cost – \$ 20,000 /yr
- Federal Title IV-E funding is allowable as one of the funding sources for this training and would be distributed based upon our Cost Allocation Plan and the results of the Random Moment Time Study. The following activities are addressed in these training modules:
 - Referral to services
 - Preparation for and participation in judicial determinations
 - Placement of the child
 - Development of the case plan
 - Case reviews
 - Case management and supervision

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

This in-service module will focus on the knowledge and skills of a CD staff person providing family-centered out-of-home care services to children and families. Concentrated focus will be on facilitating family support team meetings, concurrent planning/case planning, critical thinking, case documentation, written service agreements, safety assessment in biological and foster parent homes, risk assessment/re-assessment, court/permanency issues, case closure, children exiting care, cultural diversity and Skills Demonstration and Practice emphasis in conjunction with On-the-Job Training Assignments.

In SFY 10, this training was temporarily put on hold and re-designed to better meet the needs of staff. Sessions are scheduled to resume in SFY 11.

- Setting of the training activity - Contracted facility (i.e. hotel or agency conference rooms when possible)
- Duration category of training activity - part time (section 235.61)
- Provider of the training - Children's Division Professional Development and Training
- Approximate number of days /hours of the training -3 days offered 2-4 times per year
- Audience to receive the training - New Children's Division front line social services staff who have been on the job for 6-12 months; Front line supervisory staff attend the supervisory portion only
- Description of the estimated total cost – \$ 20,000 /yr
- Federal Title IV-E funding is allowable as one of the funding sources for this training and would be distributed based upon our Cost Allocation Plan and the results of the Random Moment Time Study. The following activities are addressed in these training modules:
 - Referral to services
 - Preparation for and participation in judicial determinations

- Placement of the child
- Development of the case plan
- Case reviews
- Case management and supervision

Older Youth Training

This 12 hour training provides information on the core philosophy elements of the Older Youth Program. Youth development principles and assets are discussed. In this training, participants will:

- Learn to apply youth development philosophy and identify ways to implement youth development activities. Learn what life long and permanent connections are and the importance of each
- Learn the importance of how adolescent development relates to permanency and youth involvement
- Develop an understanding of strategies to develop connections, how to talk to youth about connections and the link between independent living service activities and permanent connections
- Gain an understanding of the responsibilities of case management of older youth and procedures for using the Ansell-Casey Life Skills Assessment
- Learn how the ACLSA provides a comprehensive approach to assessment, goal planning, life skills instructions, and the evaluation of life skill activities
- Learn how to conduct a strength/needs assessment interview and how to use the web-based Ansell Casey Life Skill Assessment
- Understand how the Adolescent FST Guide & Individualized Action Plan and resources will assist to engage youth in their permanency and education planning

In SFY 10, a total of 13 sessions have been conducted as of this date for 159 staff. For SFY 11, this course and content will be combined with, and become part of, the newly re-designed Family-Centered Out-of-Home Care In-service. This course will be provided to new staff who work with Family-Centered Out-of-Home Care /Older Youth and will be completed following Child Welfare Practice Basic Orientation.

- Setting of the setting/venue of the training activity - Agency conference/meeting space
- Duration category of training activity - part - time (section 235.61)
- Provider of the training – CD Training and policy staff
- Approximate number of days/hours of the training per session –2 days
- Audience to receive the training – CD staff, foster parents, contracted providers
- Description of the estimated total cost - approx. \$16,000 per year
- Federal Title IV-E funding is allowable as one of the funding sources for this training and would be distributed based upon our Cost Allocation Plan and the results of the Random Moment Time Study. The following activities are addressed in this training:
 - Referral to services
 - Placement of the child
 - Development of the case plan
 - Case reviews
 - Case management and supervision

Cultural Competency Training

This 6 hour training is intended to help develop and enhance skills in working more effectively with children, families and communities from a variety of ethnic, political, economic, lingual, and religious backgrounds. This training will enhance a participant's awareness of how to be respectful of one's values, beliefs, religion, customs, and parenting styles of the families we serve. The training focuses on strategies, using strengths and empowerment based approach. In SFY 10, 2 sessions have been completed as of this date for 48 staff. Additional sessions are planned for SFY 11.

- Setting of the setting/venue of the training activity - Agency conference/meeting space
- Duration category of training activity - part - time (section 235.61)
- Provider of the training – CD Training staff
- Approximate number of days/hours of the training per session –6 hours
- Audience to receive the training – CD staff, contracted providers
- Description of the estimated total cost - approx. \$10,000 per year
- Federal Title IV-E funding is allowable as one of the funding sources for this training and would be distributed based upon our Cost Allocation Plan and the results of the Random Moment Time Study. The following activities are addressed in this training:
 - Referral to services
 - Placement of the child
 - Development of the case plan
 - Case reviews
 - Case management and supervision

Professional Ethics Training

This 3 hour training course is intended to assist participants to:

- Become more aware of and more sensitive to ethical issues in professional practice
- Identify and grapple with competing arguments by examining their limitations and strengths
- Recognize the ethical principles involved in their practice situations
- Develop a greater understanding of the complexities of ethical decision making
- Reach thoughtfully reasoned conclusions and apply ethical principles to professional activities
- Clarify moral aspirations and standards and evaluate ethical decisions made within the context of the profession

In SFY 10, a total of 2 sessions were conducted for 27 staff. Additional sessions are planned for SFY 11.

- Setting of the setting/venue of the training activity - Agency conference/meeting space
- Duration category of training activity - part - time (section 235.61)
- Provider of the training – CD Training staff
- Approximate number of days/hours of the training per session –3 hours
- Audience to receive the training – CD staff, contracted providers
- Description of the estimated total cost - approx. \$6,000 per year
- Federal Title IV-E funding is allowable as one of the funding sources for this training and would be distributed based upon our Cost Allocation Plan and the results of the Random Moment Time Study. The following activities are addressed in this training:
 - Referral to services

- Placement of the child
- Development of the case plan
- Case reviews
- Case management and supervision

Adoption Training

This training is designed to be flexible to meet the specific, individual needs of each region. The training focuses on topics such as federal laws relating to adoption, ICWA guidelines, MEPA-IEP guidelines, state laws, permanency through adoption, case planning for adoption, loss and attachment issues, impact on the child, the birth family and resource family, behavioral interviewing, child specific recruitment, writing family assessments, decision making and placement of siblings, conducting an adoption staffing, child, birth family and resource family preparation, court preparedness, and post finalization services. This training has been provided throughout the state as part of the agency's accreditation efforts. The training will continue to be provided as part of the ongoing training in SFY11 for accredited sites. A total of 4 sessions were provided in SFY10 for 46 staff. Additional sessions are planned for SFY11.

- Setting of the setting/venue of the training activity - Agency conference/meeting space
- Duration category of training activity - part - time (section 235.61)
- Provider of the training – CD Training staff
- Approximate number of days/hours of the training per session –10 hours
- Audience to receive the training – CD staff, contracted providers
- Description of the estimated total cost - approx. \$20,000 per year.
- Federal Title IV-E funding is allowable as one of the funding sources for this training and would be distributed based upon our Cost Allocation Plan and the results of the Random Moment Time Study. The following activities are addressed in this training:
 - Referral to services
 - Preparation for and participation in judicial determinations
 - Placement of the child
 - Development of the case plan
 - Case reviews
 - Case management and supervision

Legal Aspects Training

For Children's Division Field Staff

Legal Aspects for Investigators

From July 2009 through June 2010, Legal Aspects for Investigators training was conducted in the regional training centers in 7 sessions averaging 16 participants per session. This training is mandatory for all investigators, their supervisors and management involved in substantiating preponderance of evidence (POE) or in providing the administrative review to uphold or reverse the finding of POE. Since the state-wide role out in the 2008/9 training year, this training is for new staff on the investigative track after completing basic (so within the first year) as well as new supervisors and administrators who would be upholding or reversing finding of child abuse or neglect by POE.

This two and one-half day training provided participants with the basics on federal constitutional law involving the rights of parents, children, perpetrators and the state, and how these rights impact (1) the CA/N hotline investigative process, (2) placing a person's name on the Central Registry and (3) in making recommendations for the removal of children from the home. This training also included the statutory definitions of abuse and neglect and the preponderance of evidence (POE) standard necessary to substantiate a hotline investigation. The legal training portion concludes with a section on evidence and making presentations to the CANRB from a legal perspective.

The Critical Thinking portion of the training was specifically tailored to help investigators and supervisors at key decision-making points in the investigative process: gathering information, evaluating evidence and deciding whether or not to substantiate POE.

Legal Aspects - CA/N Camp

This 3 hour training was held 3 times this training year for a total of 57 supervisors and administrative level staff involved in the administrative review to uphold or reverse POE findings. It was held at the request of the regions. It was developed to support the Legal Aspects for Investigators training. It is narrowly focused on applying the evidence gathered from the investigation to the legal elements of abuse and neglect and articulating how the facts support or weigh against each of the elements of either abuse or neglect in coming to a conclusion of POE. It provides updates on current cases from the appellate level, circuit court level and CANRB that illustrate the issues.

Legal Aspects of Family-Centered and Adoption Cases

This Legal Aspects training was conducted for supervisors and other management level 7 times in the training regions and once for contractors in Jackson County with a total of 158 participants. It will be available in the 2010/11 training year for front line workers in Family Centered (both intact and out of home) and adoption cases after completing basic training.

This two and one half day training provided participants involves (1) fundamentals of the law that apply in child welfare cases from investigation to removal from the home through permanency, (2) how constitutional, federal and state law impact permanency planning and concurrent planning and (3) an introduction to termination of parental rights.

In SFY 10, a total of 7 sessions were conducted for 158 staff. Additional sessions are planned for SFY 11.

- Setting of the setting/venue of the training activity - Agency conference/meeting space
- Duration category of training activity - part - time (section 235.61)
- Provider of the training – CD Training staff, Legal Issues Training Coordinator
- Approximate number of days/hours of the training per session –2.5 days
- Audience to receive the training – CD staff, contracted providers
- Description of the estimated total cost – We spent approximately \$6,000 since January 2010.
- Federal Title IV-E funding is allowable as one of the funding sources for this training and would be distributed based upon our Cost Allocation Plan and the

results of the Random Moment Time Study. The following activities are addressed in this training:

- Concurrent Planning
- Introduction to Termination of Parental Rights

Other Trainings Involving Legal Aspects of Family-Centered and Adoption Cases

Variations of these materials were trained at the specific request of or approval of the regions: 1) two one-day trainings for staff in two circuits (26th and 30th) were conducted. The content was a modified version of the Legal Aspects training for Family-Centered and Adoption workers 2) a one-day version for staff of two northern circuits 3) 2 hours on implementing permanency plans for the 40th circuit 4) 2.5 hours on incarcerated parents for a contractor.

Train the Trainer

Two sessions for the Jackson County trainers were conducted. One training was on the legal aspects of investigations and the other on the legal aspects of permanency planning, concurrent planning and termination of parental rights (TPR).

Courtroom Skills

Under an OSCA grant, a 1 day courtroom skills training was conducted for the 40th circuit. Additional courtroom skills trainings have been scheduled with 3 in Jackson County specifically and, as the curriculum is being revamped, additional ones across the state in the 2010/11 training year. The curriculum focuses on understanding court processes, evidence, and testimony.

Multidisciplinary Trainings

Multidisciplinary trainings for the 2009/2010 year included 1) two trainings of two day each on TPR for AJOs, division staff and contractors and DJOs in the 13th circuit 2) a 1.5 hour training for 120 child welfare professionals on the laws on relative placement in Jefferson County 3) under JCIP, 6 sessions across the state on the Legal Aspects of Permanency Planning and Concurrent Planning

Legal Aspects DVD Series

Two DVDs have been completed and are being copied for distribution to the field on Legal Aspects - CA/N Camp I and The Legal Aspects of Concurrent Planning. CA/N Camp I is designed to be an annual DVD on changes to the law or updates, focusing on the legal elements of abuse and neglect and gathering evidence to meet those legal definitions. It is a training tool for supervisors to use with staff and includes 8 activities. The Concurrent Planning DVD is an overview of the underlying legal issues that affect permanency planning and concurrent planning and the importance of locating absent parents and placing with siblings and relatives. 8 additional DVDs are planned pending budget finalization.

Training for Other Entities

CANRB

Two CANRB training were conducted for new appointees during the 2009/10 training year. A one hour refresher for CANRB members is available if requested. They are also scheduled through the summer 2010 as new members are appointed.

Community Partners

In Buchanan County a 3 hour community presentation to schools, law enforcement, therapists, juvenile officers and other agencies was made to about 70 people. There was a panel of presenters with the focus

Metro Kansas City Juvenile Bar Committee

A 1.5 hour presentation on the Legal Aspects for Investigators was made to some of the judges, commissioners, AJOs and GALs in Jackson County. The presentation included burdens of proof and standards of evidence in the various juvenile court and criminal processes as well as the legal elements of abuse and neglect.

Judicial College

A one hour presentation was made to the judges at each of the two Judicial Colleges on TPR, focusing on a check list approach for judgments for termination of parental rights based on statutes and case law.

Division of Legal Services

A 2 hour presentation was made for the DLS attorneys on the new concepts of safety as part of their continuing legal education requirements. A judge and a division trainer also participated.

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

Training for resource families continues to be offered and conducted on a regular basis utilizing the training curriculum purchased from the Child Welfare League of America (CWLA). Foster PRIDE/Adopt PRIDE curriculum produced by CWLA is a part of Missouri's preparation of resource families which is called STARS, which means **S**pecialized **T**rainin**G**, **A**ssessment, **R**esources, **S**kills, and **S**upport. Staff training and Development provides the STARS Train the Trainer courses for local training teams. The local training team consists of a service worker, foster and/or adoptive parent and a supervisor of the team. The service worker and the foster/adoptive parent co-trains. The service worker also is responsible for conducting the family assessment need for licensure.

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

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

All the above STARS and Spaulding Train the Trainer courses include contractors who provide the training and assessment of resource families. A total of 9 sessions have been conducted for 139 participants who have attended STARS Pre-Service, In-Service, and Spaulding Train the Trainer as of this date in SFY10. Additional sessions are scheduled for SFY11.

- Setting of the setting/venue of the training activity - Contracted facility or agency conference when possible
- Duration category of training activity - part - time (section 235.61)
- Provider of the training - Children's Division Professional Development and Training
- Approximate number of days/hours of the training per session - STARS Pre-service 2 weeks with one week in between sessions; STARS In-service (12 modules conducted as follows: modules 1-6 one week; modules 7-12 one week; Spaulding 3 days
- Audience to receive the training - Teaching foster parents, CD staff and contracted providers who provide local STARS/Spaulding training and assessment for prospective resource families
- Description of the estimated total cost - approx. \$100,000 for all trainings/multiple sessions per year
- This training is allowable as a Title IV-E activity to be matched at a 75% FFP rate and will be allocated by Missouri's IV-E penetration rate. The purpose of this training is to prepare foster parents for caring for children in the custody of the Children's Division to be placed and cared for in their homes. The following activities are addressed in this training:
 - Referral to services
 - Preparation for and participation in judicial determinations
 - Placement of the child
 - Development of the case plan
 - Case reviews
 - Case management and supervision
 - Recruitment and licensing of foster homes and institutions

Professional Development Collaboration

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

One of the primary partnerships that has continued is the Office of State Courts Administrator and Children's Division Collaborative. OSCA and the Children's Division continue to jointly develop and deliver comprehensive training for Juvenile Court staff and Children's Division staff on child protection and juvenile court programs that impact policy and practice in both agencies.

In SFY 10, the following joint training was provided for Children's Division and Juvenile Court staff:

Advanced Facilitation Skills Training

This training was offered in 7 locations throughout the state with 129 participants in attendance. The training is aimed at improving the efficacy of family support team meetings.

Getting to Permanent Outcomes

A total of 7 statewide sessions were provided for 216 staff. As a result of the statewide sessions, individual circuits are now conducting the training locally as well, so staff who were unable to participate in the statewide sessions can attend within their circuit. The training includes such topics as:

1. Roles and Responsibilities of team members (including family and older youth)
2. Role Expectations - both professionally and as a team member
3. Leadership Styles
4. Group Dynamics
5. Building Relationships with Families
6. Characteristics of the Family Support Team
7. Legal Aspects of Permanency Planning and Concurrent Planning
8. How fundamental legal concepts and laws impact Family Support Team decisions on permanency plans, concurrent plans and placement
9. Barriers to implementing adoption and guardianship plans

Courtroom Skills Training for Good Child Welfare Practice

This training focuses on preparing for court, professionalism in the courtroom, testifying in court, and legal terminology. Proper courtroom procedure including professionalism, understanding the role in the court process, knowing how to prepare and read court orders, knowing the required contents of a petition, preparing for testimony, understanding basic evidentiary rules, handling cross-examination, knowing how to be responsive to questions as well as understanding the statutory criteria for TPR cases are covered. As of this date in SFY 10, 4 sessions have been conducted for 63 participants. Additional sessions are planned for SFY 11.

Framework For Safety Webinar Training

In May 2010, through a collaboration between Children's Division and Office of State Courts Administrator, a webinar training entitled "Framework for Safety" was offered statewide to Children's Division and Juvenile Court staff. The webinar provided state of the art information on the concepts and approach regarding safety threats, child vulnerabilities and caregiver protective capacity within families. This training effort was intended to strengthen the mutual understanding of these concepts and approach for child welfare staff, juvenile court staff, judges and attorneys. A total of 311 participants statewide registered for the webinar.

Annual Update on the Five Year CFSP Plan (2010-2014)

Missouri’s five-year strategic objectives for improving child welfare services are reflected in this section and are based on Missouri’s six Guiding Principles. Under each principle is an objective with measures of progress listed. For each measure’s progress there is an annual update. Our focus will be to incorporate these strategies into Missouri’s upcoming Program Improvement Plan in an effort to reduce redundancy.

