

# **Missouri Department of Social Services, Children's Division**



## **TITLE IVB CHILD AND FAMILY SERVICES PLAN**

### **ANNUAL PROGRESS AND SERVICE REPORT**

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**Title IV-B Child and Family Service Plan  
FFY 2013 Annual Progress Services Report**

**State of Missouri**

**Department of Social Services**

**Children's Division**

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## **Introduction**

Missouri developed a five-year Child and Family Service Plan (CFSP) in June 2009 and established goals to be accomplished through FFY14. Since the five-year plan development, Missouri completed the Child and Family Services Review (CFSR) in June 2010 and entered into a Program Improvement Plan (PIP) on October 1, 2011. In an effort to streamline improvement efforts, Missouri's five year CFSP has been modified to reflect a renewed focus and aligned with the PIP.

The intention of the CFSP is to strengthen the State's overall child welfare system and to facilitate the state's integration of the programs that serve children and families into a comprehensive continuum of child welfare services from prevention and protection through permanency. These programs include Title IV-B, subparts 1 and 2 of the Act, the Child Abuse Prevention and Treatment Act (CAPTA), the Chafee Foster Care Independence Program (CFCIP), and the Education and Training Vouchers (ETV) programs for older and/or former foster care youth. Missouri Children's Division (CD) administers the Title IV-B, CAPTA, CFCIP and the ETV programs.

### *Budget/Staff Reductions*

Missouri continues to experience a reduction in state revenues, which in turn, affects department budgets, staff allocations, programs and new initiatives. For the Children's Division, staff reductions began in SFY10 with the loss of four full-time equivalent (FTE) positions in administrative services. In SFY11, an additional four and a half administrative service positions were eliminated as well as 66 field operation staff positions. In SFY12, 68 field operation staff positions were eliminated. In SFY13, 28 field operation staff are slated for elimination, however the funding for those positions was maintained and will be directed towards a privatization pilot for resource development. In total, one hundred seventy and a half staff positions have been eliminated since SFY10, which is about a seven percent reduction.

## Changes to the Five Year Plan

As previously mentioned, Missouri has a renewed focus for the five year plan which is based on CFSR findings. These findings provided a starting point for developing four overarching improvement strategies. In a climate of staff and budget reductions, efforts and focus must be aligned to maximize efficiency. Consequently, Missouri's CFSP has been revised using the PIP as its driving force. The following section contains the current CFSP strategies and status, followed by the four overarching strategies, which will become Missouri's renewed focus with current progress.

Original Five Year Plan	Status
<p>Objective #1, Increase safety through Strengthening the Culture of Care</p> <ul style="list-style-type: none"> <li>1.1 Provide refresher education for Strengthening the Culture of Care</li> <li>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)</li> <li>1.3 Decrease the number of substantiated reports for children in residential care</li> </ul>	<p>1.1 and 1.2 were completed in 2010 APSR;</p> <p>Update for 1.3; in 2008, there were 10 substantiated reports and 11 substantiated reports in 2011.</p>
<p>Objective #2, Continue the "small test of change"</p> <ul style="list-style-type: none"> <li>2.1 Reduce the number of children who experienced repeated maltreatment. Currently, Missouri has an average of 95.35% (SFY05, 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.</li> <li>2.2 Track small changes and evaluate impact</li> <li>2.3 Monitor changes implemented statewide (that originated from this pilot project)</li> </ul>	<p>2.1 addressed in PIP, Part B, National Standards;</p> <p>2.2 and 2.3's discontinued in 2010 APSR.</p>
<p>Objective #3 , Monitor family home providers</p> <ul style="list-style-type: none"> <li>3.1 All registered family home providers will complete an initial background screening prior to providing child care services for CD</li> <li>3.2 All registered family home providers and household members 17 years of age or older will complete a Family Care Safety Registry screening initially</li> <li>3.3 All registered family home providers and household members 17 years of age or older will complete a Family Care Safety Registry screening annually</li> <li>3.4 All registered family home providers will complete a TB test prior to providing child care services for CD</li> </ul>	<p>Completed, as all actions steps are being monitored through contractual agreements with registered family home providers.</p>
<p>Objective #4, Increase educational opportunities for children in foster care through continued partnerships</p> <ul style="list-style-type: none"> <li>4.1 Increase percentage of Supervisory Case Review Item 21 (assessing educational needs of children) with a</li> </ul>	<p>4.1 is addressed in PIP Strategy 2, Increase Accountability and Oversight and Strategy</p>

<p>baseline average from SFY 06, 07 and 08 of 67% to 80% by FFY 2014</p> <p>4.2 Continue partnering with the Department of Elementary and Secondary Education (Educational Advocacy, CFSR Advisory Committee and Governor's Blue Ribbon Panel)</p>	<p>specifically, through revised the SCRT process;</p> <p>4.2 is addressed through partnership building which will impact PIP Strategy 4, Increased Collaborations and 4.3, develop a process to increase service array capacity, accessibility and individualization of services. The CFSR/PIP Advisory Committee has assumed the responsibility to be the state level resource for service array issues. A DESE rep is an active member of this team.</p> <p>Also, progress with these partnerships is included in the <a href="#">collaboration section</a> of this document.</p>
<p>Objective #5, Disaster Preparedness</p> <p>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)</p> <p>5.2 Increased preparedness by assuring each circuit has a circuit-specific emergency plan and staff and resource providers are personally prepared.</p> <p>5.3 Circuit plans will be reviewed annually by management staff</p> <p>5.4 Resource providers' plans may be available for review and monitored as needed by licensing staff</p> <p>5.5 Increased ability to track and locate children in custody</p> <p>5.6 Streamline child identification processes</p> <p>5.7 Use emerging technology to geo-locate resource providers</p>	<p>5.1 through 5.7 were addressed and completed in 2010 APSR;</p> <p>However, <a href="#">Emergency Preparedness</a> is monitored through the CFSP requirements and is included in this document.</p>
<p>Objective #6, Decrease number of placements for children in foster care</p> <p>6.1 Expand the capabilities for diligent searches in order find suitable relatives</p> <p>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%</p> <p>6.3 Enhance training with the placement stability philosophy for Family Support Team Meetings</p>	<p>6.1 is included in Strategy 2, Increase accountability and Oversight with the expansion of the SCRT process, specifically the addition of diligent search section;</p> <p>6.2 is included in Part B, National Standards; Part C, Item Measurements;</p> <p>6.3 is included in Strategy</p>

<p>assisting to stabilize and support foster and relative care placements. Baseline to be established after training implementation in 2009</p>	<p>3, Support Staff with enhanced training and guides, by convening the Placement Stability Workgroup and developing recommendations with a focus on supporting staff activities.</p>
<p>Objective #7, Decrease length of stay through CIP partnerships</p> <p>7.1 Continued partnership with Office of State Court Administration on the Fostering Court Improvement project</p> <p>7.2 Monitor the Permanency hearings timeframes captured of Juvenile Information System (JIS) and set baseline and improvement increments by mid-2010</p> <p>7.3 Use Outcome Measurement #10 (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</p>	<p>Addressed in the PIP 7.1 is addressed in Strategy 3, Support Staff, 3.5(A);</p> <p>7.2, Permanency hearings are monitored and are eligible to receive <a href="#">Supreme Court award</a> which is discussed in this document;</p> <p>7.3 is addressed in Part B, National Standards.</p>
<p>Objective #8, Increase number of guardianship subsidies</p> <p>8.1 Expansion of relative definition in policy / practice</p> <p>8.2 Determine total guardianship subsidies each year</p> <p>8.3 By 2014, 85% of new guardianships will be Title IV-E eligible as of January 2009</p>	<p>8.1 was addressed in 2010 APSR;</p> <p>8.2 and 8.3 is addressed in the <a href="#">foster care</a> sections in this document.</p>
<p>Objective #9, Improve caseworker visits</p> <p>9.1 Monitor frequency of visits</p> <p>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</p>	<p>Caseworker visits are monitored through the CFSP requirements; included in several sections of this document.</p>
<p>Objective #10, Promote safe environments through early childhood programs</p> <p>Home Visitation:</p> <p>10.1 Assess the social emotional development levels of 100% of the children under the age of three using the Ages &amp; Stages Questionnaires: Social Emotional at intervals of every 6 months. This is reported to the state agency quarterly</p> <p>10.2 Assess the developmental levels of 100% of the children under the age of 3 using the Ages &amp; 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>10.3 A minimum of 95% of the children receiving services from the program are not a victim of substantiated child abuse and neglect</p> <p>10.4 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>Completed, as all actions steps are being monitored through contractual agreements for early childhood programs.</p> <p>Since the writing of this document, changes are occurring with Home Visitation contracts. Here are the changes which will affect this objective #10, plus status on other objectives.</p> <div style="text-align: center;">  <p>Title IV B Change Justification 9 9 12 _t</p> </div>