In keeping with the federal emphasis on collaboration efforts, we openly invite stakeholders to assist making changes or improvements in service delivery to families we serve. As Missouri moves through the Program Improvement Plan, key stakeholders will be invited to participate in the planning process.

Mission Statement

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

State Objectives/Guiding Principles

Protection (Safety) Children have a right to be safe and live free from abuse and neglect.

Objective #1: To protect the health, safety, and welfare of children by continuing the use of Strengthening the Culture of Care training and philosophy in licensed residential child care agencies	
1.1.	Provide refresher education for Strengthening the Culture of Care
<p>The refresher training for Strengthening the Culture of Care was held in St. Louis on July 28-29, 2009; Kansas City August 24-25, 2009; Springfield on September 17-18 2009 to train a total of 69 participants.</p> <p>The goal of Culture of Care training is to increase child safety and nurturance while in residential treatment. The four core principles explored in the training are youth development, collaboration, culture competence and permanent connections. The Culture of Care training was used as a strategy to reduce child abuse and neglect in out-of-home care in Missouri’s first Program Improvement Plan. Since the original training in 2004, the training has been enhanced to provide exercises which give participants more hands-on training.</p> <p>After the training was held, evaluations were sought from each participant. In order to measure the effectiveness of this training, the participants rated questions on a scale from 1-5, with one being poor to five being very good, and some questions simply requiring a yes or no answer. The scaled answers, from 61 respondents, were classified as positive, negative or neutral. The following table illustrates a few of the questions which provide a “picture” of the training effectiveness. 32 out of the 61 survey respondents have been working in a residential facility for over 5 years.</p>	

Q #	Question	Percent Receiving Positive Scores
5	How do you rate the potential for using, day-to-day, the information and/or skills presented?	93.5%
7	How do you rate the potential for using the information and/or skills in improving outcomes for the youth with whom you work?	91.8%
15	The training offered me new knowledge of promising practices in youth work.	95% (yes)
16	The new/additional knowledge I have gained from this training will help to improve outcomes for the youth with whom I work.	95% (yes)
17	This training provided me with new skills to use in my work with youth.	96.7% (yes)
18	I have had an opportunity to practice a new skill during this training.	95% (yes)
19	It is important to include culturally competent services to youth.	100% (yes)
20	I will (continue to) include culturally competent practice in my work with youth.	100% (yes)
23	It is important to support permanent connections for youth.	100% (yes)
24	I will (continue to) assist in developing permanent connections.	100% (yes)

This measure of progress as written in the five year plan is *complete*.

1.2. Develop a data base to capture all substantiated reports where the perpetrator is an employee of a residential child care agency (Use 2008 data as the baseline)

A data base has been established using Excel software to capture all the hotline calls involving staff from residential treatment facilities. In 2008, there were a total of 15 with 7 overturned leaving 8 substantiated residential child care agency hotlines. In 2009, there were a total of 12 substantiated residential child care agency hotlines. A few of these hotlines are still pending review with the Child Abuse and Neglect Review Board. When considering the total number of substantiated hotlines, there was a decrease from 2008 to 2009; however, the "actual" number for 2009 cannot be determined until all hotline reviews have taken place.

1.3. Decrease the number of substantiated reports for children in residential care

When analyzing the number of children involved in child abuse and neglect reports while in a residential facility and the perpetrator is a facility employee for 2008, both before and after review overturns are very different. The number of children before overturns is 20, and after is 10. This is a fifty percent decrease. Currently the 2009 hotlines involve 20 children with reviews still pending. Therefore the actual number is not yet available and comparisons cannot be determined at this time.

<p>Objective #2: Continue the "small test of change" relating to the Breakthrough Series with child abuse and neglect reports in selected circuits and when changes are tested successful, extend practice statewide</p>	
<p>2.1.</p>	<p>Reduce the number of children who experienced repeated maltreatment. Currently, Missouri has an average of 95.35% (SFY 05, 06, 07, 08, Outcome Measure #3) of children without another substantiated maltreatment report within six months. The National Standard is 94.60%. Our goal is to remain at or above the National Standard consistently through the next five years.</p>
<p>In 2008, 4.10% (95.9%) and in 2009, 3.20% (96.8%) per our internal data of Outcome Measure #3. Since the creation of the five year Title IVB objectives, Missouri has received the Data Profile for 2007 and 2008. Using the data indicator for Absence of Maltreatment Recurrence (#VI. Page 21, Missouri Data Profile data January 29, 2010) for 2007, Missouri's repeat maltreatment was 95.5% and in 2008, 97.1%; both surpassing the national standard. Therefore according to all related data available, Missouri met this goal to maintain or exceed the repeat maltreatment national standard for 2008 and 2009. In addition, from both the data profile and the outcome measure, Missouri has reduced the number of children who experienced repeat maltreatment.</p>	
<p>2.2. 2.3</p>	<p>Track small changes and evaluate impact</p> <p>Monitor changes implemented statewide (that originated from this pilot project)</p>
<p>Both of the measures of progress mentioned above are part of the Breakthrough Series Collaborative (BSC) which was sponsored by Casey Family Programs and focused on reducing of maltreatment. To begin this project, it was necessary to define what repeat maltreatment meant when dealing with chronic neglect. In addition this BSC looks at the effect on children who suffered from accumulation of harm. That is, children who experience repeat episodes of abuse and neglect and often do not recover from that harm before the maltreatment begins again. While there is debate as to whether neglect can be thought of as a recurrent event or is by definition a "chronic" condition until ameliorated, most research measures chronicity in terms of whether or not the family continues to come to the attention of others for neglecting behaviors.</p> <p>This growing focus on reducing the recurrence of maltreatment resulted in a partnering in 2008 with the Casey Family Programs to create innovative practices to reduce the recurrence of maltreatment. By using the BSC methodology, there is a distinguished difference between a standard pilot or implementation project in several ways. The key aspect is the inclusion of the rapid Plan-Do-Study-Act (PSDA) cycles. Instead of spending a long time planning for massive changes, teams are encouraged to test an idea as soon as it occurs. Encouragement is given to never plan for more than what can actually occur in a short time span.</p> <p>In this methodology, teams are created and all members are participants in this process. The</p>	

teams may consist of frontline workers, screeners, family members involved with the system, community partners, and management, all with experience and knowledge of the issue. Teams make suggestions and then tested in the field.

To enhance the team, the BSC incorporated a pre-existing initiative relating to repeat maltreatment, Building Healthy Families, which began in 2006 in the 29th and 40th circuits. Through the addition of this initiative comes a strong understanding of effective approaches to reducing recurrence of maltreatment. One of the suggestions made by this initiative was to include investigative unit members as part of the team because of the observation where investigators were frequently exhausted by families who were repeatedly brought to the attention of the agency and left investigators feeling frustrated because of the lack of progress.

Here are some of the practice innovations which were tested using the PSDA cycle:

- Using a brochure to explain agency involvement created a seamless transfer from the investigation to the family-centered services phase. This brochure use seemed to urge the family to be more willing to cooperate in their case planning.
- Using Family Support Team Meetings every 30 days in the family-centered services phase. This process gave the family a sense of options and control and shifted the relationship from an agency out to take away their children to an agency willing to “help”.
- Using school social workers as team members when there were school issues. This process provided information not only to, but from the school, which assisted in specific focus for school issue.
- Using additional questions at the initial intake call (CANHU), such as gathering information regarding a child’s special needs.
- Conducting “exit interviews” prior to closing the cases to provide insight into services and ending the case on a positive note.

The pilot project in the 29th and 40th circuit changed staffing allocation for workers who worked with chronic neglect cases. A usual family-centered service caseload was 20-25 cases and closed within 4-5 months. In this project, chronic neglect workers handled 6-8 cases for 6-12 months. This project had an established control group and concluded that 76% of the cases closed remained intact while the control group experienced 41% remaining intact. Families reported having a higher level of satisfaction and only a small number of cases remained opened for six months or more.

While the BSC and the Building Healthy Families program proved successful for chronic repeat neglect families, the program could not be sustained statewide due to funding unavailable. During this time of hiring constraints and growing caseloads prohibited this manner of approaching families. The small test of change concept may be adapted in other initiatives.

Due to funding constraints, the “small test of change” efforts have ceased, however, any elements considered cost neutral may continue.

Objective #3: To promote continual monitoring of registered family home providers which promotes the health and safety of children in their care

3.1

All registered family home providers will complete an initial background screening prior to providing child care services for CD

<p>100% Family Home Providers receive an initial background screening prior to providing services. Background screenings take approximately 6 weeks to complete depending on the volume of reviews received by the Missouri State Highway Patrol (MSHP) and the Federal Bureau of Investigations (FBI) at any given time. Individuals that are rejected due to a background screening are not eligible to provide subsidy childcare. Any applicant that is denied due to a background screening does have the right to request a hearing to allow an opportunity to present any extenuating and/or mitigating circumstances.</p>	
<p>3.2</p>	<p>All registered family home providers and household members 17 years of age or older will complete a Family Care Safety Registry screening initially</p>
<p>100% Family Home Providers and household members 17 years of age or older complete a FCSR screening prior to providing services. An updated FCSR screening is required annually at registration renewal for this population.</p>	
<p>3.3</p>	<p>All registered family home providers and household members 17 years of age or older will complete a Family Care Safety Registry screening annually</p>
<p>100% Family Home Providers and household members 17 years of age or older completed a FCSR screening prior to providing services. Registrations are approved for a 12 month period. Providers must renew their registration annually. A renewal is not approved if an updated screening is not received on all required household members. Screenings are reviewed by Early Childhood and Prevention Services (ECPS) staff and Child Care Provider Relations Unit (CCPRU) staff in Central Office. CCPRU staff in Metro counties receive a notice of the FCSR results by email. Applicants are notified in writing of the approval or denial of their application. If the application is denied, the reason is noted in the correspondence.</p>	
<p>3.4</p>	<p>All registered family home providers will complete a TB test prior to providing child care services for CD</p>
<p>100% of Family Home Providers must provide verification of a current negative TB test prior to being registered to provide child care services. A TB test must be completed at registration renewal annually to ensure the individual remains negative for TB. Most individuals receive the TB test from their Local County Health Office or their physician. The cost of the test is the responsibility of the individual.</p> <p>NOTE: <i>Fingerprint Screenings are required from an applicant at their initial registration. Household members 17 years of age and older, including the registrant, are required to register with the Family Care Safety Registry at the initial registration and annually when renewing a registration. TB test are required for the registrant only at the initial registration and annually when renewing a registration. A positive TB reading results in the denial of the registration. Without meeting these requirements, an individual is not allowed to register as a subsidy child care provider.</i></p>	

This goal has been met for SFY 09.

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

Objective #4: To assure children in foster care are offered the same educational opportunities as other children, achieved through continued partnerships

4.1 Increase percentage of Supervisory Case Review Item 21 (assessing educational needs of children) with a baseline average from SFY 06, 07 and 08 of 67% to 80% by FFY 2014.

As mentioned in the measure of progress Missouri's Supervisory Case Review (SCR), Item 21, Educational Needs for Children, had a 2008 outcome of 67% followed by an outcome in CY 2009 of 66%, which shows no improvement. In addition to this data, the mock site reviews held in six sites from May 2009 to February 2010, with 65 cases scored 88% a strength. The reason for the discrepancy in the two processes may be due to the SCRT only looks at the case file while the CFSR mock and actual reviews consider information from the case manager and foster parents. The only exception to this is when a child has an Individualized Educational Plan (IEP); these must be included in the record. Preliminary data from Item 21 from the CFSR reviews is 89%.

4.2 Continue partnering with the Department of Elementary and Secondary Education (Educational Advocacy and Governor's Blue Ribbon Panel)

Educational Advocacy

The Improving Educational Opportunities and Outcomes for Children in Foster Care Advisory Team met on a quarterly basis in 2009. The advisory team continues to assure that children in foster care are offered the same educational opportunities as those children not involved in the foster care system. The advisory team has been working on several action steps in 2009 to improve educational opportunities for foster children. The advisory team is looking at the action step of creating an education web center that would centralize education information, create a clearinghouse of said information and increase communication amongst community stakeholders. In addition stakeholder knowledge will increase. The Advisory team has also concentrated on the action step of continuing progress towards a universal number shared with Department of Elementary and Secondary Education (DESE). The advisory team feels there would be many advantages to creating an agreement with DESE which would allow access (both ways) regarding children in foster care. Form letters were created by a subcommittee within the advisory team. These form letters will be shared with Children's Division staff.

The Advisory Team determined that focus groups across the state were needed to discuss the topic of education for foster youth. These focus groups were to be small and focus on ways to

improve educational opportunities for foster youth. The focus groups should involve Children's Division, Juvenile officials, resource providers, school representatives, representatives from residential facilities and GAL's. The focus groups will be set up in each region of the state.

The goals of the focus groups are to gain information on how the process of education and foster children is currently working and ways to improve the process. We are planning on posing questions to the focus groups, letting them discuss these questions as a group and then provide feedback to the larger group. We are looking for not only how things are working well but recommendations could be made on how to improve the process. Our goal is take the information gained from the focus groups and plan a statewide training to get this information disseminated.

Blue Ribbon Panel (See Partnership Section, Blue Ribbon Panel, VIII, for more information)
In August, 2008, the Governor appointed a 17 member panel of public and private partners to assess current resources within Missouri to support youth in or exiting from foster care. The Governor's Blue Ribbon Panel on Youth Aging out of Foster Care included six youth who are currently in or have been released from the foster care system. The Panel focused on six main areas: Permanency and Lifelong Connections; Transition Supports; Physical and Mental Health; Employment; Education; and Cross System Collaboration. The Panel developed recommendations to improve services and supports for youth in foster care. The Panel completed their mission and made recommendations to Governor Nixon in July 2009. One of the recommendations, however, was to form an on-going workgroup to work on the recommendations. That group met for the first time on April 16, 2010.

Some of the other recommendations made through the Blue Ribbon Panel work is to allow older youth to be at the center of their own permanency planning, when performing transitional planning there should be a more comprehensive collaboration with families, Chafee providers, Department of Higher Education and Department of Labor, and remove barriers for children wanting to access public in-state postsecondary education or training programs.

Objective #5: Working with partners, including other state and federal agencies and community partners, Children's Division staff and resource providers will be prepared for disasters and emergencies

5.1	Increased training of staff and providers for emergencies through the Employee Learning Center for employees and in-service training for providers (provided in-house or by other agencies)
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Emergency management training will be tracked in the Employee Learning Center for all CD staff beginning July 1. Training curriculum has been developed for staff depending on their level of responsibility and availability to respond to emergencies and disasters. Director, Paula Neese, sent out a Memo PN10-08 describing the structure for obtaining further emergency management training and along with a link to a schedule of trainings.

5.2	Increased preparedness by assuring each circuit has a circuit-specific emergency plan and staff and resource providers are personally prepared.
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<p>With the help of a workgroup from Southeast Missouri, a template has been developed to assist all circuits with integrating their own plans into the statewide plan. The circuits in the workgroup have developed their plans, which will be reviewed and can be used as samples for other circuits.</p>	
5.3	Circuit plans will be reviewed annually by management staff
<p>Annual reviews of emergency plans are to be reviewed per COA standards. These are monitored through the maintenance review process currently underway.</p>	
5.4	Resource providers' plans may be available for review and monitored as needed by licensing staff
<p>Resource providers are required to develop emergency plans and a copy must be included in their file, per Sec 5 Ch 1 and CD06-33. At this time, tracking of this measure has not been standardized. The division will develop a way to track compliance with this measure.</p>	
5.5	Increased ability to track and locate children in custody
<p>Missouri's Children's Division is very engaged in the efforts of the Federal Emergency Management Agency and State Emergency Management Agency to respond to the needs of children in disasters. The division is partnering with the departments of Health and Senior Services and Mental Health to implement the recommendations of the National Commission on Children and Disasters in the State of Missouri. FEMA is inviting states to participate in a new tracking system that links family members to one another during disasters. Working with the National Center for Missing and Exploited Children, they hope to develop a protocol that can be used during large- and small-scale disasters to link unaccompanied children with parents. CD, along with SEMA, is watching this development closely.</p>	
5.6	Streamline child identification processes
<p>CD has been working to discover the best resource for developing and maintaining standardized identification of children in care, but have not settled on the optimal way to do this. Additional research is needed to address the challenges of the constantly changing and mobile population of children in care.</p>	
5.7	Use emerging technology to geo-locate resource providers
<p> </p>	

No progress has been made on this measure. Budget limitations will factor into this measure.

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

Objective #6: To decrease the number of moves a child experiences in foster care

6.1 Expand the capabilities for diligent searches in order find suitable relative

HB 154 resulted in a change to RSMo 210.305 gives grandparents first consideration for placement before other relative options and requires an immediate diligent search to locate, contact, and place with a grandparent once a decision has been made to take protective custody of a child during the first three hours of custody. All efforts to locate grandparents should be documented in writing. Workers are required to:

- Ask the parents, children, and other contact information for all of the grandparents, if unknown;
- Utilize diligent search efforts to locate the grandparents, if their whereabouts are unknown;
- Attempt to notify grandparents, and leave a message asking them to return the call;
- Ask grandparents if they are interested in placement of the child;
- If more than one grandparent requests placement, the family support team will make a recommendation to the court regarding placement.

In addition, enhanced instructions in the Child Welfare Manual Section 4, Chapter 4, Attachment A, for diligent search efforts. Since several laws relate to the child's foster care placement, staff have a placement hierarchy chart which is intended to guide placement decisions. The Placement Hierarchy Chart may be viewed at:

<http://www.dss.mo.gov/cd/info/memos/2010/cd10-016att.pdf>

6.2 Continue an improvement trend evidenced through Outcome Measurement #13a (Reduce the Number of Placements Experienced by Children in Foster Care [length of stay 0-12 months]) and reach 84% by 2014. Currently, the average since 2005 is 79.75% 2009, 83.01%

- In 2009, per state statute, searches of grandparent are to begin immediately following a decision to remove child
- In 2009, all 45 circuits prepared a readiness assessment and developed a local program improvement plan, resulting in a majority of circuits strategically planning activities to improve placement stability
- In 2009, Missouri received accreditation, affirming it meets standards that focus on permanency, such as:
 - Standards require that foster homes located in safe communities that reflect child's ethnic background
 - Standards recommending/requiring children should be placed in close proximity

- to home and community
- Standards restrict number of children in foster homes and require documentation which ensure needs of all children are met
- Organization provides adequate pre and in-service training to foster parents
- Standard requires once-a-month visit with children and foster parents
- Standards pertaining to the organization employing criteria to match prospective foster parents with children through examining child's and foster parents' strengths and needs
- Standards place emphasis on exploring relative placement options first (before considering regular foster homes or residential homes).

While the above list relates to very specific activities, there are general, broader events taking place such as:

- The Division is moving away from using emergency placements whenever possible
- Fostering Court Improvement Teams discuss placement stability in regular team meetings
- Many articles in the *In Focus Newsletter*, established 2005, emphasize the importance of stability for children in foster care
- Legislation requiring an FST prior to moving a child
- Constant encouragement is given to staff to use relative placements whenever possible
- COA Standards promote the least amount of moves for children in care
- COA Standards, as well as CFSR, stress the importance of collaboration. Therefore, many circuits have developed foster parent newsletters and regular meetings which enhance foster parents skill level

In addition to the above influences, following the AFCARS review, Missouri is not counting the first placement if the child is in a hospital setting, which should reduce the placement numbers slightly.

Missouri's Outcome Measure 13a, was created prior to the first round of the CFSR to monitor children with two or fewer placements who have been in care 0-12 months. The following table illustrates progress.

Children's Division Child Welfare Outcomes Report, Outcome Measure 13a

Year	Children in FC 0-12 months	% with 2 or Fewer Placements
2004	7,751	77.20%
2005	7,454	77.18%
2006	7,099	79.80%
2007	6,500	80.71%
2008	6,201	80.79%
2009	6,153	83.05%

As the table shows, there is a steady increase since 2005 (higher percentage is better) for children with two or fewer placements. A change of practice is occurring on both ends of the spectrum according to internal data, that is, fewer children are entering care, and more children are experiencing fewer moves.

In addition, data from Outcome Measurement #13 shows the average number of placements a child experiences while in foster care has gone down in the last few years from 3.26 average moves in 2006 to 2.99 moves in 2009. Internal data is currently showing the fewest average

number of moves in 5 years.

Permanency Composite 4, Measure C4-1, two or fewer placement settings for children in care for less than 12 months has exceeded the 75th percentile since 2007. When looking at our first time entry cohort group (pg. 14, Data Profile), the number of children has increased each federal fiscal year (timeframe differs from the table above), while those experiencing one placement setting has increased. This data is supporting the practice changes mentioned above, including discouraging the use of emergency placements whenever possible, calling a family support team meeting quickly to determine the best possible solution for the family, and using relatives as placements whenever possible. These same practice changes have influenced practice overall and most likely affect Missouri's Measure C4-2 and C4-3, as scores are very high since 2007 for all three elements included in the data profile.

The recent six mock site reviews resulted in a strength score of 71% which is not quite as good as the composite data. Reasons for the slight discrepancy can be contributed in part to the OSRI question regarding "planned" placement changes. If the case documentation did not include plans describing the move or situation surrounding the move or had cases requiring moves for children to remedy an emergency situation, this would have resulted in a lower score.

6.3	Enhance training with the placement stability philosophy for Family Support Team Meetings assisting to stabilize and support foster and relative care placements. Baseline to be established after training implementation in 2009
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Revisions were made in October 2008 and January 2009. The core Family-Centered Out-of-Home Care In-service has currently been on hold due to the budget and we have continued to tweak it during this time. In the interim, so staff would be getting some sort of training around foster care and adoption. The Legal Aspects trainer is providing the Legal Aspects FCOOHC & Adoption Training for supervisors who are then responsible to work with their staff on content and skills. This Legal Aspects course will be provided as a regular course offering in FY 11 for new front line staff who handles FCOOHC and adoption. This training will be in addition to our FCOOHC in-service which will also be provided in FY 11

The In-service FCOOHC Core Module was revised to better address Placement Stability. We address the following:

- The Federal and State statutes around permanency;
- Discussion of recent study on placement stability;
- Large group discussion regarding the impact of the actions of the worker on placement stability;
- Emphasis placed on the importance of planning regarding stability;
- Important tasks to be achieved by the worker to enhance stability;
- Discussion of Placement Stability in FST's and scheduling FST's specifically to deal with changes in placement;
- An emphasis placed on conducting FST's and the skills needed; critical thinking skills, engagement, preparing the family and youth, facilitation skills, conflict resolution, consensus building.

Future plans are to revise Class 3 of CWPT Basic along with the In-service FCOOHC and their

will be enhance content around placement stability in both curricula.	
Objective #7: To decrease the length of time for a child to be reunified with their family through continued partnering with our courts through the Fostering Court Improvement Project.	
7.1	Continued partnership with Office of State Court Administration on the Fostering Court Improvement project
See Fostering Court Improvement section in the Partnerships/Collaboration Section	
7.2	Monitor the Permanency timeframes captured of Justice Information System (JIS) and set baseline and improvement increments by mid-2010
<p>Included as an Attachment B, is a listing of some on the data collection examples to be considered for this objective. In addition, the timely permanency hearing information is provided below. Hearings impact the reunification as well as several other events.</p> <p>In an effort to increase timely permanency hearings for child in foster care, beginning 2006, an initiative began statewide. As a result of this effort, the Missouri Supreme Court recognizes circuits performing well in meeting timely permanency hearings through an “<i>Excellence in Service to Children and Families by Achieving Standards for Timely Hearings in Child Abuse and Neglect Cases</i>” award. On September 30, 2009, Mary Sheffield, Chairperson of the Family Court Committee reported to Chief Justice Price out of a possible 37,691 mandatory hearings, 98% were held within their required timeframes.</p>	
7.3	(Reduce Time in Foster Care [Entry to Reunification]) to monitor internal progress; currently on average (SFY04-08) CD staff reunified 69.09% of children within 12 months. Project an increase to 75% by 2014 70.13% for 2009.
Objective #8: To increase the number of IV-E eligible guardianship subsidies	
8.1	Expansion of relative definition in policy / practice
<p>The Children’s Division has drafted and submitted Administrative Rules surrounding the inclusion of Great Grandparents and Great Aunts/Uncles as qualified relatives able to receive Legal Guardianship Subsidy. Once the Rule has been put in place policy that has been drafted will be able to be implemented informing staff of the new qualified relatives eligible for subsidy. The CD Director has approved the policy and memo in addition to the Rule and everything is ready to move forward once the Rule is in place.</p>	

8.2	Determine total guardianship subsidies
FY 09 178 completed guardianships	
8.3	By 2014, 85% of new guardianships will be Title IV-E eligible as of January 2009
<p>The Children’s Division has initiated a process that will allow children achieving permanency through guardianship to be tracked for IV-E eligibility. New screens have been developed in FACES that will assist in the Eligibility specialists in determining whether or not the subsidy is Title IV-E eligible. The CD policy section has worked in collaboration with the ITSD unit to develop the necessary screens in FACES that workers will need to complete to satisfy federal requirements. A memo and policy have been drafted for workers and once approved will be able to be sent out. The CD has already sent a memo out to the field discussing the eligibility criteria for guardianship subsidy. CD09-121 – 3/31/09</p>	
Objective #9: To improve caseworker visits with children in foster care	
9.1	Monitor frequency of visits
See Statewide Caseworker Visit plan for more information	
9.2	Meet the federal expectation of 80% and 90% by 2010 and 2011 respectively, for a once a month visit with all children in foster care
See Statewide Caseworker Visit plan for more information	

Prevention (Well Being and Service Array)

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

Objective #10: To promote safe environments through primary prevention in early childhood programs	
10.1	<p>Home Visitation: Assess the social emotional development levels of 100% of the children under the age of three using the Ages & Stages Questionnaires: Social Emotional at intervals of every 6 months. This is reported to the state agency quarterly</p>

<p>The Ages & Stages Questionnaires: Social Emotional is a research-validated screening system that assesses children’s personal-social functioning (self-regulation, compliance, communication, adaptive functioning, autonomy, affect, and interaction with people) at 6, 12, 18, 24, 30, 36, 48, and 60 months. It is completed by parents/caregivers in about 10-15 minutes and scored by professionals in about 1-3 minutes. The publisher, Brookes Publishing, claims a 94% reliability and validity between 75% and 89%. The Social Emotional Questionnaires are available in English and Spanish. In State fiscal year 2009, a total of 1,572 ASQ:SE’s were administered under the Home Visitation program for the following age groups: 549 for children 0-12 months, 574 for children 13-24 months, and 449 for children 25-36 months of age.</p>	
<p>10.2</p>	<p>Home Visitation: Assess the developmental levels of 100% of the children under the age of 3 using the Ages & Stages Questionnaires at intervals of every 6 months until the child is 3 years of age. This is reported to the state agency quarterly</p>
<p>The Ages & Stages Questionnaires (ASQ) are a parent-completed child-monitoring system that identifies children from one to 55 months of age with developmental delays. The questionnaire items are linked to developmental milestones, which helps teach parents about child development as they administer the tool. The questionnaire also reveals a child’s strengths, as well as areas of concern, and is designed to allow for identification of expression language issues that may indicate autism. It takes approximately 2-3 minutes to administer each questionnaire. The questionnaires are available in English and Spanish. In State fiscal year 2009, a total of 1,934 ASQ’s were administered under the Home Visitation program for the following age groups: 733 for children 0-12 months, 710 for children 13-24 months, and 491 for children 25-36 months of age.</p> <p>When ASQ results were combined with ASQ:SE results, it was determined that in the 0-12 month age group, 886 test results were at the appropriate level; in the 13-24 month age group, 814 test results were at the appropriate level; in the 25-36 month age group, 596 test results were at the appropriate level. (It should be noted that for FY09 and FY10, the State did not track the results of the ASQ and ASQ:SE separately for appropriateness of level. However, this will be changed on the FY11 reporting form and will begin to be collected individually so that a more accurate level of reporting may be obtained.) As a result of the ASQ and ASQ:SE testing, referrals for further developmental assessment and testing in FY09 were made as follows: 13 for children 0-12 months, 53 for children 13-24 months, and 44 for children 25-36 months of age. The majority of referrals were made to First Steps, a program funded by the Missouri Department of Elementary and Secondary Education that is designed for children birth to age 3 who have delayed development or diagnosed conditions that are associated with developmental disabilities. Other typical referrals are for hearing, vision, or speech concerns.</p>	
<p>10.3</p>	<p>Home Visitation: A minimum of 95% of the children receiving services from the program are not a victim of substantiated child abuse and neglect</p>

<p>Each contractor reports this on their quarterly report, identifying the child. Children’s Division can compare children’s DCN’s against the Children’s Division database to determine which children have experienced substantiated CA/N. This information will be available in the next annual report.</p>	
<p>10.4</p>	<p>Home Visitation: At least 95% of the parents receiving services demonstrate a reduced level of stress as measured by the Everyday Stressors Index when they leave the program</p>
<p>Each contractor maintains the ESI’s in the family files at their agency for comparison. These are checked during on-site monitoring and they report quarterly the number administered per quarter. Each item on the Index is ranked from 1 to 4, with 4 indicating the highest level of stress. The items listed on the Index basically cover the hierarchy of needs: shelter, food, money, safety, concern about family members, etc. The Index is not “scored” <i>per se</i>, but it is expected that the stress levels lessen as a result of the family’s participation in the program as documented by the initial and subsequent ESI’s maintained in the family’s file. During State FY09, a total of 1,680 ESI’s were administered to parents participating in the Home Visitation program. Based on stressors identified by the parents, 487 referrals for services were made. Typical referral services included such things as food banks, clothing banks, Section 8, utility assistance, child care assistance, legal aide, domestic violence counseling and/or shelters, medical treatment, and mental health treatment. This list is by no means complete, as the needs of each family are unique. While the minimum requirement is that the ESI be administered once a year, most of the Home Visitation programs are administering the ESI at least twice a year, and some are administering it at least once a quarter, depending on the status of the family with which they are dealing. Many of these families are in crisis, and their levels of stress change dramatically over short periods of time.</p>	
<p>10.5</p>	<p>90% of the teenaged parents enrolled in the program will not become pregnant during their participation in the program</p>
<p>Each contractor reports on a quarterly basis the number(s) and name(s) of the teen parent(s) enrolled in their program that becomes(s) pregnant. During State FY09 a total of 18 teen parents became pregnant with a subsequent pregnancy during their participation in the Home Visitation program. The total of teen parents enrolled in the program cannot be ascertained at this time as the birthdates are in a file and not available through electronic means. However, as of SFY 2010, this information will be available electronically.</p>	
<p>10.6</p>	<p>Completion of home safety checks at the family's enrollment in the program and every 6 months after using a standardized home safety checklist provided by the state agency</p>
<p>Home safety checklists are completed by the home visitor/parent educator and maintained in</p>	

<p>the family's file at the contracting agency, and these are reviewed by the State agency representative during on-site monitoring. Any noted deficiencies are corrected by the contracted agency through the provision of referrals to assisting agencies or the direct provision of supplies and equipment, such as fire extinguishers, cabinet locks, electrical socket plugs, toilet locks, smoke detectors, etc</p>	
<p>10.7</p>	<p>Educare: Sign out logs for "family bags" based on the Strengthening Families 5 protective factors distributed by Educare to child care facilities for parents to check out for use</p>
<p>Currently Missouri does not collect information on the distribution of these items as this is not a requirement within the contract. Each contractor handles distribution differently and has varying tracking systems. Some providers distribute these to the child care and early learning programs for families and some contractors incorporate these into their lending library for check out.</p>	
<p>10.8</p>	<p>Early Head Start: Parent involvement/volunteer information sheets</p>
<p>Volunteerism is documented for in-kind purposes (per federal requirements programs have a 20% match requirement) and is tracked per agency policy. We would have to request any trend data from the individual agencies. This would also be tracked through the Performance Information Report (PIR) as volunteer hours. We are unsure as to whether or not the reasons for increases/decreases would be available.</p>	
<p>10.9</p>	<p>Early Head Start: Missouri Early Head Start outcomes report</p>
<p>Data has just begun, SFY 10, on Missouri Early Head Start program electronically. Trends can be identified in next year's annual report.</p>	
<p>Objective #11: Provide a positive support system for families through the use of Crisis Nurseries and Teen Crisis Care contracts</p>	
<p>11.1</p>	<p>Measure effectiveness through the Parental Stress Assessment and follow up phone calls</p>
<p>The Parental Stress Assessment is completed at the facility at the time that the child is leaving. The assessment only consists of 2 questions, one asking them to rate their level of stress at the time they dropped off the child and the other asking them to rate their level of stress at the time they are picking up. The quarterly report captures information regarding if parental stress</p>	

decreased and follow-up information in the areas of telephone, home visit, office visit, attempted, and other.

Teen Crisis Care

During the first 3 quarters of FY 10 there were 356 children served. There were 59% females served over 41% being male of that ages 15 and 16 were the highest percentages and African Americans made up 65% of the Ethnic groups served with 31% being Caucasian. The highest percentage regarding the reason for coming into care was Conflict with Parent/Guardian at 50% followed by Overwhelming Parental Stress at 24%. There was approximately 48% turned away due to ineligibility followed by 26% turned away due to capacity. The main follow-up to a stay at Crisis Care was telephone contact at 67% followed by an office visit at 16%. Overall Parental Stress was decreased by 20%.

Nursery Crisis Care

During the first 3 quarters of FY 10 there were 1858 children served. There were 53% male and 47% female served. With the highest percentage occurring for child ages 2-3; 25% from children in the age group 0-1; and 22% from children in the age group of 4-5. Of the 1858 children served, 19% were African American and 26% being Caucasian. 60% were Voluntary Self Referrals with Overwhelming Parental Stress being the number one reason for admission with 51%; followed by Hospitalization of Parent/Guardian at 14%; Domestic Violence at 13% and homelessness or unsafe housing at 12%. 96% of the children were turned away due to capacity. Home visits follow-ups were completed in 21% of the cases followed by 16% attempted follow ups. 36% of the children were served for less than 12 hours and Parental Stress was decreased by 87%.

Objective #12: Increase the involvement of fathers in all programs

12.1	Create a charter to govern membership and purpose
12.2	Develop a strategic plan to guide collaborative work

Due to a recent re-grouping of the Fatherhood Initiative, their focus is now serving as a workgroup. This workgroup is finding areas where they can improve Father Engagement in the child welfare system. Their first task was to add language in the Child Welfare Manual to include all parents in the case planning, visits, and beyond. Therefore, no charter will be completed nor a strategic plan built to guide collaborative work.