<p>10.5 90% of the teenaged parents enrolled in the program will not become pregnant during their participation in the program</p> <p>10.6 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>Educare</p> <p>10.7 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>Early Head Start</p> <p>10.8 Parent involvement/volunteer information sheets</p> <p>10.9 Missouri Early Head Start outcomes report</p>	
<p>Objective #11, Support families through Crisis Nurseries/Teen Crisis Care contracts</p> <p>11.1 Measure effectiveness through the Parental Stress Assessment and follow up phone calls</p>	<p>Were not able to obtain detailed data to measure effectiveness and therefore, not able to measure progress.</p> <p>The Crisis Nurseries and Teen Crisis Care contracts are monitored through oversight of the Office of Early Childhood. Progress of these two contracts are provided in the <a href="#">Prevention Section</a> of this document.</p>
<p>Objective #12, Increase father involvement</p> <p>12.1 Increase collaboration through a statewide collaborative body</p> <p>12.2 Create a charter to govern membership and purpose</p> <p>12.3 Develop a strategic plan to guide collaborative work</p>	<p>In the 2010 APSR, a re-focus occurred changing this collaborative body to a workgroup which operates without charter or strategic plan. However, father involvement should be impacted through two PIP strategies. The first, Strategy 2, Increased Accountability and Oversight, specifically through SCRT enhancements. Second, is through Strategy 4, Increased collaboration, potentially with exploring Parent Locator Services.</p>
<p>Objective #13, Reduce Re-entries</p> <p>13.1 90% of families receiving Intensive Family Reunification Services must successfully reunify</p>	<p>13.1 and 13.2 were addressed in 2010 APSR as conversion to FACES</p>

<p>children with their families</p> <p>13.2 75% of families receiving Intensive Family Reunification Services must remain intact within the 12 months following intervention</p> <p>13.3 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</p>	<p>inhibited data reports; however an update on the progress is discussed in the <a href="#">Prevention Section</a> of this document.</p> <p>13.3 is addressed in the PIP, Part B, National Standards</p>
<p>Objective #14, Increase adoptions</p> <p>14.1 Expand utilization for 75% of children with a goal of adoption, with presentation through Adoption Exchange, Adopt USKids, and the Heart Gallery</p> <p>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</p>	<p>14.1 is a PERforM measure and is discussed in the new CFSP in the following section under Strategy #2.</p> <p>14.2 is in the PIP, Part B, National Standards</p>
<p>Objective #15, Maintain Accreditation Status</p> <p>15.1 Re-accreditation process will begin in March 2010 and be complete by 2014</p> <p>15.2 Quarterly maintenance visits by QI Specialists</p> <p>15.3 Periodic case reads</p> <p>15.4 State Self Study completed in 2010</p>	<p><a href="#">Re-accreditation</a> activities underway and progress is included in this document.</p>
<p>Objective #16, Support Supervisors</p> <p>16.1 Learning Labs will be in place December, 2009 with at least 25 supervisors participating in the seven regions</p> <p>16.2 Supervisors will report an increase in job satisfaction and effectiveness due to information sharing and advanced learning. The baseline will come from an external evaluation</p> <p>16.3 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>16.1 is addressed in the training section;</p> <p>16.2 The Survey of Organizational Excellence (SOE) is now the Survey of Employee Excellence (SEE) has been moved to every other year with no information currently available.</p>
<p>Objective #17, Continue Supervision Advisory Committee</p> <p>17.1 Measure continued progress through the strategic plan</p> <p>17.2 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 Quarterly Meetings will occur</p>	<p>17.1 and 17.3 Supervision Advisory Committee progress is discussed in the <a href="#">collaboration</a> section of this document.</p> <p>17.2, see Objective 16.2</p>

**New Focus for CFSP through PIP Strategies**

There are four overarching strategies in the PIP which are the new focus for CD's practice improvements and will remain in effect through the end of the five-year CFSP. These strategies

are: 1) Increase Safety for Children, 2) Increase Accountability and Oversight to Align Practice and Policy, 3) Support and Build Case Management Skills, and 4) Collaborate with Other agencies.

In the following sections, the four strategies are introduced with a brief progress report of accomplishments since implementation of the PIP.

### ***Strategy #1, Increase Safety for Children***

The key safety concerns from the CFSR final report are addressed within these strategies: 1) The State did not initiate a response to a maltreatment report within timeframes established by State policy; 2) A lack of initial and ongoing safety and risk assessments; and 3) Safety in the child's home not addressed. The following paragraphs provide further information regarding actions underway to address these concerns.

#### *Enhance QA/QI processes to increase timeliness of initial contact*

From Item 1, the CFSR final report states 24 out of the applicable 28 cases reviewed received a strength rating for meeting the initial face-to-face contact with the alleged victim child within required timeframes. However, when looking at the breakdown of data for the area needing improvement cases, two of the three review sites received a 100% strength rating while one site did not. Comparing the on-site review data to the statewide initial contact data (Outcome Measurement #1), the results were much the same. That is, some areas of the state perform well, while others struggle.

When considering possible strategies for change, CD decided to modify the established quality improvement structure to include a focus on increasing the initial timely contact. This modification involved the regional Quality Assurance (QA) and Quality Improvement (QI) specialists. To start, each QA specialist informs and/or alerts circuits falling below a 90% threshold in meeting the initial timeframe requirement. At the same time, the QA specialist informs Central Office electronically regarding the alert, for monitoring purposes, and informs the QI Specialist, to provide assistance to circuits for practice improvement strategy development.

For circuits not meeting the threshold, worker and unit detailed data is available through a shared server. This detailed data assists regional directors, circuit managers and supervisors in identifying gaps in practice and allows for further trend analysis (i.e. units or workers not meeting the threshold, day of the week initial contact not met, etc.). After two quarters of not meeting threshold, individual circuits may use the Plan of Change (POC) mechanism to strategize for unit and individual improvements. Also, local Program Improvement Plans are to be modified to include initial contact strategies for circuit-wide improvements if 90% is not achieved. Through these modifications, some of the local PIP strategies have been: increased supervisor monitoring, use of multi-disciplinary team, completing a delayed contact form to assist in identifying barriers, conducting targeted case reviews and holding roundtable discussions to identify strengths and barriers for initial timely contact.

Missouri's statewide percent for the baseline year, April 1, 2009 to March 31, 2010, was 83.1%. The outcome from the first PIP quarter to the second shows .3% increase; from second to third quarter, .9% increase; and from baseline to second quarter (April 1, 2009 to March 31, 2012), a 2.3% increase which indicates a need for an additional 4.6% increase to meet the 90% threshold, which was set as an internal state goal.

#### *Enhance Safety using the Framework for Safety Model*

In the CFSR final report findings from Item 4, Risk and Safety Management, these results were noted: 1) No initial risk assessment (four cases); 2) No ongoing risk assessments (13 cases); 3) No initial safety assessment (three cases); 4) No ongoing safety assessment (14 cases); 5) Safety concerns in the home not addressed (nine cases); 6) Safety concerns regarding child's placement (four cases); 7) No safety assessment complete when discharged from foster care (two cases).

Missouri has adopted the Framework for Safety Model which focuses on the caregiver protective capacities as an essential aspect of safety assessment. Following the CFSR on-site review, a collection tool, CD-162 was released to assist staff in the safety information collection. This tool also assisted with safety analyses, documentation and guidance through the framework of safety elements.

The Framework for Safety Model has been incorporated into the safety assessment and safety planning tools. Staff use a safety assessment process to collect and assess critical information about the child, caregiver and family. Information from this process is then applied when making a determination regarding the child's safety. Once the contributing factors are uncovered and safety threats identified, attention and services are focused on strengthening the caregiver's ability to diminish or eliminate conditions or dynamics creating the safety threat. After contributing factors of the situation are combined with the Framework for Safety model, which focuses on four assessment elements (serious harm; protective capacities; child vulnerability; safety time frames), staff's ability to make sound decision regarding safety are enhanced.

Revised and improved questions are included in the Supervisory Case Review Tool (SCRT) and will create a mechanism to determine the impact of the Framework for Safety Model. The SCRT will be released by June 30, 2012 with results available after October 1, 2012.

### ***Strategy #2, Increase Accountability and Oversight to Align Practice and Policy***

#### ***Revised Supervisory Case Review Tool***

In an effort to gain better insight into case management field practice, the supervisor case review has been revised. Additional in-depth questions were added with an expanded tip section to provide guidance and references such as statutes, and federal and policy requirements. These additions assist supervisors in answering questions and researching policy or laws quickly.