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

Objective #13: To reduce the number of re-entries into foster care

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<p>13.1</p>	<p>90% of families receiving Intensive Family Reunification Services must successfully reunify children with their families</p>
<p>The data, pulled in November of 2009, shows 67% of the children remain with the family that the IFRS specialist worked with at the end of intervention.</p>	
<p>13.2</p>	<p>75% of families receiving Intensive Family Reunification Services must remain intact within the 12 months following intervention</p>
<p>At 3 months following the FRS intervention, 61% of the children remained in the home. Because the system is new, we do not have the ability to know 12 month data. In the next annual update, we will have more data.</p>	
<p>13.3</p>	<p>Continue an improvement trend evidenced through Outcome Measurement #14 (Reduce Re-entry into Foster Care). From 2004-2008, the Children's Division has averaged 9.27% of children re-entering care. The goal will be set at 8.6% or less to be achieved by 2014 8.32% for 2009, however, there are discrepancies with AFCARS.</p>
<p>The Division has continued to improve each year since 2004 with regard to the number of children who re-enter foster care after being sent home on a trial home visit. In 2004, 25.7% of children who returned home on a trial home visit re-entered care within 6 months of returning home. In 2009, 13.9% of children who returned home on a trial home visit re-entered care.</p> <p>Internal data on re-entry into foster care has shown improvements since 2005. However, there is a discrepancy between internal re-entry counts and the data profile derived from AFCARS submission. Internal re-entry data is based on a calendar year while the data profile is based on a federal year and might account for some discrepancy. In addition, internal data only count children classified in the care and custody of the Division while the AFCARS submission includes children in temporary custody with their adoptive parents which again may account for some discrepancy. To gain better perspective, Missouri requested a numerator and denominator counts from the Children's Bureau for state data profile results for 2007 and 2008. From this information, it was determined there were 8 circuits performing over the 25th percentile and 3 more were borderline high for both 2007 and 2008. The Division plans to determine if there are any similarities in the case data for these 11 circuits. To add to the discrepancy, during the six mock site reviews, Item 5 resulted in a score of 94%, which is a strength. As shown in table 8, wide variances exist from varying data sources. Missouri will need to explore data pertaining to re-entries more extensively. It is strongly possible that AFCARS mapping issues are related, which will be included as part of the Division's exploration of this issue.</p>	

Year	Fed Re-entry Rate	State Measure #14, Re-entry Rate	Fed # of Re-entries	State Measure #14; # of Re-entries	Fed # of Exits	State # of Exits, Measure #9
2004	N/A	8.88%	N/A	1,531	N/A	6,933
2005	N/A	10.38%	N/A	1,452	N/A	6,655
2006	9.7%	9.44%	N/A	1,299	N/A	6,729
2007	7.9%	8.62%	308	1,201	3,876	6,136
2008	11.4%	8.51%	345	1,030	3,026	5,651
2009	15.0%	8.26%	N/A	1,105	N/A	5,533

Objective #14: To increase number of adoptions through the use of the Adoption Exchange and Adopt US Kids websites and other adoptive activities

14.1 Expand utilization for 75% of children with a goal of adoption, with presentation through Adoption Exchange, Adopt USKids, and the Heart Gallery

Currently Missouri has approximately 1400 children with a goal of adoption with 19% of these children have been presented through Adoption Exchange, AdoptUSKids and the Heart Gallery. This is a 13% increase from last year's total.

14.2 To increase the number percentage of children reaching adoption status within 24 months of coming in care. From 2004-2008, the Children's Division currently, on average, 40% of children adopted within 24 months. The goal will be set at 45% for an average of the next five years

Achievement of timely adoption is an area of strength for Missouri as we have surpassed the composite benchmark. The CFSR profile provides the following data:

- Measure C2-1, exits to adoption in less than 24 months, the 75th percentile is 36.4%, 40.5%, 40.8% in 2007, 2008 and 2009 respectively. Data from internal reports provide us with 41.05%, 39%, 43.62% for SFY 2007, 2008 and 2009 respectively. At the time of the first CFSR, Missouri missed the benchmark by one half a percent, the benchmark was 32% and Missouri's score was 31.5%. As the data shows, Missouri has improved moving children to adoption in less than 24 months of the time the child was placed into care.
- Measure C2-2, exits to adoption, median length of stay has improved from 2007 of 28.9 months to 2009 of 26.7 months. The 25th percentile of 27.3 months or lower was only met in 2009.
- Measure C2-3, children in care 17 plus months, adopted by the end of the year. Missouri scores from 2007 to 2009 had improved from 13.9% to 18.7% but did not meet the 75th percentile of 22.7%.
- Measure C2-4, children in care 17 plus months achieving legal freedom within 6 months, has well exceeded the 75th percentile from 2007 to 2009.

- Measure C2-5, children legally free and adopted in less than 12 months, Missouri has exceeded the 75th percentile of 53.7%. However, in 2008, Missouri fell below the national median of 45.8% with 45.1%.

When scoring appropriateness and timeliness of adoption, a recent mock six site review results found 77% of the cases reviewed scored a strength.

Missouri tracks the children by race who are adopted within 24 months, and the number fluctuates from year to year and data show no particular race trending in any one direction, that is no one race, on average, achieves adoption faster than another.

Using the Heart Gallery as a recruitment tool, the number of children featured has risen from 93 in 2006 to 248 in 2009. The number of children reported to have an adoptive family in progress from 2006 to 2009 are 27, 81, 61, and 63 respectively.

Table 12 below shows the average time to decreasing from 2004 to 2009 from 34 months to 32 months and those completed within 24 months have, on average, remained around 36%.

Table 12: Child Welfare Outcome Report, Measure # 9C and Measure #11

Year	Completed Adoptions	Completed w/in 24 months	Average time in care until completed AD
2004	1337	34%	34 months
2005	1251	37%	32 months
2006	1283	38%	32 months
2007	1067	35%	33 months
2008	1137	36%	33 months
2009	1078	36%	32 months

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

Objective #15: To maintain accreditation standards

15.1 Re-accreditation process will begin in March 2010 and be complete by 2014

Maintaining Accreditation

According to Section 210.113 RSMo (HB 1453), it is the intent and goal of the General Assembly to have the Department (Children’s Division) attain accreditation by the Council on Accreditation (COA) within five years (FY05-FY09) of the effective date of this section (i.e. by August 28, 2009). To achieve accreditation, Missouri’s child welfare system was reviewed and measured against over 800 nationally-recognized standards of best practice.

The Children’s Division is organized within the state’s 45 judicial circuits. While all circuits

simultaneously aimed to meet standards of best practice, accreditation was achieved circuit by circuit over five years. On November 13, 2009, Missouri's child welfare system, as a whole, was deemed to be a COA-accredited agency for a four-year period. The reaccreditation cycle will officially begin in December of 2013.

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

During the period of time between accreditation cycles, Children's Division staff will be engaged in numerous activities to help ensure the Division's accreditation status is maintained, that improvement efforts are documented and monitored, and that COA reporting requirements are met.

15.2	Quarterly maintenance visits by QI Specialists
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The Accreditation Maintenance Plan

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

- Continuous Quality Improvement (CQI) processes including stakeholder involvement
- Facilities and whether regular inspections are occurring
- Circuit emergency plans
- COA-related trainings for staff and foster and kinship care providers
- Caseload sizes
- Supervisor to worker ratios

The Plan of Change Form

The Plan of Change (POC) Form was introduced on September 24, 2009. The POC serves as an accountability tool for staff members whom, by virtue of their job descriptions or their responsibilities as supervisors, have cause to review practices and processes required by Children's Division policy and/or standards established by the Council on Accreditation (COA). Quality Improvement Specialists use this tool, as necessary, to document improvement efforts and to help ensure accreditation standards are maintained.

15.3	Periodic case reads
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Annual Maintenance of Accreditation Report (MOA)

COA requires all accredited organizations to complete annual Maintenance of Accreditation (MOA) reports. The annual MOA Report demonstrates an organization's commitment to the pursuit of organizational excellence and quality service delivery for persons served and affirms the organization's ongoing implementation of performance per COA's standards. The

<p>Children’s Division will be required to select one quality/performance improvement opportunity it has undertaken in either the last fiscal or calendar year for the MOA Report. Through this process, COA and the Children’s Division are able to evaluate the organization’s continuous quality/performance improvement activities.</p>	
<p>15.4</p>	<p>State Self Study completed in 2010</p>
<p><i>The Agency Self Study</i> The Children’s Division will begin preparing its Agency Self Study in January, 2011, with the goal of completing and submitting it to COA in April, 2012. The multi-volume Self Study will consist of the Division’s up-to-date documentary evidence that the Division is in compliance with the most current COA standards.</p> <p>Accreditation standards address the Division’s policies, procedures, programs, and practices as they relate to all aspects of the organization.</p> <p>COA’s administrative and management standards encompass administration and management; Performance and Quality Improvement; ethical practice; financial management, human resources management; and risk prevention management.</p> <p>COA’s administrative service delivery standards promote safety, stability, permanency, and well-being of children, and they encompass: screenings; assessments; service planning and monitoring; child placement; development and maintenance of connections; services for parents, children, and youth (including support for educational activities); physical and mental health care; worker contact and monitoring; transition to independent living; case closing; aftercare and follow-up; recruitment and retention of foster families; home studies; and respite care.</p>	
<p>Objective #16: Support supervisors through a Learning Lab structure</p>	
<p>16.1</p>	<p>Learning Labs will be in place December, 2009 with at least 25 supervisors participating in the seven regions</p>
<p>Delivery of the Learning Lab’s (LL) began in March SFY10 and since then, each region has successfully completed the first round of LL for all front line supervisors as of this date. The first LL was entitled “Framework for Safety” and was provided to <u>all</u> regions as part of a statewide effort to strengthen supervisors understanding of the concepts and approach that will become part of policy and practice.</p> <p>Following the initial safety training sessions, upcoming sessions and content will be identified by the regional advisory committees and developed and delivered by Family Facets to meet the specific, individual needs of each region during SFY11 and thereafter.</p>	
<p>16.2</p>	<p>Supervisors will report an increase in job satisfaction and effectiveness due to</p>

	<p>information sharing and advanced learning. The baseline will come from an external evaluation</p>
<p>Due to budget cuts, an external evaluation originally planned for the Learning Lab process will not be completed. However, there is data collection occurring through the contractor in the form of an annual evaluation report.</p>	
<p>16.3</p>	<p>Workers will report an increase in support through the Survey of Organizational Excellence supervisor effectiveness element (2008 data baseline 302) and team effectiveness data (2008 data baseline 303)</p>
<p>Since 2002, each May, every employee in the Division had opportunity to complete a survey regarding working conditions and job satisfaction. The survey was not administered in 2009 as the Department streamlined the survey for all divisions within the Department of Social Services resulting in a missed year. The results are shared with staff throughout the organization and used to assist management in making changes to improve the organization. Therefore the supervisor's data for the first annual update will not be available until late summer of 2009.</p>	
<p>Objective #17: To continue the Supervision Advisory Committee</p>	
<p>17.1</p>	<p>Measure continued progress through the strategic plan</p>
<p>17.2</p>	<p>Increased growth in the Survey of Organizational Excellence scores, specifically with the Work Group Domain for elements of Supervisor Effectiveness, Fairness, Team Effectiveness and Diversity</p>
<p>17.3</p>	<p>Quarterly Meetings will continue.</p>
<p>The Supervision Advisory Committee met on August 5-6, 2009, November 19, 2009, February 10, 2010 and May 12, 2010. They are planning to meet August 19-20 and November 10, 2010. Each action step of the strategic plan was discussed at each meeting and updates posted directly onto the plan electronically. In addition, any issues or recommendations were presented to the Division Director or designee for consideration. As a follow-up measure, these recommendations are put in writing and responded to in the same manner. The agenda, minutes of the meetings, and recommendations are posted after each meeting on the intranet to inform all supervisors of progress. The current version of the strategic plan is attached (Attachment A) and those action steps considered to be complete are grayed out. Any action step may be re-visited if the committee deems this necessary.</p> <p>Since 2002, each May, every employee in the Division had opportunity to complete a survey regarding working conditions and job satisfaction. The survey was not administered in 2009 as the Department streamlined the survey for all divisions within the Department of Social Services</p>	

resulting in a missed year. Staff completed the survey (renamed the Survey of Employee Engagement) on April 19, 2010 – May 7, 2010. The results will be shared with staff throughout the organization and used to assist management in making changes to improve the organization. Therefore the supervisor's data for the first annual update will not be available until approximately late summer of 2010 after the results are compiled.

Program Supports

A. Caseworker Visit Funding

Missouri's caseworker funding was spent in several areas. The first area was a small "Mobility" project with frontline staff to determine if current technology could make case management work more efficient without compromising quality. The "Mobility" concept was to provide laptops and PC internet cards to the field where input directly into the FACES system could be completed from anywhere. If the project proves successful, there will be an ultimate cost savings to the state by reducing the overtime, mileage, and increase timely worker visits with children. The cost of the internet cards were \$42,779 and the purchase cost for 101 laptops was \$79,206.22.

The project is being evaluated through a pre and post survey completed by staff to determine the usefulness of this technology. In addition, there was a control group established for comparative purposes. This evaluation will look at the timeliness of case work, the mileage costs and the overtime costs. Results are forthcoming.

In addition, the funding was used for the 360° evaluation. A 360 evaluation can and does take many forms in both the public and private sector and is variously referred to as multi-source or multi-rater assessment. In its simplest form it is designed to provide a full-circle overview of a person's performance on the job by soliciting feedback from superiors, peers, direct reports and self on behaviors that are specific to the job assignment. The intent is to allow each individual to understand how his/her effectiveness as a subordinate, co-worker or superior is viewed by others in the organization who have the most immediate daily interaction with the person. The data generated from this process are unique to the individuals and are their confidential property. They are not used for organizational personnel assessment purposes.

Multi-source feedback has been extensively researched and is generally accepted as both more credible and more motivating to the participants than traditional single rater model. This form of assessment can make a powerful impact on an individual's professional growth and overall organizational effectiveness. It provides well-rounded feedback from a number of sources, increasing the validity and reliability of performance judgments. It promotes teamwork by helping members understand how they are perceived by peers and assists in making members more accountable to one another because of shared input into each other's performance. The feedback received is a crucial way of understanding each employee's unique developmental needs by providing information on what he/she needs to do to enhance career.

For this latter reason it is absolutely essential that the 360 evaluation be paired with structured professional feedback and assists the employee in formulating an Individual Development Plan. This IDP is an annual exercise, in which the employee, with guidance of a consultant, carefully reviews the feedback, evaluates those data within the context of the work environment, establishes behavioral goals and steps to be taken to enhance professional performance. The IDP is usually shared with the employee's immediate supervisor and, when agreed upon, becomes a blueprint for professional development during the coming period. As part of the next 360 experience, the IDP is reviewed with the consultant and progress assessed.

The 360 project was research and planned for potential implementation through a contractual process and the total dollars spent was \$106,092; however, incorporating this project statewide became cost prohibitive as the total cost was well over \$130,000 each year for one-half of the

state to be evaluated bi-annually. This project's purpose was to build a more professional staff and increase job satisfaction.

In addition to the mobility project and the 360 project, the worker visit monies were used to support clinical supervisor training for new hires during SFY 09. The cost was approximately \$12,000 with cost curtailed by regionalizing the training and using available conference room throughout the state.

B. Technical Assistance Information

Technical Assistance for Missouri occurs in two manners, internal and external. From the Central Office level, our field staff receives support and technical assistance from program development specialists, management analysis specialists, unit managers, etc. on specific program issues. If there are issues for policy interpretation, a process is in place for policy clarifications. The clarifications are sent to all staff and posted on the intranet for continual assistance. But, individual circuits may request technical assistance for a number of specific reasons. This technical assistance process is explained in the CFSP progress section 2005-2009 under the Practice Enhancement Teams / Technical Assistance.

Missouri has received technical assistance from the National Resource Centers from request through our Region VII ACF office. On June 15th, following the completion of our CFSP, a call was held as preliminary steps in procuring technical assistance to improve practice and assist in crafting our Program Improvement Plan.

See Child Abuse and Neglect Investigation and Assessment in the Protection Section for more internal technical assistance discussion.

C. Research and Evaluation

The Children's Division permits research and release of data involving persons served. In doing so, however, the Division exhibits due regard for study subjects' participation rights with emphasis in areas of privacy and confidentiality. All research and release of data involving persons served is conducted in accordance with applicable legal requirements.

The Research Committee of the Children's Division (CD) was established in 2005 in order to meet standards established by the Council on Accreditation (COA). As part of its Risk Prevention and Management, COA requires that management conducts an internal assessment of overall risk at least annually that includes research involving program participants and other clients' rights issues.

Persons requesting to do research are required to complete and submit an *Application to Conduct Research* to the CD Research Committee. Research applicants must fully explain the purpose, methodology, and expected benefits and risks of their studies, and they must provide copies of their HIPAA-compliant consent forms. Additionally, they must describe the specific data they are requesting and explain why the identifying information is essential to their research, and they must provide a detailed plan outlining how they will maintain confidentiality of the identifying information used in their research. The Research Committee is responsible for evaluating all research proposals to ensure research plans are in compliance with Missouri statutes and with policies and procedures set forth by the Children's Division.

Current Research Initiatives (note: omitted numbers are completed projects per the five year plan):

1. Missouri Institute of Mental Health: Youth in Transitions: Saint Louis System of Care

Youth in Transitions: Saint Louis System of Care is a longitudinal federally funded initiative to ensure that children and youth with severe emotional disturbance (SED) who are served within the St. Louis child welfare system receive needed mental health support through critical transitions into and out of the child welfare system thereby growing into successfully functioning adults. The study will explore the relationship between service use and outcomes by linking the services and costs data with outcome data collected through national evaluation on youth who are enrolled in Youth in Transitions: St. Louis System of Care. As part of the project's requirements, data is collected from the Children's Division on all youth participants. A Memorandum of Agreement was enacted between the Children's Division and the Missouri Institute of Mental Health to complete this study.

3. Research Triangle Institute: National Survey of Child and Adolescent Well-Being (NSCAW) II

The National Survey of Child and Adolescent Well-Being (NSCAW) is a national longitudinal study of children and families in contact with child welfare and will relate child and family well-being to family characteristics, experience with the child welfare system, community environment, and other factors. The study examines the interplay among the history and characteristics of children and families, their experiences with the child welfare system, other concurrent life experiences, and outcomes. It brings to bear perspectives from child welfare, child development, and other fields to focus on children's well-being, including their health and physical well-being, social functioning, academic achievement, mental health, and behavioral adjustment. It relates these to developmental stage, prior experience, caregiver behavior, social services, and community environment.

NSCAW I was the first study to make available nationally representative longitudinal data drawn from first-hand reports from children, parents, and other caregivers, as well as reports from caseworkers and teachers and data from administrative records. It also was the first national study to examine child and family well-being outcomes in detail and to relate those outcomes to family characteristics, experiences with the child welfare system, community environment, and other factors.