In 2011, over 11,000 reviews were completed for all program areas and cases were chosen through a random selection process. For the new 2012 revised tool, a random selection process will continue, however less cases will be sampled. By reducing the number of cases to be reviewed and increasing the number of questions, the intent is to gain better qualitative information. The Children's Division is expecting to review approximately 6,000 cases each year and reviews will begin July 1, 2012.

Revised SCRT training is complete. This training promoted the use of the SCRT in case consultations which will assist in aligning practice with policy. Case consultation *methods* are not prescriptive and allows for the process to be individualized for each case worker. That is, some supervisors complete the case review with the case manager, while others complete the tool and then meet with casemanager to discuss results.

#### ***PERforM Measures***

The State of Missouri has an online employee performance and appraisal system. Each year an employee's performance is rated on a scale from one to ten and results are categorized into five areas; 1) needs immediate improvement, 2) development area, 3) shows appropriate ability, 4) shows strength, 5) shows exceptional skill.

The *PERforM* process is not included in Missouri's PIP, however, the enhancement of this process will impact the accountability and oversight of practice as the monitoring of two outcome measures per program area for all staff levels is continual. Thus, by measuring the adherence of policy in case work should result in better alignment of practice with policy. The next table provides a sample of some *PERforM* measures.

<b>Program Area</b>	<b>Measure</b>	<b>Goal</b>	<b>Outcome Descriptor</b>
CA/N	Timely initial contact with alleged victim child	% of initial contacts within 24 hrs (or within 72 hrs for Ed Neglect only) = 90% or higher  Beginning Data YTD January 2011 to October 31, 2011; 78%  Current Data YTD January to April 2012; 87%	<i>Report includes the names of the assigned worker/ supervisor/ circuit/ region. Data is pulled using the earliest CD or Multi-Disc contact used for initial safety assurance by date worker enters in FACES on the Safety Assessment. A column shows the performance for the worker for all assigned cases and shows % within 24 hours or within 72 hours for Ed Neglect only.</i>
CA/N	Timely CA/N conclusions	% of reports concluded within 30 calendar days = 85% or higher  Beginning Data YTD January 2011 to October 31, 2011; 52%  Current Data YTD January to April 2012; 70%	<i>Report pulls the date of the conclusion for approved concluded cases only, by worker/supervisor/circuit/ region. The data is currently delayed by 3 months to allow sufficient time for conclusions to be entered (i.e.: the report will show data for the year to date up to the end of the previous quarter). Columns on the report show the performance for the worker for all assigned cases by % &lt;31 days and % &gt; 45 days, but raw numbers are available to show the spectrum.</i>
FCS	Worker visits with parents held (at least one per	% of visits held with at least one parent every calendar month	<i>This report will be produced with a calendar year to date perspective on a case level</i>

	month)	<p>= 80%</p> <p>Beginning Data YTD January 2011 to November 30, 2011; 60%</p> <p>YTD January to March 2012; 64%</p>	<p><i>basis and will indicate if one visit per calendar month with any parent/caregiver on the FCS case occurred. One or more visits for each month will be the "pass" for this report. The FACES contact purpose of "Worker with Parent" is used for retrieving the dates of the visits. Only cases open for a full month will be counted. Staff turnover/ changing case assignments will be accommodated with this report as it will show all workers at any point during the fiscal year period.</i></p>
FCS	Monthly summaries completed every 30 days	<p>% of monthly summaries completed every calendar month = 90%</p> <p>Beginning Data YTD January 2011 to October 31, 2011; 48%</p> <p>YTD January to March 2012; 58%</p>	<p><i>Report will indicate if a summary was completed every calendar month for the calendar year-to-date. Report will include the summary month and pass/fail indicator based on if summary was entered within 30 days of "summary through date". Report will include name of assigned worker and supervisor.</i></p>
AC	Timely PPRT meetings	<p>% of children with timely PPRT meetings = 90%</p> <p>Beginning Data YTD January 2011 to December 31, 2011; 75%</p> <p>YTD January to April 2012; 73%</p>	<p><i>ROM report can be produced by the assigned supervisor at any time desired and drilled down to the case level by worker and supervisor for any time period specified.</i></p>
AC	Worker visits with children held each and every month	<p>% of visits held each and every month child is in care during FY = 90%</p> <p>Beginning data FFY11; 89%</p>	<p><i>This report will be produced monthly with a fiscal year to date perspective on a case level basis and will indicate if one visit per calendar month with each child occurred. One or more missed months will result in a not passing score</i></p>

		FFY12 as of May 30, 2012; 90%	<i>for the child. The FACES contact purpose of "Worker with Child" is used for retrieving the dates of the visits. Only cases open for a full month will be counted. Staff turnover/ changing case assignments will be accommodated with this report as it will show all workers at any point during the fiscal year period.</i>
Adoption	Completion of assessments of prospective adoptive families within 180 days	80%  CY11; 75% CY12 to March 31, 2012; 75%	<i>A calendar year-to-date report will show the assigned worker/supervisor at the time of the vendor type of ADO/ADR application and the worker's currently assigned supervisor. Measurement used for this outcome is the time lapse from the application status date minus the application received date &lt;= 180 calendar days.</i>
Adoption	Children having a goal of adoption are featured on AdoptUSKids website	75% of children with a goal of adoption have a profile featured on AdoptUSKids.  As of November 31, 2011; 16%  As of April 23, 2012; 18%	<i>The report will be based on a quarterly point in time comparison of all children having a case goal of adoption (not placed in pre-adoptive placements) including TPR complete/TPR incomplete with children listed in AdoptUSKids Data Base. The list of children featured and date the child was added to the data base will be provided. The data is currently delayed by 3 months to allow sufficient time for profiles to be entered and for the production of the report (i.e.: the report will show data for the year to date up to the end of the previous quarter).</i>

Further information regarding additional *PERforM* measures are available at:  
[http://dss.mo.gov/cd/info/memos/2011/cd11-073\\_att.pdf](http://dss.mo.gov/cd/info/memos/2011/cd11-073_att.pdf)

With staff using data in the yearly appraisal processes, data entry accuracy should increase. By increasing data accuracy, the AFCARS submission, which determines Missouri's outcomes, will reflect Missouri's improvement efforts in serving children and families. More information

regarding the use of AFCARS data and the improvement plan can be found in the [Fostering Court Improvement](#) and [AFCARS](#) review section.

### **Strategy #3, Support and Build Case Management Skills**

In order to build case management skills which impact outcomes for children and families, additional supports and education are needed. One of these supports is a need for an increased focus on coaching and mentoring at all levels which are enhanced in a variety of ways. One way is the embedding of coaching, mentoring and modeling into the Supervisor Case Consultation training curriculum. Another way is using coaching and mentoring to encourage improvement changes by Quality Assurance and Quality Improvement Specialists. This coaching and mentoring occurs on many levels such as: specialists to worker, specialists to supervisor, specialists to circuit managers and specialists to Regional Director.

In addition to support and education, a study of processes and skills benefit field work. Many improvements have been achieved by studying field work through the use of workgroups. Workgroups have consisted of internal and external key players with a united desire to improve practice. One such workgroup is described in detail in the following section. Through the use of workgroups, further field work support is expected and additional information will follow in future CFSP's.

#### *Decrease the number of placements for children in foster care*

In 2007, a placement stability workgroup was formed and recommendations presented to CD administration for consideration. Almost all of the workgroup's eight recommendations were set into motion and consequently, Missouri began to see the number children experiencing fewer placements during their first year in foster care. In 2007, 80.71% of children who were in care from zero to twelve months had two or fewer placements. In 2011, there was an increase to 83.18% children experiencing two or fewer placements (Outcome Measurement #13a). Through data results, the degree of progress was gradual and consistent, but does not yet meet the federal standard.

The positive effect the placement stability workgroup recommendations had on the number of moves a child in foster care experienced during their first twelve months in care, made the renewing of this workgroup an ideal consideration. To date, the newly re-formed placement stability workgroup has convened and are planning recommendations to present to the Children Division's administration in the near future. Additionally, information about the [placement stability workgroup](#) is addressed later in this document.

Simultaneously to the placement stability workgroup activities, HB431 and HB604 established a Foster and Adoptive Recruitment and Retention Fund, the codification of a State Foster and Adoptive Advisory Board, and the creation of the Task Force to study and make recommendations for improvements. The task force, known as the Task Force on Recruitment, Licensure and Retention of Foster and Adoptive Homes, has released a list of broad recommendations which potentially have impact on the placement stability for children in foster care. These recommendations can be found at: [http://dss.mo.gov/cd/pdf/fc\\_report.pdf](http://dss.mo.gov/cd/pdf/fc_report.pdf).

The Placement Stability Workgroup and the Task Force on Recruitment, Licensure and Retention of Foster and Adoptive Homes are linked through common members therefore avoiding duplication of efforts. While the task force initiative is not included in the PIP, together with the Placement Stability workgroup, their efforts could significantly impact the stability of foster care placements.

One of the last actions steps in the PIP for this strategy is the engagement of Head Start agencies, participation in Fostering Court Improvement projects and expanding a Team Decision Making process in St. Louis County; all continue to support case workers efforts. Each of these projects has potential to be far reaching and influence day-to-day case management activities. More information from these projects will be available in future CFSPs.

#### ***Strategy #4, Collaborate with Other Agencies***

No single agency can fulfill every need of those served through the child welfare system. There must be a team approach with a commitment to a common goal, that is, the best interest of the children. The team approach is built upon the basic assumption that families and children are better served by multiple entities and by working together better decisions are made. In this section, these PIP action steps intend to get at the heart of this collaboration. These efforts are at varying stages from implementation to completion.

#### *Permanency Summits*

Permanency Summits were held on June 4, 2012 in Kansas City and June 6, 2012 in St. Louis. Judge Stephen Rubin from the National Council of Juvenile and Family Court Judges and the National Resource Center for Judicial and Legal Issues was the national speaker and discussed encountering and overcoming court barriers. Missouri's juvenile judges were mandated to attend the permanency summits by the Supreme Court.

This collaborative effort began by assembling a "team" from each local circuit to identify local barriers to finding permanent solutions for children in foster care in a timely manner. In addition, the teams were to review the notification to caregivers' process. The teams consisted of juvenile judges, juvenile officers, CD, contracted agencies, GALs, CASA, agency attorneys and parent attorneys.

Each circuit began preparing an improvement plan addressing identified barriers. The plans are to be sent to the Office of the State Court Administrators by July 23<sup>rd</sup>, 2012 for review and feedback. Follow-up is planned and further information will be shared in future CFSPs.

More information regarding the Permanency Summits is in the technical assistance section under the [National Resource Center for Judicial and Legal Issues](#).

#### *Incarcerated Parents*

To strengthen incarcerated parents' involvement with their children in foster care, CD partnered with Missouri's Department of Corrections (DOC) and other internal and external key players to form a workgroup to establish protocols for assisting case workers with planning child visits, if appropriate. In addition, protocols were developed to guide workers on the "how-to" contact incarcerated parents to engage them in case planning.

From the final report findings, lack of incarcerated parent engagement was reported (Item 8) along with the lack of nurturing parent involvement (Item 16). On the other hand, positive case work was found when stakeholders reported attempts by workers to involve incarcerated parents (Item 13) and involvement of incarcerated parents in case planning via conference calls (Item 18). However, CD recognized a need to strengthen policy around working with incarcerated parents and streamlining the process regarding child visit accommodations and protocols.

The enhanced incarcerated policy and memo have been written and are pending release. In summary, the new policy provides guidelines for requesting a service worker in or near the

prison facility where the parent is located, establishes a CD liaison in each county where a prison is located to serve as a connection between the agency and the prison, and provides training on the importance of working with incarcerated parents through a Legal Aspects DVD series, *“Breaking through the Bars: The Incarcerated Parent”* and a self-guided slide presentation on “how-to” provide services to incarcerated parents.

The incarcerated parent workgroup has been disbanded since recommendations have received administrative approval and are pending release.

### *Service Array*

For the second round of the CFSR, Missouri Children’s Division (CD) did not reach substantial conformity for the Service Array Systemic Factor, specifically for service individualization and accessibility. In an effort to improve service array, technical assistance (TA) was sought from the National Resource Center for Organizational Improvements (NRCOI) and the National Resource Center for Data and Technology (NRCDT) to develop improvement strategies.

One of the strategies recommended by the NRCOI was to build service array capacity through a prescribed six-step model. As recognized, community partnerships are established in every circuit in the state however, CD does not have a specific model which focuses on impacting outcomes while simultaneously building service capacity. Two sites in Missouri were chosen to implement and test this model before taking the process statewide. The first site is the St. Louis region, including both St. Louis City and County, and the second is all circuits in the southwest corner of the state.

In addition to the two sites, the service array model required a state-level committee or workgroup to assist in overcoming service barriers not resolvable at the local level. The CFSR Advisory Committee was identified as the best-fit for this responsibility and the NRC delivered a presentation to encourage participation.

On May 17, 2011, the two NRCs met with the southwest circuit managers to introduce the concept for building service array capacity through community partnerships and the impact to outcomes. The first activity was for circuits to consider geographical service boundaries for clients in need of services. The purpose of identifying service boundaries was due to multiple counties in a circuit often varying in socio-economic demographics or having geographic limitations. Next, the circuit managers nominated a liaison to report progress to the CFSR Advisory group as an effort to keep the lines of communication open.

On May 18, 2011, the NRCs met with the CFSR Advisory Committee to propose expanding their scope of work to address service array issues not resolvable at a local level. The committee wholeheartedly assumed responsibility for this task and was willing to form a sub-committee to assist in preparing a toolkit to step circuits through the service array model. The toolkit was released on June 30, 2011 to the three regional directors involved in the service array project.

On May 19, 2011, the NRCs met with the St. Louis region to introduce the concept of building service array capacity with an end goal to impact a specific outcome. Since combining St. Louis City and County, there were unique challenges to consider. The Regional Directors needed time to discuss next steps to connect with key community stakeholders. As in the Southwest, the St. Louis Regional Directors would need to nominate a liaison to report progress to the CFSR Advisory group.

Every quarter a conference call is scheduled with the NRC to review progress and discuss challenges. These calls are valuable for comparing experiences by the pilot sites as they work through the six steps of the model with their community partners. The document describing the six step model can be found in [Attachment A](#). More progress information will be available in future CFSPs.

## Section 1: Service Descriptors

### Stephanie Tubbs Jones Child Welfare Services, Title IVB, Subpart 1

Missouri strives to integrate programs serving children and families, regardless of funding streams, into a fluid continuum from one program to another. This continuum is best illustrated in this [at-a-glance view of practice](#). The next section is focused on Child Protection programs.

#### ***Child Abuse and Neglect Hotline Unit***

Missouri statute charges the Children's Division (CD) to operate a single, statewide toll-free telephone number at all times for receiving reports of child abuse and neglect (CA/N). The Child Abuse and Neglect Hotline Unit (CANHU) serves as a gatekeeper and first responder for all child abuse and neglect reports. At the hotline unit, all calls are screened, assessed and classified by Children's Service Workers, who meet the same job qualifications as CD field investigators. Below is a call chart for 2008-2011:

Year	Total Calls	Admin. Functions	Remaining Calls	Classified CA/N	Classified Non CA/N	Documented Calls
2008	126,825	20,994	105,331	53% (55,914)	32% (33,893)	15% (16,005)
2009	128,507	21,058	107,449	52% (55,318)	33% (35,822)	15% (16,309)
2010	131,418	20,178	111,240	52% (58,077)	33% (36,510)	15% (16,653)
2011	131,666	21,730	109,936	60% (66,003)	15% (16,607)	25% (27,326)

Source: Call Management System FACES Report

Administrative Functions are defined as:

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

As the chart above illustrates, the total number of calls received at the CA/N Hotline Unit is continuing to increase. From 2008 to 2009, there was a 1.326% increase and from 2009 to 2010, there was a 2.265% increase. In spite of an increase in calls from 2008 to 2010, the percentage of calls falling into three classifications, remain relatively unchanged. While the total calls are relatively unchanged in 2011, the categories of CA/N reports and documented calls increased, and non CA/N referrals decreased. The decrease in non CA/N referrals was directly connected to a policy change in July 2010 that eliminated the category of mandated reporter referrals.

Prior to July 2010, calls from Missouri mandated reporters, when acting in their professional capacity, were classified as mandated reporter referrals when the allegations did not meet the requirements for a CA/N report (or another "referral" category) but involved a concerning family

situation. These mandated reporter referrals were not required by state statute but rather were a “courtesy” to mandated reporters, and required, at-minimum, a contact from a field staff within three working days. The policy change eliminating these referrals was due to significant field staff cuts in the state budget. With this policy change, hotline staff were trained to provide a direct resource to the mandated reporter for the child or family and to explain that this new procedure ensured that field staff could focus on the investigations and assessments that keep children safe from harm, which is the Division’s primary goal and responsibility.

### ***Non-Child Abuse and Neglect Referrals***

As stated in the table, 60% (66,003) of the child abuse and neglect hotline calls met statutory requirements for child abuse and neglect reports, 15% were considered non-child abuse/neglect (Non-CA/N) referrals. Non-CA/N referrals between SFY11 to SFY10 decreased from SFY10, 36,709 calls compared to 16,607 calls in SFY11. Reasons for the decrease is most likely due to the policy change described in the section above.