This additional study (NSCAW II) will address crucial program, practice, and policy issues regarding the dynamics of the child welfare system and outcomes for children and families, and compare the findings between NSCAWs I and II.

By participating in NSCAW, states and agencies, including the Missouri Children's Division, have contributed to this major national effort to strengthen child welfare policies, programs, and services to children and families.

4. Dave Thomas Foundation for Adoption, Child Trends: Evaluation of Wendy's Wonderful Kids adoption program

This impact and process evaluation utilizes child-focused recruitment strategies exclusively for a designated caseload of children awaiting adoption. The evaluation will document if, how, and when the Wendy's Wonderful Kids model can improve the permanency of children in foster care

(in particular, adoption versus aging out or long-term foster care), and to provide information to help guide ongoing program planning; specifically: to track progress and outcomes, to identify barriers and promising practices, and to assess program impacts.

This program may lead to the permanent placement of children and youth in adoptive families. Benefits of the program include increased likelihood of adoption, decreased wait time until adoption, increased stability of adoptive and other placements, and improved child well-being, greater worker satisfaction, and more positive views of adoption in the child welfare agency and the public. Youth may also feel an increased sense of satisfaction and empowerment through the role they play in their own behalf. This program may help reconnect children and youth with family and kin, which could be the basis for life-long, supportive relationships.

8. Washington University in St. Louis: Early Childhood Connections (ECC)

Early Childhood Connections (ECC) is a novel service delivery model responsive to the “Innovative Services Research” objective. Using a randomized design, this developmental study tests ECC’s ability to prevent recurrent maltreatment, prevent or ameliorate maternal depression and stress in families with young children served by child welfare, in addition to preventing child development delay and later mental health disorders. To meet the needs of child welfare families, ECC is modifying existing services through coordination, collaboration and co-location by conducting a joint home visit with the family by ECC and Children’s Division workers. The target population is families with children under the age of three years with newly opened in-home family-centered service cases. This study will assess implementation of ECC. The benefits of this study include elimination of barriers to accessing in-home parenting services by ECC Parents as Teachers, which will improve child well-being outcomes.

9. University of Missouri – Missouri Institute of Mental Health, Diligent Recruitment

The purpose of this project is to improve permanency outcomes for children (10-18 years old) who are wards of the State of Missouri for 15 months or more and reside in St. Louis City, St. Louis County, St. Charles County, and Jefferson County by providing diligent recruitment services, education, and training. During Phase 1 (Project year 01), project services and evaluation methods will be finalized. Phase II (Project Years 02-05) will consist of program and evaluation implementation. The study is designed to improve the lives of hard to place/adopt children.

10. University of Georgia; University of Missouri, Healthy Relationship and Marriage Education Training

The goal of the Healthy Relationship and Marriage Education Training Project is to meet the safety, permanency, and well-being needs of vulnerable children and reduce racial disproportionality in the child welfare system. This project is funded in part by two federal Healthy Marriage grants.

Information will be gathered from current child welfare workers and administration as well as social work undergraduate and graduate students at universities in at least two states which will provide insight into the current attitude of the child welfare workforce and future workforce on the role of marriage and relationship education in their work with vulnerable children and families. The survey responses will help ensure that the curriculum that is developed is as strong as possible and as receptive to the workforce needs as possible. The dissemination of research-based health relationship and marriage education curriculum can yield results

including healthy marriage, family, and parent-child relationships, improved father involvement, significant reductions in risk factors, reduced racial disproportionality in the child welfare system, and most notably, improved safety, permanency, and well-being of children being served by the children welfare system.

Workgroup for Racial Equity in Child Welfare

A workgroup developed to address disproportionality of African-American children in the child welfare system is ongoing. The workgroup has reviewed data that verifies that disproportionality is occurring in Missouri and is looking for ways to reduce it. Steps include looking at the agency's:

- Mission Statement
- Organizational Structure
- Clients Served
- Personnel
- Programs/Policy

The group reviews each area to ensure that institutionalized racism is not affecting outcomes with children of color and that all families have equal access to services.

D. Tribal Coordination

See Partnership Section

E. Health Care Services

See Healthy Care Services Plan for Children and Youth in the Practice Section

F. Disaster Planning

The Children's Division is an active participant with the State Emergency Management Agency and crafted individualized emergency plans for specific purpose. All these plans are attached.

Attachment C, The Children's Division Emergency Plan

Attachment D, Emergency Plan for CA/N investigations during a disaster

Attachment E, Emergency Plan for addressing the needs and services of Foster Care children during a disaster

See Objective #5 of the five year plan for updates.

G. Foster and Adoptive Recruitment

The Children's Division of the Missouri Department of Social Services is receiving the Adoption Opportunities Grant, a five year grant, proposing *Extreme Recruitment*, an innovative diligent recruitment program that will improve permanency outcomes for children in custody in St. Louis and surrounding counties. *Extreme Recruitment* is an intensive, 12-20 week, individualized recruitment effort whose strategies include preparing the child for permanency; conducting diligent searches to reconnect them with kin; and achieving permanency through general, targeted and/or child-specific recruitment and wraparound services. The program will serve 150 youth during the grant, ensuring a system of supportive adults for at least 90% of youth, and achieving permanency through adoption or guardianship for at least 70% of youth.

Extreme Recruitment will be a model demonstration program because:

- 1) It works with both Missouri's privatized and public child care systems, making it applicable and replicable in most other areas and systems;
- 2) It utilizes innovative methods (Internet searches, the use of a private investigator) to locate up to 40 possible adult resources (kinship, foster, concurrent and adoptive families) for every child in care;
- 3) It offers tailored pre-service training information for adult resources to help them better understand and prepare for the specific child/youth groups (teens, siblings, behavioral issues) for which they are recruited; and
- 4) It provides stronger wraparound retention supports for the family to help assure permanency and electronic supports for the community and the families in ways that have not been done before.

At this time, there has been no baseline data released for this grant.

H. Monthly Caseworker Visits

In September of 2008, the state began utilizing a management report to track worker visits with children. Supervisors can pull up a county or circuit report and know each of their worker's performance visiting with children. In addition to reports obtained at the county and regional levels, there is also a statewide visit report. From September of 2008 to September of 2009, the agency went from meeting 59% completion rate of required number of visits with children to 88% of the required number of visits with children. This improvement is a result of data entry accuracy and the agency focus on visiting with children. The Division Director requested strategic plans from each region to improve worker/child visits. Each region posted their strategies on the agency's intranet.

In the federal worker visit report Missouri's baseline was established in FY07 with 56% of children visited at least once a month with 93% of those visits held in their placement. In FY08, the initial submission to ACF reported 47% of children were seen once a month with 91% of those visits held in their placement. On October 20, 2009, FY08 data was resubmitted resulting in a slight increase with 48% of children seen once per month with 93% of those children visited in the child's placement. In FY09, 76% were visited at least once a month with 96% of those visits held in their placement.

Statewide Plan to Improve Caseworker Visits with Children:

Goal 1: Improve frequency of worker visits with children in foster care.

Strategies:

1. Clarify policy related to frequency of worker visits with children in foster care
 - Issue Practice Point covering frequency
 - Send clarification to contractors
2. Train on Frequency of worker visits with children in foster care
 - Contractor Training
 - Post Practice Point online – self training
3. Monitor Frequency of worker visits with children in foster care
 - Develop state worker visits with child report
 - Refresh report on 10th and last day of month
 - Develop state report reference sheet
 - Develop Federal Worker Visit Report
 - Report Monthly frequency by region at Executive Team Meetings
 - QA public and private staff to monitor ongoing basis

- Use the quarterly CQI In Focus newsletter to highlight progress with worker visits
- 4. Regional plans to improve frequency of worker visits with children in foster care developed, implemented and monitored
 - Regional Plans developed
 - Post regional plans on individual sites on intranet
 - QA Monitor Regional plans

Goal 2: Increase the number of visits occurring in the child's placement.

Strategies:

1. Clarify policy expectations of what needs to happen during a worker/child visit in placement
 - Develop practice point to include information on why it is important to meet with children in their placements
2. Clarify documentation and data entry of worker visits with child in placement
 - Develop Power Point training on data entry of worker visits in placement and post online – connect to practice point
3. Train expectations on worker visits with children in placement
 - Train Contractors
 - Post Practice Point
4. Regional Directors develop plan regarding visit expectations in placement
 - Regional Directors develop plan
 - QA Monitor Regional plans

Goal 3: Increase the quality of worker visits with children.

Strategies:

1. Clarify policy expectations related to quality of visits
 - Develop intranet site from front page with all information about worker visits in one spot
 - Post tip sheet or “best ideas” on intranet
 - Address quality in practice point
 - Develop laminated prompt cards
 - Continually tying the importance of worker visits to permanency

Goal 4: Improve data entry of worker visits with children.

Strategies:

1. Modify FACES as needed to better capture actual contact and the quality of contact.
 - Team meeting held to develop screens
 - System Change Requests submitted
2. Increase Mobility for Field Staff
 - Develop project plan
 - Pre-post surveys
 - Monitor Outcomes

Regional Plans:

Jackson County:

- Casemanagers will schedule visits early in month to leave opportunity to make up cancelled visits prior to month end.
- Casemanager calendars will be reviewed during supervisor case conferences.
- Supervisors will assure worker calendars allow time for data entry of visits.

- Casemanagers, Supervisors, Upper Management and QA staff will utilize the FACES visit form to monitor visit performance.
- Local QA unit (Jackson County) will do random sample case reviews, including FCCM cases.
- Worker visit performance will be discussed during monthly Team Management meetings.
- Worker visit performance will be discussed at supervisor meetings at least semi-annually.
- Guidelines for data entry of worker visits will be distributed to all staff.
- A "Cheat Sheet" for data entry of worker visits will be developed.
- Supervisors and Office Program Managers in Jackson County will submit monthly management reports to the Regional Director.
- Any casemanager having less than 90% completion rate will have an informal plan enacted.
- FCCM Oversight Specialists will monitor FACES to ensure visits for children assigned to contracted agencies are being completed.
- Resource Parents will be informed regarding the importance of caseworker visits in their homes via the Joining Hands Newsletter in Jackson County.
- A county wide meeting in Jackson County will be held with all staff to review results of the time-study and to discuss priority setting for worker time management.

Northern Region:

- The topic of visits is on every meeting agenda at all levels including unit meetings, "all staff" meetings, sub-Region management meetings, management meetings with Field Support Managers and Regional Director and CQI. Best practices are shared through these venues.
- Field Support Managers and Regional Director are reviewing the managed report on visits each month. Field Support Managers review this report with Circuit Managers each month.
- In weekly conferences, Supervisors review worker case management reports and discuss progress on visits including the content of visits. Individualized plans are developed to assure visits occur and are documented.
- Each Circuit Manager and supervisor was given a tool in early 2008 to use to track visits. The tool was not mandated but the instruction was to use the tool provided or to use one that captured the required elements. Each circuit has a tool and the Field Support Managers review the progress at their monthly conferences with the Circuit Manager.
- Each Circuit has developed a local plan to address and maintain performance in meeting the worker visit with child standard of excellence.
- March of 2008, all specialists in the Region were provided with a power point presentation on worker visits and this presentation has been made available to all circuits.
- Supervisors have developed processes that assist the worker in assuring that visits are scheduled per policy. Some examples of these processes are:
 1. An expectation that visits occur the 1st and 3rd week of each month
 2. Supervisors review worker's calendar at each weekly conference
 3. A chart listing each child is posted in the supervisor's office and workers mark when the visit has occurred
 4. Case managers email service workers at the beginning of each month to ask when visits are scheduled
- Instruction has been given to Circuit Managers on protocol if the visits required by service workers are not occurring per policy (supervisor to supervisor contact, Circuit Manager to Circuit Manager, Regional Director to Regional Director).
- COA maintenance "reads" focus on worker visits and the quality of the visits.
- Many Circuit Managers are randomly selecting at least five cases each month to review the entry of worker visit information as well as to review the quality of the contact.

Southern Region:

- Discuss information regarding worker child visits with all staff at every quarterly Circuit/Program Manager Meeting in the Southern Region.
- Discussion will include the importance of the quality of worker/child visits, the importance of relationships with children (even with very young children) and the ability to help plan with FST members based on these relationships.
- Supervisors will review CD Visitation forms and check FACES entries for compliance during weekly supervisory consultations (Worker Compliance Tracking).
- Circuit/Program Managers will monitor reports founds on FACES, PRR, SCRT's to assess for compliance.
- Implementation of Supervisory Consultation Visit Log.
- Additional FACES training for staff where available.
- At "all staff" Circuit Meetings, at Supervisory Unit Meetings and Circuit/Program Manager's Meetings, at Regional Staff Meetings, during individual conferences with staff at all levels, emphasize with the staff the relationship between visits and successful outcomes for children.
- Children's Services Specialists to provide ongoing training to Supervisors and CSWs
- Provide Examples to new staff of what to discuss with children during worker/child visit (contact listing for each county to assign service worker).
- Develop a system for the Southern Region to assure transfer requests between Circuits are handled in a timely manner.
- Utilize the results from the Southern Region Worker Time Study completed in November 2008 to create a "Reduction of Administrative Activities and Paperwork" workgroup
- Education of Resource Parents on importance of worker/child visits and how to be supportive of these visits occurring.
- Encourage Southern Region staff to continue to make progress through e-mailing, speaking at unit meetings and one-on-one conferencing.

St. Louis City

- St. Louis City All Sups and Specialists meetings are being used as a Leadership and Practice Improvement Academy. At each meeting the staff chose a practice issue to focus upon for the next four to six weeks. During the month of February and the month of March, improving the percentage of visitation with foster youth has been the identified practice improvement strategy for the FCOOHC program area.
- All supervisors and program managers are expected to use the managed reporting for monitoring visitation. Each supervisor was expected to establish a baseline for their group and with each worker in order to evaluate progress.
- A local tracking tool was being used prior to the managed reporting coming on line. Managers are no longer expected to use the local tracking tool but are welcome to use it if it is helpful for the supervisors and the program managers.
- Program Managers are expected to monitor visitation outcomes for each of their supervisory groups. A reporting out at the Management meeting (the second one of the month) will be an expectation. Individual conferences will also focus upon the improvement/lack of the visitation outcomes.
- All case managers are expected to use a calendar to frontload their visits with foster youth each month. Supervisors are expected to use the calendars to monitor and assure that visits are occurring. Frontloading the visitations during the first two weeks of the month should allow for all visits to occur before the end of each month.
- Visitation outcomes will be a topic of discussion at each of the All Sups/Specialists meetings—held once a month.

- A number of supervisors have imposed the first two hours of each morning as "quiet" time where staff should be inputting information in the FACES system. Other supervisors are requiring staff to input a visitation in FACES the work day following the visit. Both strategies are to ensure the timely input of information into FACES regarding the visitation.
- Strategies that are working are shared with the whole at the Sups/Specialists meeting.
- There is a peer supervisory meeting held each month. Visitation continues to be a topic for that groups' meeting with the idea of promoting "peer to peer" TA on what strategies are working.
- PBC contractors will be invited to the City All Sups/Specialists meeting for a portion of the CSFR content. Previously, the oversight specialists were sharing the practice goals from that meeting.

St. Louis County

- Inform staff of expectation to enter visit contacts within 5 business days of contact & to enter complete contact info (No "See CD-82" entries).
- Document contact entry date into FACES on CD-82; submit form to supervisors within 5 business days of contact.
- Verify entry date & completeness in FACES.
- Submission of visit tracking form to program manager.
- Monitor service workers' visit contact entries in FACES.
- Provide worker child visit entry instructions to staff.
- A cheat sheet w/tips for staff given to all case managers.
- Check workers' case lists on visit report against local worker visits tracking form to ensure they match.
- Submit tracking form to program manager.
- Monitor Circuit Manager's visitation schedules to ensure regular visits are happening.
- Inform supervisor when visit policy expectations can't be met.
- Monitor frequency of visits using Tracking tool & FACES Worker Visit Report to ensure visits are held 2 x month (after 10th business day of month).
- Provide strategy ideas to staff on how to improve visit frequency.

I. Adoption Incentive Payments

In FY 09, Missouri adoption incentive payments of \$488,000 assisted CD in covering the costs of adoption recruitment and related activities. This funding has been set aside to general recruitment activities and for the Missouri Adoption Heart Gallery.

J. Quality Assurance Update

The Division maintains a structured Quality Assurance and Quality Improvement process as described in the five year plan. QA and QI activities occur at a state level as well as regional level. All QA and QI activities jointly work together to continually assess the quality of services under the CFSP and assures steps are taken to address identified problems.

Data is consistently used for monitoring practice effectiveness and ensuring quality services in all program areas. Data is used for management oversight as well as to drive case management decisions by field staff and supervisors. This occurs in numerous planned as well as unplanned (ad hoc) methods. Reports are regularly produced, some of which are published, and most are posted on the Division's Intranet and/or Internet for use by CD staff and stakeholders. Reports include proxies for CFSP outcomes as well as other areas of practice.

Ad hoc reports are an integral part of QA and are used for many purposes. This has been particularly useful in the absence of published outcomes data following challenges of conversion. Local or regional measurements of service delivery effectiveness are the most common reasons for ad hoc reports from the field. QA specialists either contact the central office manager for information or directly contact the Research and Evaluation Unit to obtain needed information. Ad hoc reports are used by middle or upper level managers to address policy or program related issues affecting quality services on the front line or to inform outside stakeholders about child welfare matters.

Outcome data is used in a variety of ways with Division staff and partner agencies. QA specialists routinely create data tables and charts for circuit staff and the courts, highlighting practice areas needing improvement, and to show progress made.

Continuous Quality Improvement (CQI) is a key QA/QI structure of the agency by which all agency staff participate in the on-going assessment of the quality of services under the CFSP and initiation of change to address identified areas of concern. In addition, circuits are encouraged to invite stakeholders to their structured CQI meetings.