### ***Newborn Crisis Assessment and Services***

The Children’s Division is required by section 191.737 RSMo. to respond to calls from the child abuse/neglect hotline in which a home assessment is requested by a physician or other medical personnel when there are serious reservations about releasing an infant from the hospital who may be sent home to a potentially dangerous situation. The count of these referrals is included with the classified non-CAN data in the Child Abuse and Neglect Hotline Unit section and the response is the same as any referral the hotline receives. An assessment of the home situation is needed prior to, or at the time of the infant’s release from the hospital. The Division is also required to respond to calls of a similar concern for children under the age of one year, which would include an assessment of the home situation.

The purpose of the newborn crisis assessment is to discuss:

- The safety and well-being of child(ren);
- Family’s resources; and
- Family’s possible need for services.

If the newborn crisis assessment indicates the family could benefit from services, the Children’s Service Worker and family will develop an individualized plan to meet the family’s specific needs. By working together, CD has the best opportunity to identify types of assistance or supports needed; which services are most appropriate; and, whether those services may be provided by the Children’s Division or other agencies in the community.

For newborn crisis assessments, CD is required to assess the safety and well-being of the infant child. There may be situations in which CD is unable to determine the safety of children, and when necessary, a request for assistance from law enforcement or the juvenile court will be pursued.

In SFY 11, the hotline received 3,168 calls for newborn crisis assessments compared to 2,805 for SFY 10 and 2,765 in SFY 09. There is fluctuation in the total newborn crisis assessments year-to-year, and the highest was experienced in SFY 11, however, this could be co-related to the increase in the foster care population which is discussed in detail in the foster care section. During 2010, 2,996 reports were classified as newborn assessments due to drug-exposure compared to 2,724 in 2009 (Child Abuse and Neglect Annual Report, Page 30).

### ***Non-Caretaker Reports***

CD continues to work on collaboration issues with other community responders related to non-caretaker referrals. Non-Caretaker Referrals (“N” referrals) involve allegations when a child or adolescent youth has been the victim of a sexual or physical assault, or someone has made a serious threat to commit sexual or physical harm to a child or adolescent youth. “N” referrals may also include allegations of inappropriate sexual behavior between younger children who have not yet reached an age of criminal intent.

All “N” referrals are screened by the Child Abuse/Neglect Hotline Unit (CANHU) and alerted to the county office. “N” Referrals are not considered a CA/N report, and do not result in a determination of child abuse or neglect. All “N” referrals involve an alleged perpetrator who did not have care, custody, or control of the alleged victim child or adolescent youth at the time of the alleged incident.

**Documented Calls**

Documented calls are those not forwarded to a CD field office because the calls do not meet either statutory requirements or CD policy. There was an increase in documented calls from 2010 to 2011, 16,653 to 27,326 calls. This increase is approximately 10% and reasons for this increase remain unknown. Below are some of the reasons for documented calls:

- The child is 18 years or older and not in Children’s Division custody,
- The child/family cannot be located because of insufficient information,
- All subjects given in the call reside and are located out of state and the reporter is not a Missouri mandated reporter, or
- There is no child abuse/neglect allegation.

**Child Abuse and Neglect Hotline Unit Oversight**

Peer Record Reviews (PRR) are conducted at the CA/N hotline to determine the quality of the screening, assessing, and classification process by those manning the phones using a structured decision-making method. In 2009, the PRR process reviewed 5,513 calls and in 2010, 6,080 calls were reviewed, an increase of 567. In 2011, 6553 calls were reviewed, an increase of 473 reviewed calls. The results for the six items on the chart below remained the same except for track assignment outcome decreased slightly to 98%.The number of calls selected quarterly is based on a percentage of total number of calls received and classified as CA/N reports. There has been an increase of 1,040 reviews since 2009. Theses reviews are randomly selected by Research and Evaluation. The following chart is PPR review results from 2008 forward:

<b>Question:</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>Last year’s change</b>
<b>Was the answer to ENTRY question #11 summarized clearly?</b>	99	100	100	100	Unchanged
<b>Were all correct PATHWAYS chosen based on the answer to ENTRY question #11?</b>	98	99	99	99	Unchanged
<b>Was the call correctly classified as a CA/N Report?</b>	99	99	99	99	Unchanged
<b>Was the correct Response Priority chosen?</b>	99	99	99	99	Unchanged
<b>Was the correct Track assignment chosen?</b>	98	98	99	98	Decreased
<b>Was the county of assignment</b>	100	100	100	100	Unchanged

correct?					
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As the chart above shows, the performance of the workers at the CA/N hotline unit held steady over time indicating processes, such as training and supervision, are consistent.

***Child Abuse and Neglect Call Management System Technology***

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

**Calls Answered Table**

Year	Total Calls	Percent Answered	Avg # Busy Signals
2008	126,825	94%	314
2009	128,507	96%	120
2010	131,418	95%	140
2011	131,666	95%	213

Source: Information extracted from the Call Management System Technology Reports (FACES)

The percent of answered calls remain relatively stable for 2009 and 2010, and there were 20 more callers per month receiving busy signals in 2010 than in 2009. The higher number of busy signals per month could be due to the increase in total calls; however constant monitoring allows management the ability to adjust work schedules to reduce busy signals. The percent of calls answered remained relatively stable in 2011 compared to previous years.

***Child Abuse and Neglect Reports***

Over the past year, the Children’s Division concluded 61,365 reports of child abuse/neglect, involving 90,046 children. Below is a table showing the percent of change for the past five years.

**Incidents and Children Reported to the Child Abuse/Neglect Hotline and Annual Percent Change, 2006-2011**

Year	Total Reports	Annual Change	Total Children	Annual Change
2006	51,383		75,474	
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%
2010	56,897	9.6%	83,503	10.5%
2011	61,078	7.3%	90,713	8.6%

Note: All counts of children are duplicated because a child may be reported more than once during the year. The numbers in the above paragraph differ from the table as one is concluded reports versus all reports accepted during the calendar year.

Source: Children’s Division Child and Abuse Annual Report, CY11, Page 1

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 CY11, 58% of the reports were made by mandated reporters, the same as in CY09 and CY10. The next table illustrates the breakdown, by reporter type, for CY11.

### Reporter Type Table

Reporter Type	Percent	Reporter Type	Percent
Permissive	38.2%	Other health practitioner	0.5%
Principal or other school official	14.4%	Other hospital/clinic personnel	0.4%
Social Worker	12.3%	Foster parents	0.3%
Peace officer or law enforcement official	12.1%	Minister	0.2%
Nurse	4.9%	Probation or parole officer	0.2%
Mental health professional	4.3%	Intern	0.1%
Unknown	2.9%	Medical examiner	0.1%
Other person with responsibility for the care of children	2.7%	Coroner	0.1%
Teacher	2.1%	Dentist/Dental hygienist	0.0%
Physician	1.3%	Jail or detention personnel	0.0%
Juvenile officer	1.2%	Resident	0.0%
Day care center or other child care worker	0.9%	Chiropractor	0.0%
Psychologist	0.7%	Optometrist	0.0%

Source: Children's Division Child and Abuse Annual Report, CY11, Page 9

As this table shows, the most common mandated reporter occupation was school officials (teacher and principal), followed by social workers and law enforcement officers. By capturing the reporter type, CD administration is better able to provide for multi-disciplinary trainings more effectively by knowing the makeup of the reporter pool.

CAN Investigations and Assessments remain a top priority for the Division. Technical assistance is available to local offices from central office staff to train, assist and support investigation and family assessment duties during periods of staff and/or supervisor shortages.

When a Children's Service Worker determines there is weighted evidence which supports substantiation based on a preponderance of evidence standard of proof that abuse or neglect has occurred, each child is assigned a category or multiple categories of abuse and neglect. The total percent of substantiations are illustrated in the table below.

### Substantiated Categories Table

Category	2011	2010	2009	2008	2007
<b>Neglect</b>	58.1%	55.5%	51.8%	43.8%	50.0%
<b>Physical Abuse</b>	27.6%	27.8%	31.8%	26.0%	29.1%
<b>Sexual Abuse</b>	21.4%	24.5%	26.4%	23.1%	26.6%
<b>Emotional Abuse</b>	3.9%	3.9%	4.0%	5.2%	6.1%
<b>Medical Neglect</b>	2.8%	3.3%	2.4%	3.0%	2.8%

<b>Educational Neglect</b>	1.3%	1.5%	0.8%	1.4%	2.2%
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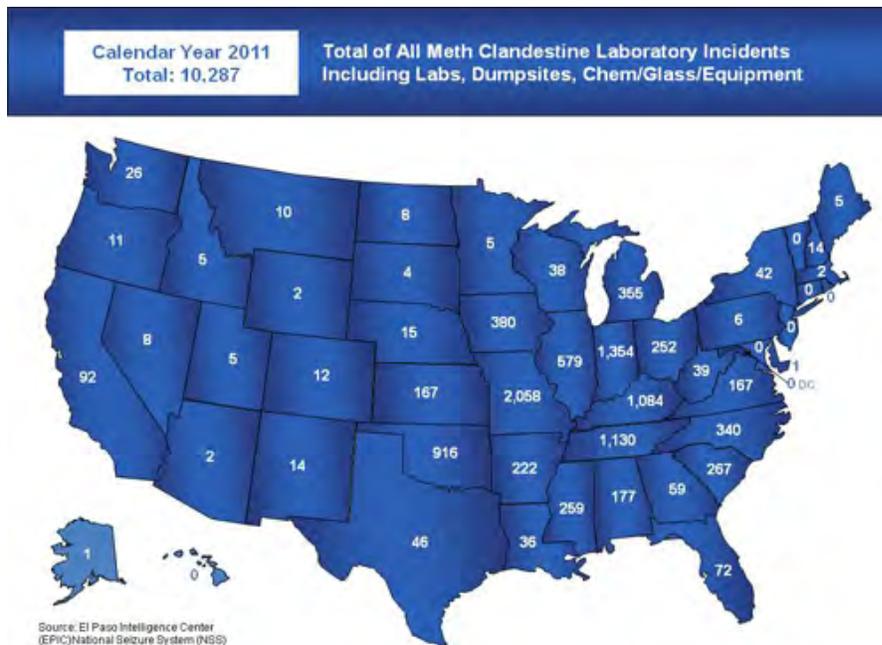
Note: Percentage is based on the total children with a substantiated outcome. Percent total is greater than 100, because a child may have a substantiation finding in up to six categories of abuse/neglect.

Source: Children's Division Child and Abuse Annual Report, CY 2011, Page 10

In 2011, there were a higher percentage of neglect substantiations than in the past. Oftentimes, neglect and the inability to care for children are a symptom of deeper issues. These issues could be depression and stress due to a job loss. Missouri has a 7.4% unemployment rate (as of March, 2012, Source: U.S. Bureau of Labor Statistics). Neglect could be masking a mental illness or drug or alcohol abuse problem. As of April 30, 2012, 38% of the children in the care and custody of the Division had conditions of parental drug and alcohol issue at time of removal although this was not necessarily the sole reason for removal.

To put the drug use issue into perspective, Missouri remains the nation's highest state in counts of Meth Clandestine Laboratory Incidents in the nation, followed by two bordering states, Indiana and Tennessee. All three states have significant rural areas with similar geographical makeup. Since 2007, the numbers have continued to increase for Missouri. See

[http://www.justice.gov/dea/concern/map\\_lab\\_seizures.html](http://www.justice.gov/dea/concern/map_lab_seizures.html) for source and further information.



**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 CD. 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. If an administrative review is requested, the case is reviewed at the local level and if the determination is upheld, the case is assigned to a CANRB for review.

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

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

During 2009, the five CANRB panels heard 333 cases and upheld 188 (56%). During 2010, the five CANRB panels heard 405 cases and upheld 263 (65%). During 2011, the five CANRB panels heard 416 cases and upheld 273 (66%), a slight increase over the previous year. The legal aspects training, management coaching, practice points, policy changes and memo instructions have contributed to slight increase in the percent of reversals.

### ***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 screenings assist the employers in assessing if the employee is an appropriate child caretaker. Additionally, there are requests by parents/legal guardians for prospective child care providers for their children. During 2010, BSIU processed 108,484 screenings which is slightly less than during 2009, with 110,422 screenings. During 2011, BSIU processed 102,697 screenings. The decrease in BSIU screening requests is possibly attributed to an increased use of the Family Care Safety Registry (FCSR). Employees of licensed day care facilities, residential care facilities/ child placing agencies licensed by DSS, and foster or group homes licensed by DSS are all required by state statute to register with FCSR. School employees are not required to register with FCSR, but more schools may be using the FCSR service because it provides background screening information from the Missouri State Highway Patrol, Department of Mental Health, and the Department of Health and Senior Services in addition to the child/abuse and neglect screening provided by BSIU.

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

### ***Child Assessment Centers***

Child Assessment Centers (CACs) are a safe and neutral place where children can go to access 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 assessment centers with the main offices located in: St. Louis (two locations), Kansas City, St. Joseph, Springfield, Joplin, Sedalia, Trenton, Sullivan, 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 CACs in Missouri are accredited by the National Children's Alliance. CACs go through an extensive accreditation process which requires they meet eleven areas of criteria for providing services. All CACs are reaccredited every five years. During calendar year 2011, 6,213 children received full forensic services compared to 6,458 children in calendar year 2010. CACs 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. CACs also provide access to full forensic medical examinations by specially trained medical professionals.

Funding for the CACs is from the CAPTA grant and plays an essential part for protection of children.

### ***Sexual Assault Forensic Examination - Child Abuse Resource and Education Network***

According to Department of Health and Senior Services (DHSS) in SFY11, Sexual Assault Forensic Examination-Child Abuse Resource and Education Network (SAFE-CARE) exams were conducted by 82 participating providers and a total of 1,902 exams were completed, compared to 2,076 exams in SFY10. SAFE-CARE exams are at times conducted at the physician's medical office however, they are also completed at CACs. 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 family. CACs often facilitate scheduling the exams and interviews to further assist in the investigation process.

In SFY11, the SAFE-CARE Network continued to utilize state funding to enhance the statewide medical response to child maltreatment. DHSS collaborated with Missouri KidsFirst and three Child Abuse Medical Resource Centers to provide a tiered system of care. The Resource Centers are located within the state's three largest children's hospitals. Each Resource Center has a Director who is board certified in Child Abuse Pediatrics. Resource Centers provide training to SAFE-CARE medical providers, multidisciplinary team members, and primary care medical providers. In SFY11, the SAFE-CARE Network obtained a medical imaging collaboration system to be used for education of SAFE-CARE providers. Online training modules on the medical evaluation of physical abuse were added as new resources.

### ***Services for Children Under Age Five***

In all instances where a "preponderance of evidence" determination is made regarding a child victim less than three (3) years old, a referral is made to the Department of Elementary and Secondary Education (DESE) First Steps Program pursuant to the federal mandate of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5101 et seq.), who provides early intervention services funded under part C of the Individuals with Disabilities Education Act. The [CD-21C](#) (First Steps Cover Letter) with attached **Missouri First Steps Early Intervention System Referral Form** is used for this purpose. The referring worker shall remain available for continued collaboration with the First Steps provider as necessary in order to facilitate the screening process to assist in leading to an adequate level of care for the child.

Treatment services for children who are in home under the age of five should be done by referring the family to any available community resource or any support system identified utilizing all available community resources to assist with identified issues. This may require the use of purchased services. The worker uses community providers when he/she assesses some, or all, of the services cannot be delivered directly. The following services should be considered:

- Infant stimulation/early childhood education;
- Specific habilitation and medical services;

- Respite care;
- Home-based services to provide instructions on infant and child stimulation (i.e., Parents as Teachers Program);
- A special or therapeutic preschool, including day treatment or child care facilities which can meet the child's needs;
- Parent aide services for the parents; and
- Mental Health services for the child or parents.

### ***Greatest Risk of Maltreatment***

The Division uses an evidence-based Structured Decision Making (SDM) risk assessment to identify families, who have low, moderate, high, or very high probabilities of future abuse or neglect. By completing the risk assessment, the worker obtains an objective appraisal of the likelihood of a family maltreating their children in the next 18 to 24 months. The difference between risk levels is substantial. High risk families have significantly higher rates of subsequent referral and substantiation than low risk families, and are more often involved in serious abuse or neglect incidents.

When risk is clearly defined and objectively quantified the agency can ensure resources are targeted to higher risk families because of the greater potential to reduce subsequent maltreatment.

The risk assessment is based on research done on cases with substantiated abuse or neglect which examined the relationships between family characteristics and the outcomes of subsequent substantiated abuse and neglect. The tool does not predict recurrence, but simply assesses whether a family is more or less likely to have another incident without intervention by the agency.

The risk assessment form is composed of two indices: the neglect assessment index and the abuse assessment index. The household and/or family being assessed includes all persons who have significant in-home contact with child(ren), including those who have a familial or intimate relationship with any person in the home.

After determining the scored risk level, the worker determines whether any of the policy override reasons exist. Policy overrides reflect incident seriousness and/or child vulnerability concerns, determined by the agency to warrant a risk level designation of very high regardless of the risk level indicated by the assessment tool.

Decisions to open a case for Family-centered services (FCS) are based on the weighted combination of assessed risk level and a child abuse and neglect conclusion.

The Family Risk Assessment provides reliable, valid information on the risk to children of continued abuse and neglect. Appropriate use of this assessment data is key to ensuring better protection of children. Therefore, for cases opened for ongoing services (FCS Cases), the risk level is used to guide the minimum amount of contact with the family each month. These guidelines are considered "best practice" and focus staff resources on the highest risk cases. The guidelines provide a recommendation regarding the minimum number of contacts the worker should have with the family based on the assessed risk level guiding monthly contacts while the case is open, and allowing for review at each risk reassessment until the case is closed.