Circuit staff members regularly meet with stakeholder groups in the community or invite stakeholders to local meetings outside of the structured CQI process who can then bring information from the stakeholder's sharing of information (regarding the quality of services) into the CQI process. Each circuit keeps a notebook entitled, "Involvement of stakeholders in the CQI Process" in which they keep minutes from their meetings and any Quality Improvement plans they have developed collaboratively. Many stakeholders are involved in the review and improvement of permanency efforts through the Fostering Court Improvement Program in participating circuits. Stakeholders were also involved with CFSR readiness and accountability activities by coming to the table to review data, and in development of the local readiness assessments, statewide assessment and upcoming program improvement plan development. Additionally, the CFSR Advisory Board consists of representatives from the tribes, education system, courts, attorneys, and many more.

The quarterly *In Focus* Newsletter has continued to highlight key areas of practice needing improvement, which is used in the CQI process by all staff to discuss local or state level strategies for improvement. This year, COA maintenance information and efforts were also incorporated into the newsletter as a standing article. The newsletter also regularly highlights supervisory issues from the Supervision Advisory Committee.

Regional QA/QI Activities:

Fostering Court Improvement

As discussed in the five year plan, QA Specialists in four regions are actively involved with the Fostering Court Improvement (FCI) Initiative. Established in ten circuits, the FCI Initiative is a collaborative effort between the CD and the court system. QA Specialists help FCI teams to establish and maintain strategic plans for change by regularly attending meetings and providing data on progress on permanency outcomes at the Circuit Level. For example, during 2009, the Circuit 13 Fostering Court Improvement Project Team suggested a case review to capture several data elements to determine which children were and were not reaching timely permanency. The QA Specialist created a draft review tool and presented to the team for input. After receiving approval, the QA Specialist recruited reviewers, set up the logistics for the review, captured the data, analyzed and the data, and reported out the findings.

Jackson County Community Quality Assurance Committee

As discussed in the five year plan, Jackson County continues to support a Community Quality Assurance Committee (CQAC). The Committee meets half a day once per quarter. The membership of the CQAC consists of professionals from child welfare, or related disciplines, and child advocates to encompass a broad spectrum of professions so as to create a multi-disciplinary perspective within Jackson County. Subcommittees within the CQAC have continued to meet and work on projects identified by the team members. Examples from the past year include: an education subcommittee, a subcommittee on needs assessment, and a workgroup to address retention of resource parents. These efforts have proven to be successful as Jackson County continues to have positive outcomes in many areas of practice.

The QA Unit conducts local situational activities as areas of need are identified. This includes data accuracy training and support, worker/ supervisor/ administrator support, activities to emphasize practice areas needing improvement, data sharing, and collaboration with QI Unit and Private Agency QA staff, and other activities as requested by the Regional Directors or QA Unit Manager. In the absence of trends reports during 2007-2009 due to FACES conversion, local staff have relied on monthly case listings, and QA case review results (Peer Record Reviews and Supervisory Case Reviews) to monitor and identify trends.

QA and QI specialists address regional-specific issues in varying ways. For example, St. Louis City outcomes are sometimes outliers from state patterns, and the focus for improvement is sometimes apart from other Regions. Likewise, some geographical regions are vast, which requires additional travel time for the specialist leaving less time for actual hands-on support. QA and QI staff receive strategic guidance and assistance in planning from their Central Office and Regional Supervisors.

QA and QI specialists have access to Cyber Access, which is a web-based tool shared by numerous agencies containing medical information. They also have shared access to the Missouri Juvenile Justice Information System (MOJJIS) which contains information on education, health, juvenile justice, juvenile delinquency, child welfare, and more. The information from these two sources fosters communication and assures the holistic need and status of a child is understood by all involved parties. Private agency case managers have access to the CD Intranet, use the same information system (FACES) for documenting case management activities, receive all Division memos to keep everyone simultaneously informed of policy revisions or critical issues, and have access to all outcome reports available to the Division. All private and public QA staff received reinforcement training regarding Cyber Access and MOJJIS this year at a QA Unit Meeting.

The private Foster Care Case Management (FCCM) contract is comprehensive and sufficient for setting the stage for ensuring quality service delivery. It clearly specifies standards for practice including qualifications of staff. The contract, based on accreditation standards, specifies minimum requirements for the contractors' personnel. The contract specifies training requirements including on-the-job training, qualifications and the requirement for quality assurance processes, including consumer satisfaction evaluations, compliance with the Division's Child Welfare Manual and reporting requirements, and joint Peer Record Case Reviews with the Division.

Collaboration between the Division and FCCM is a strength for the agency for assuring quality services. In addition to joint Peer Record Reviews, QA program staff work together between agencies. The Quality Assurance program is multi-faceted when monitoring FCCM outcomes to ensure quality service delivery. The Division has specified contract oversight specialists who

serve as a dual role for quality assurance as well, as they monitor specific outcomes to ensure quality service delivery. For example, worker visits and permanency planning meetings held by FCCMs are monitored monthly by the Division's oversight specialists. The Division's QA staff monitors Division and FMMC outcomes routinely, and the central office QA Unit routinely monitors statewide compliance for the individual agencies, and communicates through the FCCM Quality Assurance designees on areas needing improvement.

Safety and health assurance of children in foster homes and residential centers, including both private and public, are assured through standards of licensure, rules, compliance reviews for oversight by licensing workers in the Division and/or the Residential Program Unit depending on the type of home or facility. Case management activities are in place to address child safety and health as well. In particular, worker visits with children occur and include requirements to assess safety and well-being issues to include health. Case Reviews evaluate the effectiveness of visits and results are shared with staff as previously stated above.

An on-going challenge for Quality Assurance for analyzing data to identify trends is related to data integrity issues stemming from conversion of each phase from Legacy to the new SACWIS information system (FACES). Missing data, incorrect data and untimely data entry are continued challenges with field staff. Missing and incorrect data related to conversion and missing edits impacts the ability to have consistency or confidence in data, and also caused a significant delay in the ability to produce outcomes and trends reports. Much time and effort has been spent by the Quality Assurance Unit in addressing data integrity related issues, leaving less time to identify, analyze, and target areas needing improvement to the extent necessary. The data integrity issues, late production of internal reports and absence of composites as noted previously impacted the ability of QA staff to evaluate trends during this period. However, much progress has been made, and the Division is once again current with all published reports as of March 2010.

However, a new initiative is underway to aid in the ability of QA and QI staff to monitor and address concerning trends. The Quality Assurance unit is currently working with the University of Kansas on the development of a new Results Oriented Management (ROM) Report which will increase the ability of staff at all levels, including private agencies, to self-monitor and oversee effective practice and outcomes. This will be structured in a similar format to the agency's worker visit report, which proved extremely helpful in improving outcomes on worker visits. The ROM is anticipated to be available to field staff in the fall of 2010.

The Quality Assurance unit is also monitoring and working to assure timely and accurate documentation by staff. Much effort is made to encourage and explain the importance of documentation to staff, including a policy memorandum distributed setting guidelines for timeframes for case documentation. This was complicated with the conversion to FACES resulting in a learning curve, staff resistance and timely data entry. However, multiple data training strategies have been utilized such as direct support, data accuracy training using multiple strategies, such as helpful hints on entering data, and power point presentations posted on the CD Intranet and memorandums. This has shown to be beneficial as much of the data integrity issues have been resolved. Additional data accuracy training is currently being planned to continue these efforts. On-going support from central office QA staff as well as Regional QA Specialists is provided on an on-going as problems are identified.

A challenge exists in keeping staff focused on the holistic perspective of a child or family outcome and how the outcome is related to positive results for the consumer, versus staff being concerned about outcomes only used as a reflection of their work. This is a challenge in

particular for cases that transfer between counties or between public/private agencies. Staff can get caught up in whose responsibility a situation was when less than favorable results occur, and lose sight of the larger picture of why a deficiency in practice was important for the family or child. The QA Unit continually strives to inform staff about their practice as it relates to child safety, permanency and well-being through various strategies, including featuring information in the "In Focus" Newsletter.

K. Licensing Waivers

The Missouri Children's Division does not grant licensing waivers. However, we grant variances for specific reasons for a specific timeframe. For example, in the case of non-safety licensing standards, a variance may be granted for a time limited period not to exceed the current licensure period.

L. Juvenile Justice Transfers

During the CY 07, 53 children exited custody from CD and were transferred to DYS. During the CY 08, 52 children exited custody from CD and were transferred to DYS. During the CY 09, 55 children exited custody from CD and were transferred to DYS. As this information shows over the past three years, this number has remained relatively stable. These counts are derived by matching Departmental Client Numbers (DCNs) of children exiting from the alternative care population with entries into the state's Juvenile Justice System before or within 90 days of the exit.

M. Inter-country Adoptions Annual Update

CD collected information regarding children who are adopted from other countries and who enter into state custody as a result of the disruption of a placement for adoption or the dissolution of an adoption. There were eight children. Four of the eight children, were adopted internationally through Missouri's child placing agencies and entered state custody as a result of disruption of a placement for adoption or the dissolution of an adoption during FY2009.

The eight children's information is as follows:

- This child was adopted at age 4 from Russia through an adoption agency in Washington, D.C. called Cradle of Hope. No Missouri child placing agency was involved. The case involving this child was closed after he was returned to the custody of his adoptive parents on 12-2-09. Thus, reunification has been achieved.
- This child was adopted as an infant in Russia by his Bulgarian parents before the family immigrated to the US. He came into care due to physical abuse. This child has been reunified with his parents and our case is now closed.
- **Brother of child listed above.** This child was adopted as an infant in Russia by his Bulgarian parents before the family immigrated to the US. He came into care due to physical abuse. The child has been reunified with his parents and our case is now closed.
- The licensed Missouri child placing agency that initially handled the placement or the adoption is ABC Adoptions. The plans for the child are TPR/Adoption. The reason for the disruption or dissolution is that the adoptive parents reported they can no longer manage the child's behavior problems. They made several attempts to re-adopt him through their private agency, but were unsuccessful. The child was placed in residential

treatment through a voluntary placement agreement. The adoptive family declined to pick him up at the end of the 180 days and he was placed in foster care.

- The licensed Missouri child placing agency that initially handled the placement of adoption was Small World Adoption Foundation. The reason for disruption is behavior injurious to self and others. The plan for the child is that the child is currently receiving residential treatment. The plan for the child is reunification with his adoptive parents.
- The licensed Missouri Child Placing Agency that initially handled the placement of adoption "Future Inc.". The plan is reunification. The reason for the disruption is child's mental health needs.
- The licensed Missouri child placing agency that initially handled the placement of adoption Children of the World. The child was adopted as adopted from Haiti. The plan for the child is adoption, and adoption recruitment is currently in full swing. The reason for the disruption is because the child was displaying behaviors that the adoptive family was unwilling/unable to deal with. After a psychiatric hospitalization the family refused custody of the child.
- The licensed Missouri Child Placing Agency that initially handled the placement was Children's Hope International. The plans for the child are that the child is currently receiving residential treatment. The reason for the disruption is because the child was displaying behaviors that the adoptive family was unwilling/unable to deal with. The child was hospitalized and her family refused to pick her up and has refused all attempts to engage them in the planning. The adoption has not been set aside. The Children's Division is recruiting for a resource for her but her goal is APPLA.

See Inter-Country Adoption in the Permanency section for more information.

Annual CAPTA Grant Update

Child Abuse Prevention and Treatment Act Service Description

The State of Missouri currently is involved in a number of activities targeted to prevent and accomplish the remediation of child abuse and neglect. As a result of implementation of our multiple-response system for reports of child abuse and neglect, Missouri maintains a high standard of practice. Child safety is of paramount concern and attention in Missouri. Practice ensures child safety through a child focused family-centered approach which is culturally sensitive, strengths-based and embraces the community child protection philosophy. Current and future initiatives are designed around strengthening and ensuring quality improvement of statewide practice.

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

The following activities are in fulfillment of CAPTA for the application and grant in accordance with the ACYF-CB-PI-03-09, and pursuant to compliance with part B of title IV of the Social Security Act [42 U.S.C. 620 et seq. and 42 U.S.C. 5106a of the CAPTA law], numbers (1), (2), (3), (4), (6), and (12):

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

12. Developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the community level, as it relates to the Child Advocacy Centers and the National Committee for Prevention of Child Abuse.

Missouri's Child Protection System (CPS) continues to maintain the status of being state of the art in its use of multi-disciplinary and interagency protocols to enhance the intake, screening, investigation, and assessment of reports of child abuse and neglect. Missouri implemented the alternative response/dual track system in 1995. This system continues to be considered best practice within Missouri and looked upon by other states as exceptional. Our design improved past methods by creating various responses to reports, while maintaining safety of children. This system continues to be improved through development of specific interview questions or pathways that get to the heart of issues within families who come to the attention of the Division because of a report of child abuse/neglect. These issues may include domestic violence, substance abuse or methamphetamine productions, financial instability through underemployment or unemployment.

Through the creation of community partnerships, families receive faster and more comprehensive service delivery. The division continues to enhance the general CPS system by fine tuning the safety and risk assessment tools and protocols. The Division has worked in consultation with the National Resource Center for Child Protective Services to review and improve the safety and risk assessment tools and protocols in Missouri. At this time risk and safety are assessed at the time of the original report of abuse or neglect as well as throughout the investigation process and ongoing throughout the life of any subsequent case with the family. The NRC has provided excellent feedback on improving and clarifying for staff the safety assessment process as well as safety planning. Safety and risk are being refined using a multi-phase approach beginning with an introduction of the concepts of safety threats, child vulnerabilities and caretaker protective capacities through discussion and a review of the current written material on these concepts. The second phase included a training of upper level field managers to strengthen the utilization of these concepts from the top down. The third phase will include training direct supervisors of case carrying staff to begin incorporation of these concepts into case assessment and a review of these concepts in supervisory consultations. The final phase will include a revision of our tools in our SACWIS system as well as policy changes to accompany improved safety practice.

The CAPTA requirement to train the legal representative of foster children in judicial proceedings is continuing within the Missouri Bar Association (MBA). MBA provides extensive training for all newly appointed Guardians ad litem and CASA representatives. They are educated on the following: basic child abuse and neglect and the needs of the child; how to exercise independent judgment on behalf of the child in all matters; meeting with the child in the child's placement as often as necessary to ensure the child is safe and to ascertain and represent the child's best interest; reviewing progress of the case and advocate for timely hearings; participating in development or matters affecting the best interest of the child and monitoring implementation of court-ordered services to determine whether services are being timely provided.

Lastly, in response to provisions and procedures for referral of a child younger than age three involved in a substantiated case of child abuse or neglect, to early intervention services funded under part C of the Individuals with Disabilities Education Act, CD is collaborating with the Department of Elementary and Secondary Education (DESE). The CD has collaborated with DESE and established policy which requires CD staff to make a referral to DESE First Steps

Program when they have found a child under three to be a substantiated victim of child abuse/neglect. Children's Division staff met with DESE representatives in November, 2008, to discuss and enhance the referral process.

Activities Missouri intends to implement with CAPTA State grant funds

In addition to FCS training described in the next section, the following activities continue to be practiced throughout the state:

- (1) Bring other providers to the table (e.g., Temporary Assistance, Department of Corrections, Department of Mental Health, and Child Support Enforcement Staff) as identified, in the process of providing direct technical assistance in FCS assessment and service delivery to families in a multiple disciplinary approach.
- (2) Provide clinical consultation services for CD in-house staff. Such services would focus on assisting on CD staff in strategizing the assessment, treatment planning, goal setting, and service delivery on FCS Cases.
- (3) Develop new ways in which consultation can be provided as an education component within communities.

The total funding necessary for FCS, for FFY 11 is \$150,000.

The division will also purchase resource/training material for central office and field staff to equip them in staying current on new and emerging trends in the prevention and treatment of child abuse and neglect. Pamphlets and related material will be purchased for mandated reporters and others to provide information on child abuse and neglect. The pamphlet *The Guidelines for Mandated Reporters of Child Abuse and Neglect* has been made available through a link on the CD webpage and can be printed from that link.

The CD will send representatives to the required National Center for Child Abuse and Neglect (NCCAN) State Liaison meetings.

The total funding necessary for such Out-of-State trainings/meeting, for FFY 11 is \$10,000.

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

The total funding necessary for NCPCA/MJJA/CWLA/NDAS annual dues, for FFY 11 is \$12,000.

The CD continues to budget approximately \$800,000 to Child Advocacy Centers (CACs). CAPTA funds are supporting the services these centers provide. These centers provide vital forensic interviews and sexual abuse examinations which assist in the successful prosecution of abuse and neglect. CAC settings are established to be neutral and in a "child friendly" atmosphere in order to: (1) reduce the emotional trauma of the investigation to the child and the non-offending family members; (2) improve the ability of the Child Abuse Investigators to reach an appropriate finding; and (3) improve the multi-disciplinary collaboration at the community level. These centers are regionally located to meet the needs of our children and families statewide.

The total funding necessary for the CAC FFY 11 is \$480,000.

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

The total CAPTA funding requested, which includes funding for all the above CD initiatives and activities for FFY 11 is \$652,000.

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

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

- Consultation/training for staff in the county offices to assist them with developing service strategies with multi-problem families and family-based applications. FCS contracted consultants (family-based practitioners skilled in family-centered practice) help staff explore options and approaches to presenting problems with families, role model the staffing process, and reinforce the skills of a family-centered approach.
- Training for contracted consultants and Children's Services Specialist's on utilization of Family Conferencing Techniques, as well as Community Partnering for the Protection of Children philosophy for intact families. FCS consultants and Children's Services Specialist's will be able to model this technique for CD staff for use in family service delivery.
- Training provided for FCS staff by CD staff trainers or contracted trainers (i.e., Intensive In-home Services trainers, to assist them in improving their skills in providing FCS, e.g., interviewing skills). This training is usually provided within the context of completing and understanding the tools within the CD-14, Family Assessment Packet.