These guidelines apply to families whose children all remain in the home, and reflect the minimum number of face-to-face and collateral contacts with the family each month. Workers use judgment in each case to best determine whether more contacts are needed. The definition and purpose of a face-to-face “contact” is to monitor developments in the case, to observe interaction between the caregiver and the child(ren) in the family home, to assure the safety of the child in the home, and to facilitate implementation of the Case Plan.

The Family-centered Services assessment is integral in determining appropriate services for intact families with open FCS cases as well as families with children in out-of-home care. Accurate, comprehensive assessments that engage the family lead to service plans that appropriately address the family's needs. The Family-Centered Services assessment is defined as an on-going process which evaluates and identifies the current level of family functioning, the current risk to the child(ren) and family strengths and service needs.

The Children’s Service Worker uses the CD -14 FCS Family Assessment Packet tools to complete the FCS Family Assessment. These tools are designed to assist staff in conducting thorough and comprehensive assessments of:

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

The family assessment provides information necessary to develop a meaningful treatment plan designed to reduce risk of future child maltreatment and to promote and maintain positive change in family functioning.

Data was examined to ascertain presenting key factors of children ages 0-5 including increased reports on newborns and factors associated with the child’s removal. Examining this data provides a basis for targeted prevention strategies for intact families.

<b>Statewide Trends - Children in Referrals</b>						
	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>net change 2007-2011</b>
<b>Newborn Crisis Assessment</b>	3,973	4,973	5,116	5,175	5,766	45%
<b>Total Referrals</b>	46,315	62,285	67,108	69,217	29,735	n/a
<b>Total Excluding Mandated Reporter</b>	21,143	29,342	31,183	31,995	29,735	41%

Source: Ad hoc report on FY07-11 foster care entries produced by the Research and Evaluation Unit

It is noteworthy to mention that newborn crisis assessments received at the hotline (involving issues not rising to the level of abuse and neglect) increased by 45% from 2007 to 2011. While the elimination of mandated reporter referrals in 2011 may have resulted in a shift by the

hotline's screening and acceptance process, the data indicates there is a rise in the well-being concerns being reported about newborns.

Conditions associated with the removal were analyzed for foster children ages 0-5 who entered care during SFY11. Conditions are listed in order of significance for the age group as follows:

Conditions at Removal	Age					
	0	1	2	3	4	5
<b>Neglect</b>	36%	47%	53%	48%	42%	48%
<b>Parent Drug</b>	51%	39%	40%	39%	41%	40%
<b>Inadequate Housing</b>	14%	24%	19%	18%	20%	20%
<b>Physical Abuse</b>	13%	22%	20%	18%	21%	20%
<b>Caretaker Illness</b>	16%	14%	10%	10%	13%	13%
<b>Parent Alcohol</b>	4%	7%	8%	8%	8%	8%

Source: Ad hoc report on FY11 foster care entries produced by the Research and Evaluation Unit

Conditions associated with the removal of young children ages 0-5 was most often found to be neglect and parental drug use. This is consistent with information gained during the review of the foster care increase and with feedback provided by field staff and court personnel involved in the Fostering Court Improvement (FCI) initiative.

Family structure at time of removal was analyzed for children ages 0-5 who entered care during FY11 with the following results:

Age	Married Couple	%	Unmarried Couple	%	Single Female	%	Single Male	%	Unable to Determine	%
0	156	16%	302	32%	467	49%	11	1%	10	1%
1	83	20%	111	27%	202	49%	5	1%	10	2%
2	74	19%	109	27%	201	51%	3	1%	10	3%
3	87	23%	87	23%	185	49%	7	2%	11	3%
4	80	24%	65	20%	165	50%	10	3%	9	3%
5	72	28%	62	24%	103	40%	10	4%	9	4%
Total	552	20%	736	27%	1323	49%	46	2%	59	2%

Source: Ad hoc report on FY11 foster care entries produced by the Research and Evaluation Unit

From the data shown above, the majority of young children ages 0-5 who were removed in FY11 were those coming from single female parent households (49%) followed by unmarried couple households (27%).

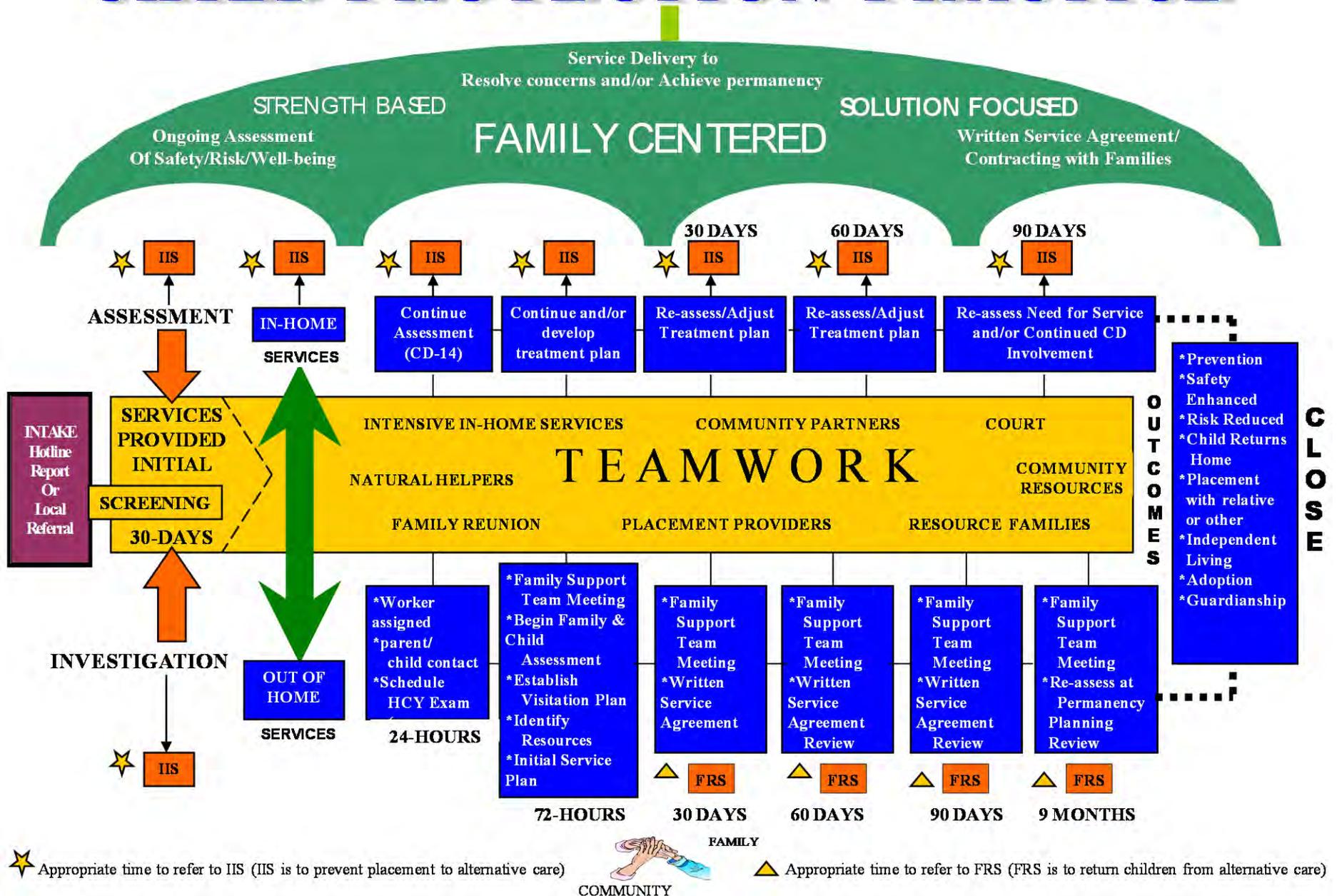
### **Highlights of Protection Programs**

- Framework for Safety embedded into protection tools, policy, and practice (including prevention and permanency).
- All circuits not performing at 90% timeliness of face-to-face contact of alleged victims will continually be monitored at circuit, unit and worker level through PERforM data.
- Increased use of ROM and PERforM data should increase worker support and performance in child abuse and neglect reports
- CAN workgroup convened and analyzed trends on type of calls received at the hotline, increased number of overdue reports, and staff turnover. Recommendations have been

made and include: leadership training, double occupancy of CAN positions, reducing forms or processes, and multidisciplinary trainings.

- MOU created between the Department of Health and Senior Services and CD to share information on child abuse and neglect reports involving child care providers to ensure safety and well-being of children in day care settings.