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

- The provision of specific one-on-one training with staff and families by modeling a family-centered assessment in the field with staff and selected a family. This carries the training process to conclusion and critiques the process for best practice.
- Training is being provided to CD staff, JO, attorneys, GALs, and CASA on improved timeliness of hearings, concurrent planning and provisions of protective custody (including imminent danger definition and guidelines on standards of removal).

Annual Chafee Grant Update

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

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

The CD will continue to use the CFCIP funds to staff one state level coordinator. The state level coordinator position will continue to be responsible for program development and coordination, implementation, resource development, training, administrative oversight, technical assistance, and policy development. The coordinator will also be responsible for management and oversight of the Chafee, ETV, and Transitional Living Program (TLP) contracts.

The CD will also use CFCIP funds to staff four Older Youth Transition Specialist positions to cover seven regions of the state. The Specialists will continue to be the liaisons to the IL Coordinator and contracted providers of Chafee and TLP. The Specialists will continue to be responsible for monitoring the contractors for compliance. They will conduct on-site monitoring visits, review expenditure reports, invoices, and outcome reports for accuracy and compliance. They will be the gatekeepers of referrals for Chafee services and TLP placements. The Specialists will continue to work directly and collaboratively with the IL Coordinator, case managers, contracted providers, youth, and to be responsible for on-going consultation and education to agency staff, providers, and the community. The four Older Youth Transition Specialists may also assist with program coordination in their designated regions. Quarterly meetings will be held with the Specialists and IL Coordinator. The Older Youth Transition Specialists duties were revised for consistency across the state in 2010 and will be revised in FY 11 to assist with National Youth in Transition Database (NYTD) implementation.

The CD Older Youth Program encompasses all the services and programs which are offered to foster and former foster youth, including youth who obtained kinship guardianship or adoption after the age of sixteen, to achieve positive outcomes in their transition to self-sufficiency. This program encompasses Chafee services to youth ages 14-21 as well as the Transitional Living Program, Education & Training Voucher Program and Independent Living Arrangements. There are approximately 3391 youth in Missouri eligible for Chafee services. All new employees are trained through a separate curriculum regarding the Older Youth Program requirements. Youth continue to receive information about available Chafee services through their case manager, Older Youth Transition Specialists, youth boards, and the CD website. Services are to be used to assist youth in complementing their own efforts to achieve self-sufficiency and to assure they recognize and accept personal responsibility in preparation for and the successful transition from adolescence to adulthood. Youth are involved in their case planning to address the development of skills and resources needed to facilitate their transition to self-sufficiency. Multiple Assessments including a strengths/needs assessment, the Ansell-Casey Life Skills Assessment, Portfolio Assessment and Performance Assessment are used to establish goals and monitor progress and achievement. The Adolescent Family Support Team Guide and Individualized Action Plan are utilized by case managers for development and documentation of the youth's transition plan, for youth ages 14 to 21.

Life skills training is provided by contracted providers, including contracted transitional living programs. The CD has recommended providers develop competency based training modules for each set of life skills taught. Each youth is evaluated individually to determine strengths and

identify areas of need. Life skills are taught based on the unique needs of the individual youth. Youth are evaluated using the Ansell Casey Life Skills Assessment (ACLSA) and progress is tracked on Individual Life Skills Progress Form. Portfolio items are a component of life skills that have been achieved. Contractors receive a current ACLSA with each referral for Chafee services or TLP placements and are to reevaluate the youth once a year using the ACLSA. Contractors are required to provide outcome data on each youth served with CFCIP funds. Contractors work with youth in the areas of academic achievement, job readiness, community services and supports, youth leadership, and independent living skills training. Aftercare services are also provided through the contractors. Youth leaving care after the age of 17.5 and not yet 21 are available for these services. Youth must be 18 to receive housing assistance. On-going communication occurs with the providers of Chafee services via electronic mail from the Independent Living Coordinator as well as quarterly visits from the Older Youth Transition Specialists. A statewide meeting is held annually to discuss the overall program.

Policy at the CD currently requires all staff to begin transition planning for all youth ages 17 and older and for those who will be leaving foster care after age 18. The purpose of conducting transition planning is to identify anticipated service needs and arrange for meeting the needs of older youth who will soon be exiting foster care. In order to prepare youth for their exit from the foster care system, the Case Manager or Children's Division Worker meets with their youth to complete exit planning ninety days prior to release from custody. The Adolescent FST Guide and Individualized Action Plan is used to capture the transition plan for the youth and is intended to be a proactive, youth driven case planning tool. This tool should be discussed and utilized at least every six months at the Family Support Team Meeting with youth ages 14-21. Exit packets are also provided to youth upon discharge from care. Exit packets contain information on ETV, MoHealthNet, Chafee Aftercare Services, the National Youth in Transition Database and local community resources. A verification letter indicating the youth's time in care is also provided to aid the youth in receiving assistance after leaving care within the state and out of state for services that require eligibility verification. A memo and PowerPoint presentation were issued to staff in November 2009. Education of staff around transition planning will continue in FY11.

In FY 11, CD will develop and implement policy to be in compliance with the Patient Protection and Affordable Care Act (HR 3590). Policy will ensure that all youth participating in the Older Youth Program are provided education about the importance of designating another individual to make health care treatment decisions on their behalf if they become unable to participate in such decisions and the youth does not have, or does not want, a relative who would otherwise be authorized under law to make those decisions, whether a health care power of attorney, health care proxy, or other similar document recognized by state law and how to execute such a document if the youth wants to do so. Youth exiting care will also receive information regarding health care needs in the exit packet. Information will include options for health insurance, information about a health care power of attorney, health care proxy, or other similar document recognized under State law and options on executing such a document.

Steps have been taken in FY 10 and will continue in FY 11 to evaluate philosophical and programmatic changes as well as tools and forms utilized in the OYP. The CD is continuously exploring needs of staff in regards to the Older Youth Program and once a need is identified, implementing tools to assist staff to become more knowledgeable. Several links to web resources regarding Older Youth were added to the intranet and resources will continue to be added. The use of technology as a means to stay connected to older youth will be used beginning in 2010. A strategic plan will be developed in the near future to address specific

steps that can be taken to improve the program as a result of a statewide file review of older youth records.

The State Youth Advisory Board will plan and host a youth and adult empowerment and leadership conference for the summer of 2011. This is a bi-annual conference. The intent of the conference is to bring adults and youth together while providing motivation and leadership training.

The Youth Independence Interdepartmental Initiative was formed in April 2010 and will convene over the next three years with the purpose of implementing the Blue Ribbon Panel Task Force on Aging Out's recommendations. The original task force was formed to assess resources available to support youth in or exiting from care and to recommend ways to strengthen communication and collaboration among youth-serving agencies and ended in FY10. Several recommendations center on the CFCIP purposes.

Plans are underway to implement the National Youth in Transition Database requirements. Older Youth Program forms are not currently in the SACWIS system. A survey tool is being developed along with new service reporting mechanisms. Contractor outcomes will be in SACWIS and are in development process. Tools to stay connected with youth are being implemented. The IL coordinator has been given access to some social sites in order to connect with youth. The program and information technology units are working closely to ensure timely implementation and compliance measures are met. Representatives will attend a forum in July 2010 regarding NYTD. Staff has participated in numerous webinars relating to this as well and will continue to educate themselves and prepare for implementation of NYTD. A poster and a skit have been developed to promote NYTD and a memo has been issued to introduce staff. NYTD reporting will begin in 2011 and CD plans to be in compliance with the requirements set forth in order to receive the full Chafee allotment. CD staff and Contracted providers are and will continue working jointly in this effort.

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

CD and Foster Care Case Management staff and Chafee and TLP contracted providers will continue to assist youth in resume development, interviewing skills, time management skills, employment aptitude testing and preparation for work and work life. They also will provide career planning which consists of job shadowing, internships, and job site tours. Career center information has been shared and is utilized across the state.

CD staff will continue to refer youth to Job Corps, AmeriCorps, and all branches of the military as well as utilize the Missouri Mentoring Partnership (MMP), Workforce Investment job opportunities, and vocational rehabilitation services.

In August 2008, a task force was convened on youth aging out. The task force was comprised of leaders from public and private entities with the goal to maximize the use of resources to support young Missourians and their transition to successful adult roles and responsibilities. The task force submitted a three year plan in June 2009. In April 2010, the Youth Independence Interdepartmental Initiative task force was established by Governor Nixon. The charge is to assist in carrying out the recommendations of the previous task force which include improving employment opportunities for older youth. The Youth Independence Interdepartmental Initiative has a representative from the Division of Workforce Development and resources are being shared through this initiative.

In November 2009, the Independent Living Coordinator testified at a hearing of the House Dropout Prevention Task Force and Recovery on behalf of the educational needs and successes of older youth in foster care.

Missouri CD plans to continue collaboration with the Orphan Foundation of America (OFA) in providing ETV services to youth as well as providing support and training to staff that work with older youth. OFA has provided several informative webinars regarding career preparation and they will continue this in FY11.

Missouri plans to continue to support and sponsor national internship opportunities for youth through FosterClub All-Stars and OFA as well as other opportunities that present themselves for Older Youth.

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

Early and on-going support for education is extremely important in preparing youth for self-sufficiency. Education is being approached in a comprehensive and integrated manner in the early years. Setting and monitoring educational goals assists youth in understanding the importance of having a vision of educational success. The CD believes the utilization of the Adolescent FST Guide and Individualized Action Plan increases the support for positive educational outcomes and guides the CD case manager to provide that support and assistance to the older youth in foster care. CD case managers are encouraged to utilize the education supplements available through the Ansell-Casey Life Skills Assessment, which is required for all youth 14-21 receiving Chafee services. The Adolescent FST Guide will be put into the FACES system in 2011 which will allow Missouri to have information regarding high school graduation or GED obtainment on older youth which has not been available.

Chafee and TLP contracted providers are required to assist youth participating in their programs with academic achievement by providing an array of services including but not limited to advocating, planning, and coordinating for education needs, goals, and aspirations, assisting youth in assessing financial aid opportunities, ensuring the development of technology skills, and preparing the youth to make the transition from high school to post secondary education or employment. Examples of services include tutoring, campus and program tours, assistance with financial aid applications, and obtaining graduation items. Missouri plans to continue supporting our Contracted providers in providing these vital services and increasing the number of youth serviced by these programs.

With the passage of the Stable and Safe Families Act, Missouri offers Education and Training Vouchers (ETV) program. Missouri uses ETV funding to expand and strengthen its post secondary educational assistance to eligible youth. The ETV program is implemented through a contracted provider. The purpose of the ETV program is to provide resources to eligible young adults to apply toward the cost of attendance at post-secondary vocational and/or educational institutions. Eligible ETV program participants are youth who are eligible for services under Missouri's Chafee Foster Care Independence Program and youth who were adopted or achieve legal guardianship after the youth's 16th birthday. Young adults who are receiving financial assistance through ETV on their 21st birthday may continue to receive ETV services up until their 23rd birthday, provided they are enrolled in a post secondary education or training program and are making satisfactory progress toward completion of that program.

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

Funds provided under the ETV program may be used for expenses related to the cost of attendance as defined in section 472 of the Higher Education Act. Missouri has different types of post-secondary institutions, which provides education and/or training beyond the high school level. Regionally accredited institutions of higher education in Missouri include two-year colleges, four-year colleges and universities and state colleges. There are accredited independent nonprofit two-year colleges, four-year colleges and universities, technical and professional institutions, theological schools, and seminaries. There is also a long list of proprietary institutions which may be accredited and unaccredited but are certified to operate by Missouri Department of Higher Education. These generally offer education and training designed to prepare graduates for direct entry into specific occupations or professions.

Current and former foster care youth are also eligible to receive the federally funded Pell Grants. CD requires all youth applying for ETVs to submit a copy of their financial aid letter from their chosen school providing all other financial aid awarded. Youth must be willing to participate in federal Work Study program or work part-time.

In addition to financial assistance, the contracted provider has been able to offer outreach programs, probationary services, individual and group virtual mentoring and three care packages a year to eligible youth. Scholarships and internships are also provided through OFA. Missouri plans to continue to strengthen and expand this program.

In the 2009 legislative session, House Bill 481, Section 173.270, Tuition and Fee Waiver for Children who have been in Foster Care, passed. This legislation requires the Coordinating Board for Higher Institutions to make provisions for institutions under the board's jurisdiction to award tuition and fee waivers for undergraduate courses at state institutions of higher education for any incoming freshman beginning in the 2010 fall semester or term. This funding is dependent annually on budget appropriations. The first fiscal year this would be applicable would be fiscal year 2011. With the current financial status of the state, this bill will most likely not be funded this year however advocates continue to seek appropriations for this legislation.

Members of the SYAB will continue to advocate for educational needs of youth in foster care.

Information on college entry testing and ETV has been placed on the CD website and shared with providers and youth. Representatives from Department of Elementary and Secondary Education and Department of Higher Education are on the Youth Independence Interdepartmental Initiative task force and provide resource sharing through this as well as clarification regarding statutes that impact youth in foster care that are in turn shared with staff working with older youth.

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

Young people transitioning out of or who have exited foster care need to develop a support network. The influence of informal role models to serve as mentors in a support network is critical. Missouri currently offers personal and emotional support to young people through job placement, extracurricular activities, community involvement, and formal and informal mentors. Committed and caring adults are essential in guiding young people and helping them maneuver in their community.

It is in this belief that the Adolescent FST Guide and Individualized Action Plan were developed. It is the intent of CD staff to cultivate their community network to develop permanency connections for youth in care. It is the expectation this tool be a guide for case managers and assists them and the Family Support Team to become aware of available services to the youth. The youth is aware and fully engaged in this process. This tool also specifically requires up to three adult supports to be identified by the youth and this will be an integral part of the National Youth in Transition Database implementation requirements. This tool will be in FACES in FY11.

The Missouri Mentoring Partnership (MMP) will continue to be a resource and provides resource coordination for youth and volunteer mentors recruited from the community. These mentors provide positive role modeling, friendship and guidance around employment and parenting issues to youth who are entering the workplace or have become parents. MMP helps prepare youth for success and self-sufficiency. The hallmark of MMP is the support youth receive from volunteer community mentors and committed local businesses.

The MMP Work Site program provides job readiness training, mentor recruitment and training and support services and local business partners provide the youth with paid employment and an on-site employer-sponsored mentor.

The Young Parent Program provides parenting classes, mentor recruitment and training, support groups and resources such as books, diapers and car seats. Both programs stress continued education and many youth advance on to post-secondary educational programs. Participants are provided with the necessary tools to achieve outcomes that promote self-sufficiency and help them become productive members of their communities.

Community service or volunteering is a critical component in life skills training. Youth who volunteer in community service programs have an opportunity to develop work skills and to meet and develop relationships with adults and other youth who are involved in the same projects. Contracted providers are required to assist youth in developing these skills.

The Missouri CD promotes interaction between youth and dedicated adults through the Transitional Living Advocate program. This program will continue in FY11 but a workgroup is currently meeting to address its strengths and needs in order to increase utilization and improve the program. Through this program youth are connected with adults who become their advocate or mentor. These adults receive 18 hours of training from CD staff on adolescent issues, including three hours each in cultural/race sensitivity, Older Youth Program life skills training overview, adolescent development with an emphasis on what to expect from adolescent behavior, emotional obstacles out-of-home care youth must overcome, adolescent sexuality and behavior management via natural consequences. These adult advocates provide the youth a safe place to stay, continued life skills training, encouragement and guidance in regard to

employment, education and/or training, and preparation for successful transition from CD custody.

The Casey Family Programs "Ready, Set, Fly" curriculum is a required in-service training for all foster parents who accept placements of youth 14 years or older. This training is provided as a supportive tool foster parents can use with youth to develop or enhance life skills. Foster parents work in conjunction with case managers and Chafee providers to identify specific needs of the youth. This will continue to be a requirement in FY 11.

The State Youth Advisory Board (SYAB) continues to work on the development of a peer mentoring program and some members have become mentors. The SYAB would like to initiate peer mentoring through organizing foster youth support groups at local schools. This will continue to be an on-going project in the FY 11.

Missouri Court Appointed Special Advocates (CASA) also plays a vital role in mentoring Older Youth. These volunteers as an organization statewide have assisted youth throughout the state in advocating for their needs and providing emotional support. In FY11, 75 CASA volunteers in St. Louis City and the 25th Circuit will receive additional training specific to older youth. The National CASA Association was awarded a grant by the Wal-Mart foundation and two sites in Missouri have been selected to pilot the curriculum based on the possible selves theory.

The Independent Living Coordinator attended training on Family Finding in July 2009 to learn about methods that can be used to locate connections for youth.

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

Missouri will continue to provide services and support for youth in foster care, youth adopted or who have obtained legal guardianship after the age of 16, or former foster care youth between 18 and 21 years of age. While in foster care, these older youth are provided with the same services as the younger youth. In addition, older foster youth also receive education, training, and other services necessary to obtain employment, prepare for and enter post-secondary education and training.

Chafee services are available for foster youth ages 14-21 and youth adopted or who obtained legal guardianship after the age of 16. Youth who exit foster care on their 17.5 birthday and have not yet reached age 21 are eligible to receive Chafee Aftercare services. Youth may access Chafee services as needed while in the Division's care and custody or as a former foster youth.

Aftercare services are flexible, short term and used as a safety net to meet the needs of the youth after they have exited CD custody. Aftercare services are provided by Chafee contracted providers. The array of services varies depending on the need of the former foster youth. Chafee funds may be expended for a variety of reasons and should be used as a support for the young adult, not an on-going supplemental funding source. Aftercare services may include emergency/crisis intervention services, housing/room and board, educational/job training/employment assistance, and other support services. Room and board services are only available to youth who exited custody at age 18 or after, but they have not yet reached age 21. Room and board may include security and utility deposits, rent, utilities, food, start-up kits, basic necessities, and basic furniture. Support services provided include life skills training, transportation, child care, clothing, and other expenses as needed.

Case managers are required to provide an exit packet to youth prior to their release from CD custody. The packet includes information on the Aftercare Program.

Missouri also extends medical coverage through MO Healthnet for youth who left care after age 18 but are not yet 21. Youth are eligible regardless of income or assets as long as they aged out in Missouri and continue to reside in Missouri. In FY 11, efforts will continue to ensure that youth are made aware of this benefit and how to access it.

The St. Louis Aging out Initiative is a project administered by Epworth Children and Family Services, a residential and transitional living program in St. Louis. This initiative targets youth in the foster care who are 16 years old in a residential or transitional living program in the St. Louis area. This project focuses on linking youth to current service providers and creating support networks with area agencies. Online workstations and a 24-hour helpline will be available for youth to utilize. Also a peer advisor will be working directly with the youth. The intended outcomes of the project are to: teach youth self-advocacy behaviors, speaking in court; hearing and leading their own Family Support Team meeting; to have sixty percent of youth participants earn their high school diploma or GED; and to have one hundred percent of youth participants who exit the program to have their personal documents, such as their social security card, birth certificate, immunization record, etc.

Training planned for FY 11:

The CD promotes interaction between youth and dedicated adults through the Transitional Living Advocate program. Through this program youth are connected with adults who become their advocate or mentor. These adults receive 18 hours of training from Older Youth Transition Specialists or other CD trainers on adolescent issues, including three hours each in cultural/race sensitivity, ILP life skills training overview, adolescent development with an emphasis on what to expect from adolescent behavior, emotional obstacles out-of-home care youth must overcome, adolescent sexuality and behavior management via natural consequences. These adult advocates provide the youth a safe place to stay, continued life skills training, encouragement and guidance in regard to employment, education and/or training, and preparation for successful transition from CD custody. There is currently a workgroup that is revising the training curriculum to update it with the current research information on best practices/working with youth, as well as make it more user-friendly, timely, and applicable to the provider.

The Casey Family Programs "Ready, Set, Fly" curriculum for in-service training of foster parents is provided as a supportive tool foster parents can use with youth working in the independent life skills classes to help them practice their skills learned in the home. Foster parents which are licensed for older youth are required to receive the training. The training is conducted by local training staff.

The Older Youth Program Training, which includes training on the Ansell-Casey Life Skills Assessment, Adolescent FST Guide and Individualized Action Plan, positive youth development, permanency issues specific to older youth, cultural competency, and community collaboration was provided to Transitional Living Providers. The training was also incorporated into the core curriculum for all new hires in July of 2008. The training is conducted by CD staff trainers in the Professional Development Unit. Sessions are held across the state with youth co-trainers. The training unit has an on-going process of changing the training to meet current policy and to ensure that it is meeting the needs of the agency and seek input from Older Youth Transition Specialists and the Independent Living Coordinator.

The Older Youth Transition Specialists will continue to provide follow up training to case managers, contracted staff, and supervisors in their respective Regions regarding the Older Youth Program. The Specialists assist staff in the implementation of changes in the Older Youth Program practice and tools.

Training will continue to be provided through the Orphan Foundation of America on topics to assist youth in obtaining an education and finding employment.

Children's Division and its private partners also have on-going opportunities to receive no cost training on adolescent sexual health issues.

The Independent Living Coordinator has been speaking with the Department of Higher Education as well to coordinate training efforts.

A focus group met in 2010 to address adoptive parent training needs in regards to older youth. Recommendations were provided to executive administration staff.

The Children's Division will be addressing how to provide additional training to foster parents and Foster Care Case Management Staff in FY11 specific to older youth and in response to the older youth file review conducted in March 2010, recent conversations with the State Foster Care Advisory Board, and recommendations from the Transitional Living Advocate workgroup.

Service design and delivery of the trust fund program:

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

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

The CD recognizes the importance of and remains committed to youth involvement and development. When possible, youth are asked to assist in foster parent STARS pre-service and in-service trainings. Youth also speak at the Older Youth Program training which is provided to all new employees. Other trainings include Transitional Living Advocate and Court Appointed Special Advocates. Youth are often invited to participate and speak on youth panels and facilitate and lead workshops. Youth will continue to speak at foster parent appreciation dinners throughout the state. The SYAB has also assisted with development and implementation of the National Youth in Transition Database. The youth developed a skit that can be presented at seminars and workshops and a poster that is to be displayed in local offices encouraging youth to participate in the survey. A youth represents the SYAB at the Children Family and Service Federal Review Advisory Committee Meetings. A focus group with 24 members of the State Youth Advisory Board was held in April, 2010. Five youth were selected to participate in a statewide focus group in June, 2010 for the CFSR process.

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

Youth on the SYAB host and design the entire bi-annual state youth conference. Workshops and conference activities are generally led by the youth. A conference is being planned for the summer of 2011.

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

Other involvement includes:

- Meeting with legislators during the Annual Child Advocacy Day to provide information and advocate for foster care and independent living services.
- Speaking at community meetings to provide information about foster care and adoption issues.
- Participating in agency meetings and committees, such as the Missouri Task Force on Children's Justice, CQI state level meeting, Improving Educational Opportunities and Outcomes for Children in Foster Care Advisory Team, and Healthcare Oversight and Coordination Committee.
- Providing CFCIP and ETV Program information to foster parents, youth and community members.
- Participating in other community youth boards or councils, such as area youth boards and FosterClub All-Stars.

The CD has invested in the FosterClub All-Star Program to be able to send a youth to leadership training and participation in national leadership events. It is the philosophy of the agency that by providing this type of leadership training and national exposure that this one youth will be able to directly impact the lives of many youth within the state of Missouri. This youth will also be a trained leader in which he/she can better advocate within the system on behalf of youth in foster care. For the past four years, Missouri has sponsored an All-Star participant and hopes to sponsor a new participant in SFY 11 to continue this program. Each of these youth has and will be expected to participate in CD workgroups, state agency advisory boards and various speaking engagements.

The CD is always looking at ways to improve practice with older youth. In February 2010, memo was issued to staff regarding the importance of accommodating older youth in Family Support Team meetings. Another memo was issued in July 2009 to allow mileage reimbursement to older youth in independent living situations to assist them in meeting the goals of their case plan that would be afforded to youth in other living arrangements. Youth have also advocated for an increase in clothing allowances and this was provided to youth case managed by the Children's Division in July 2009. The youth voice is powerful and when possible and feasible, the CD acknowledges the needs of the youth with programmatic and practice changes and will continue to do so in FY11.

The CD is also always looking to strategize and implement program enhancements via task forces, committees, and workgroups across the state such as the Comprehensive System Management Team (System of Care State Team) and Fostering Court Improvement which has a focus on older youth and will continue to do so in FY11.

In FY11, SYAB members and other current and former foster youth will assist in training CD staff on the Older Youth Program sharing their perspective on why CD's philosophy and tools will help youth transition successfully from foster care.

Annual Education and Training Vouchers Update

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

Missouri currently uses grants, scholarships, and ETV funding to assist youth with costs of attendance for post-secondary educational and training programs. In the 2009 legislative session, House Bill 481, Section 173.270, Tuition and Fee Waiver for Children who have been in Foster Care, passed. This legislation requires the Coordinating Board for Higher Institutions to make provisions for institutions under the board's jurisdiction to award tuition and fee waivers for undergraduate courses at state institutions of higher education for any incoming freshman beginning in the 2010 fall semester or term. This funding is dependent annually on budget appropriations. The first fiscal year this would be applicable would be fiscal year 2011. With the current financial status of the state, this bill will most likely not be funded this year.

Missouri continues to expand and strengthen the ETV program to serve eligible youth.

The CD has contracted with the Orphan Foundation of America (OFA) since 2006 to provide ETV services. The CD, through specific contract requirements, plans to utilize all of the ETV funding received and to continue collaboration with OFA to provide these services. Missouri has utilized all of its ETV funds for the past three years. The contracting out of services has allowed for a central means of youth to apply as well as providing a database and evaluative reports on services. As part of the contract, OFA is also required to provide community outreach and awareness to identify eligible youth and the organizations that work with youth such as high schools, colleges, etc. OFA provides brochures and has a website.

There are no plans to change the eligibility criteria for youth at this time. Missouri was already operating under the guidelines of the Fostering Connections Act at the time of implementation of the law.

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

The application and all record keeping are online and available to appropriate state staff for oversight purposes, and training is provided via teleconferencing. The website allows CD to monitor the youth's application and paperwork at each step of the process. OFA looks at every ETV applicant individually, assessing their tuition need and cost of daily living, and each student gets the ETV disbursement that best suits these needs. Funds are available on a first come first serve basis.

Current requirements for eligible youth to receive assistance are:

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

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

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

In 2008-2009, there were 290 youth funded from ETV. Of those 290, 162 were first time funded.

In 2009-2010, there were 318 youth funded from ETV. Of those 318, 188 were first time funded.

In addition to financial assistance, the contracted provider has been able to offer outreach programs, probationary services, individual and group virtual mentoring and three care packages a year to eligible youth. Scholarships and internships are also provided through OFA. These services will continue as well.

Numerous trainings and educational sessions have been held across the state in which information regarding the ETV program was shared.

In June 2009, a workshop was provided at the Adult and Youth Leadership and Empowerment conference regarding resources including ETV. Youth and adults from across the state attended the event.

In October 2009, two statewide webinars educating individuals working with youth on ETV services were provided.

In November 2009, a statewide memorandum and PowerPoint presentation was issued regarding exit planning and providing information on ETV to youth. A presentation was also provided to the CSFR Advisory Committee.

In March 2010, presentations including information on ETV services were given to the Office of State Court Administrators and the State Foster Parent Advisory Board. Information was also provided to the State Youth Advisory Board to share with the local youth boards.

In April 2010, a webinar exchange was presented by the Orphan Foundation of America entitled "Making the Most of Summer Vacation" to provide youth with an array of options to help them stay focused and productive over the summer.

In May 2010, a session was presented on the Older Youth Program and ETV to Guardians ad litem and juvenile officers in Jefferson County.

A webinar was provided by the Orphan Foundation of America entitled "Coaching Students for Success" about working to help young stay focused on positive and productive futures.

A webinar was provided by the Orphan Foundation of America entitled "Making the College/Career Connection: Education and Training Options for Youth in Foster Care" about talking with youth about their education and training options.

A new brochure has been posted on the internet and intranet and distributed by e-mail to the Older Youth Transition Specialists and their supervisors, Chafee providers, Transitional Living Program providers, Specialized Contract providers, and State Youth Advisory Board Members. The brochure has also been provided to the local offices via the Older Youth Transition Specialists. Information regarding FASFA has also been added to the website as well as PowerPoint presentations on ETV and websites containing scholarship links. Information on waiving college admission testing fees has also been provided via e-mail to all agencies working with older youth in the state.

In August 2008, Former Governor Matt Blunt convened a task force on youth aging out which Governor Jay Nixon continued. The task force was comprised of leaders from public and private entities and youth and alumni youth. The goal of the task force was to maximize the use of resources to support young Missourians and their transition to successful adult roles and responsibilities. One of the priority topics was education. The task force submitted a three year plan in June 2009.

Governor Nixon has convened a new task force, the Youth Independence Interdepartmental Initiative, beginning April 2010 to work on implementation of the previous task force's recommendations. Specific recommendations regarding education align with the ETV/Chafee programs purposes of assisting youth obtain an education.

For FY10-FY11, Missouri plans to continue providing ETV services through OFA. OFA is currently planning a series of informational exchange webinars to be held bi-monthly for the upcoming year for social workers, caseworkers, foster parents, and direct care staff who support youth in foster care. The CD will continue outreach and education efforts to youth, staff, and community partners on the ETV program and assist in implementing the Youth Independence Interdepartmental Initiatives recommendations.

Financial Information

Section I. Financial Information

1. Payment Limitations – Title IV-B, subpart 1:

- The state did not use any title IV-B subpart 1 funds for child care, foster care maintenance and adoption assistance payments for FFY 05 or planned to for FFY 11.
- The state did not use any non-Federal funds for foster care maintenance payments that could be used as a match for FFY 11.
- This information is contained within the CFS-101 report, parts I and II.

2. Payment Limitations – Title IV-B, subpart 2:

- FFY 10, the percentage for IVB, Subpart 2 will be similar to FFY 07 and FFY 08 expenditures.
IV-B planned expenditures for FFY 10 will be the similar to FFY 07 and FFY 08, and are as follows:
 - 38% on Family Preservation
 - 7% on Time Limited Reunification - Expenditures on Reunification represent contracted services. In addition, the CD provides many Family Reunification services are also provided by in-house staff and not included in this number. For Time Limited Reunification, Divisional Staff offer Family-Centered Services to families of children in our custody and provide contracted counseling services to those families.

Some or all of these activities could be claimed through IV-B funding. However, since the IV-B Subpart 2 grant is being fully claimed by the above activities, other funding sources are used.

- 55% on Community Partnerships (Community Based Family Support/Adoption Promotion Activities). Community Partnerships provides multiple services in a community based model. The Community Partners Report and Results for 2008 are included as Attachments, J and K. Also, regarding Adoption Promotion activities, the CD provides these services through several avenues that are funded through other sources than IV-B. The Division currently uses \$705,000 non-IV-B funding for the recruitment, assessment, pre-service and in-service training for potential foster and adoptive families. This is in addition to adoption activities done by Community Partnerships and staff. The division has the equivalent of more than 95 FTE (\$3.1 million in salaries) devoted to maintaining current adoption placements and developing new adoption placements. See Foster and Adoptive Recruitment in the Annual Permanency Section for more information.
- Additionally, 105 FTE focus (\$3.4 million in salaries) on developing foster and adoptive homes. Some or all of these activities could be claimed through IV-B funding. However, since the IV-B Subpart 2 grant is being fully claimed by the above activities, other funding sources are used.
- CD estimated that \$445,127 of IV-B funds would be spent on Administration and Management. This estimated amount will be approximately 8% of the actual grant amount of \$5,564,082. Actual expenditures will exceed this amount for Administration and Management.

3. FFY 2010 Funding – Revised Budget Request

- The state will be seeking re-allotment for ETV funds in the amount of \$925,460 and PSSF funds in the amount \$10,940,801. Details are on the attached CFS-101 tagged re-allotment.

4. FFY 2011 Budget Request – CFS 101 (see CFS 101 attachments)

- In FFY 08, the amount estimated for IV-B subpart 1 was \$5,724,941. The amount expended was \$5,724,941.
- In FFY 08, \$18,953,852 was spent on IV-B part 2 type activities. \$7,193,471 was spent on Family Preservation, \$1,379,348 on Family Reunification, and \$10,381,033 on Community Partnerships which provide community-based family support and other services including adoption promotion and support services. Expenditures in excess of the grant are taken to other sources including state funds and other allowable federal sources. The above expenditures on Family Reunification are for contracted services only. In addition, to these services, CD staff provides Family Reunification services. The Division also contracts with private agencies to develop Adoptive and Foster family resources.
- For IV-B part I, the amounts are similar
- For IV-B part II, the expenditure amount represents the amounts claimed by area. Activities in these areas exceed 25% of the IV-B subpart 2 grant; however, not all of the activities are claimed against the IV-B subpart 2 funds. The amount set up in CFS 101 Parts 1 and 2 in FFY 08, were based on past assumptions that the activities in these areas exceed 25% of the grant, therefore it was appropriate to budget the grant funding in this manner. The amounts expended represent what was actually claimed against the grant. Beginning in FFY 07, these amounts were allocated according to expected expenditure levels.
- The amount of Chafee grant funds expended in FFY 08 was \$2,928,213, the total expenditures including the state match was \$3,660,266.
- The amount of Chafee grant funds expended in FFY 09, year to date, is \$2,641,523 the total expenditures including the state match was \$3,169,828.
- In FFY 09 and FFY 10, the Children's Division expects to fully use this funding. For the FFY 09 grant, \$40,226 was used for housing and maintenance payments for staff. FFY 10 expenditures will not be available until June 2010.
- In FFY 09, 290 youth received an ETV Grant. In FFY 10, a total of 318 youth have received an ETV grant, 188 YTD for the first time in FFY 10.
- The CD is in a partnership with a private agency, the Orphan Foundation of America to reach more children who need and qualify for the ETV grant. This is increasing the usage of the grant. The goal is to fully use the ETV grant to help more foster children go to college. Based on the maximum grant of \$5,000 the goal is to reach 300 children who are in need of assistance.
- For FFY 08, the amount of ETV grant expenditures was \$1,112,750 (federal share of \$890,200) and FFY 09, year to date, is \$1,023,793 (federal share of \$888,263).

5. FFY 2008 Title IV-B Expenditure Report – CFS 101, Part III: (See attached CFS 101, Part III)

- In 1992, the total expenditures for Child Welfare programs were \$63.8 million, of which \$41.9 million was state funding. This funding included the appropriations for Children's Treatment Services, Family Preservation, Foster Care, Residential Treatment, and Group Homes/Independent Living. In SFY 08, total expenditures were \$222.7 million, of which \$132.1 million was state funding. The total amount spent for Family Preservation

in 1992 was \$2.8 million, most of which was state funding. In SFY 08, the amount was \$7.2 million. Approximately, 63% of the \$7.2 million is taken to the IV-B grant (\$4.5 million). The remaining \$2.7 million is taken to other sources, primarily state funding. For Community Partnerships, there are no expenditures recorded in 1992. In 1993, Prototypes, which was a precursor to the Community Partnership Program, \$152,671 of state funding was spent. For SFY 08, approximately \$6.5 million of the Community Partnerships expenditures account against the IV-B grant. The remaining expenditures are funded from other sources. There are no expenditures in FFY 1992 for Family Reunification Contracts. The Division received authority for these contracts in FFY 05.

6. Financial Status Reports

- All SF 269s were filed in October 2008.