# CHILD PROTECTION PRACTICE



## **Promoting Safe and Stable Families Program, Title IVB, Subpart 2**

The following section is a summary of programs promoting safe and stable families regardless if the child is in the home or removed and placed in an alternate setting. This section addresses both prevention and permanency.

### ***Prevention***

#### ***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. Family-centered services seek to empower the family and minimize dependence upon the social service system.

Throughout the provision of treatment services, the Children's Service Worker should maintain a focused casework perspective. Contacts with the family are to be purposeful and goal-oriented. The Children's Service Worker, depending on his/her abilities, can provide whatever services a family needs. Examples of direct services that the worker may need to provide are:

- Teaching the family behavioral techniques for changing undesirable behaviors. An example of this would be introducing the parents to behavior modification methods such as positive reinforcement and "time-out," rather than physical punishment;
- Teaching the family appropriate methods to channel frustrations and manage anger;
- Modeling effective family communication and structuring family activities to enhance communication and family functioning;
- Engaging the family in the treatment process;
- Making arrangements for the provision of individual counseling and/or family therapy;
- Teaching life skills, such as how to improve self-esteem and how to look for employment;
- Teaching and role modeling household management skills, such as house cleaning, budgeting, and cooking;
- Providing "hard services" to meet basic needs of the family, such as securing food, shelter, and transportation;
- Developing resources and making these resources available to the family for their ongoing support such as utilizing all available community resources to help the family. This may require the use of purchased services such as a parent aid for mentoring. The worker using community providers when he/she assesses that some, or all, of the services cannot be delivered directly; and
- Encouraging and working with parents to be cooperative and engaging of the non-custodial or non-resident parent as appropriate in preserving the best interest and safety of the child/ren.

According to data during SFY11, there were 18,792 active FCS cases compared to 17,675 during SFY10, and 17,816 in SFY09 (Source: CD Annual Report, Table #15), increasing by 1117 cases or 6.32% from SFY10 to SFY11. The number of children in out-of-home care increased by 967 in SFY11 which may be an explanation for the increase in FCS cases during that same time period. Most often, children in out-of-home care will have at least one FCS case open as efforts to keep families intact is priority.

The majority of persons served through the FCS program in SFY11 were children, 38,207 out of 72,357 total FCS recipients (Source: CD Annual Report, Table 14). Approximately 10.4% of FCS families were served as a result of substantiated child abuse/neglect reports (total reports 10,037 total cases/1,045 substantiated reports; Source: CD Annual, Table 11). Families having no substantiated report requested preventive services and made up 20% of total served while approximately 38% of active FCS cases had no court involvement in SFY11.

### ***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 through the enhancement of family capabilities. IIS services are typically provided to families with a significant risk of maltreatment. 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. Even if a child is removed from the home, if safety can be assured, the child can return home with IIS up to 72 hours after removal.

Referrals are accepted by contractors 24 hours a day, seven days a week. An IIS Specialist may carry up to two cases at one time and is required to assess 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, seven days a week. The services are provided in the family's home or natural environment which may include neighborhoods, school, or work settings. The intervention is intensive with an average of eight to ten hours per week of face-to-face or telephone contact with families. Services average four to six weeks in duration. The intervention can be extended past six weeks with regional approval if extenuating circumstances exist.

After the needs of the family are established, the specialist delivers services uniquely designed to address the needs identified. Service delivery is psycho-educational in orientation, providing necessary information and skill-building opportunities for family members. Specialists teach families problem-solving and other life skills, focusing on assisting in crisis management and the specific issues placing the child at risk of removal from the home. Depending on the needs of the family, the specialist may also provide concrete services and assist the family in establishing linkages with formal and informal community services including parenting education, advocacy, budgeting and home management, modeling, mentoring, and coaching families, parent aides, education/skill building, and job readiness skills.

Ongoing progress assessment throughout the intervention provides a basis for determining a family's readiness for IIS termination. When the goals outlined in the service plan have been accomplished and safety issues for the children have been decreased, termination of IIS may occur with the family remaining intact.

In SFY12, the State of Missouri completely contracted this service with the elimination of all the in-house IIS positions. This change did not result in the reduction of program allocations. The agency simply shifted the allocations from the Division to the contractor in each site. Prior to SFY12 CD staff provided IIS for 25% of the cases and purchased services through contractors for 75% of the cases.

IIS services are available to all 45 circuits within the State of Missouri. The IIS program has successfully diverted a significant number of children from entering alternative care. According to the CD Annual Report, Table 44, in SFY11, 1,767 families and 3,365 at-risk children were accepted into the IIS program which is a decrease from SFY10 when 1,875 families and 3,738 children were served. In SFY09, 1,696 families and 3,260 at-risk children were accepted into the IIS program. Additionally, from the CD Annual Report, Table 43, in SFY11, 78% of the families remained intact at the end of IIS intervention and avoided child placement into foster care compared to 79% in SFY10. The increase between 2009 and 2010 for children served in the IIS program, may relate to the increase in CA/N reports and the increased number of children in foster care.

There was a decrease in utilization of the IIS service between SFY10 and SFY11 as the transfer to total service privatization occurred and the in-house staff positions eliminated. Where needed, contractors hired additional staff which slowed the ability to accept cases until staff completed training.

The decrease of the IIS referrals could also be attributed to under-utilization as identified in a foster care case review conducted in several areas during 2011 and 2012. Because of the case review, better education regarding the IIS program is an intentional focus. According to the CD Annual Report for SFY11, the two biggest metropolitan areas in Missouri, St. Louis and Kansas City had decreases in referrals. Most likely, St. Louis City's decreases are due to a declining foster care population which they have experienced since SFY07. More information is needed to determine the Kansas City decrease.

The overarching goal of IIS is to protect children through the enhancement of family capabilities. As a result, the agency tracks the number of substantiated reports three months following the IIS intervention. According to the IIS contract, 85% of families who have received IIS intervention shall not have confirmed child abuse/neglect within the first three months following the completion of IIS intervention. For the last three years, contractors and state staff have exceeded this requirement with SFY09 having no reports, SFY10 having .05% reports and SFY11 having .12% per the Child Welfare Outcome Report, Measure #7.

This data demonstrates success of the mission of the program to protect children from abuse and neglect. The data also supports the efficacy of the program to teach families skills to improve family functioning permitting families to remain intact.

### ***Intensive Family Reunification Services***

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, families can, through intensive intervention, improve their functioning, learn to meet the needs of their children, and gain support from within their community. The goals of IFRS are to assist the family in removing barriers for the return of their child(ren), assist in the transition of returning the child(ren) home, and to develop a plan with the family which will maintain the child(ren) safely in the home following the intervention. Families are eligible to receive IFRS if at least one child (0-17 years) is in the custody of the Children's Division, placed in out-of-home care and there are regular visitation between parents and their children.

Contracted staff provides intense, time-limited family reunification services to families. Staff meets with families within 72 hours of the IFRS referral. The child(ren) is typically returned to

the family within two to four weeks of referral in order for the specialist to be able to work with the entire family. An IFRS Specialist carries 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. Specialists and the foster care case manager work closely together throughout the intervention. The level of involvement will depend on the local site's protocols and the needs of each family.

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

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

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

- 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: Audrain, Montgomery, Warren, Pike, and Lincoln Counties
- Site #947: Crawford, Dent, Iron, Reynolds and Wayne Counties
- Site #948: Perry, Bollinger, Cape Girardeau, Scott, Mississippi, New Madrid, Pemiscot, Stoddard, and Dunklin Counties
- Site #949: Camden, Laclede, Miller, Moniteau and Morgan Counties
- Site #950: Christian and Taney Counties

In November of 2008, the IFRS program was integrated into FACES (Family and Children's Electronic System), which is Missouri's SACWIS system. This computer system provides data on the number of children remaining in their homes with further status information at 3, 6, and 12 months following intervention. Prior to the implementation of this program into FACES, all outcomes were tracked manually.

At this time, the IFRS does not have any stand alone outcomes report, thus all FACES data must be retrieved through ad hoc requests made to the Research and Evaluation Unit. In SFY11, there were 211 families and 451 children served compared to SFY10 where 346 families and 949 children were served. The rationale for the significant decrease in the number of children and families served is due to budgetary constraints.

Since conversion to the FACES system, data entry issues impacted all IFRS data collection, especially follow-up data which provides insight into the effectiveness of this program. SFY11 was the first year data was available, and of the cases closed in SFY11, three months following the intervention, 68% of the children remained with their family. At six months following the closed intervention, 64% remained intact and 22% of the children served were in foster care. At 12 months following the intervention, 50% of the children remained with the family and 25% of the children were in foster care. Comparison data should be available in next year's CFSP.

### *Prevention Supports*

#### *Child Care and Development Fund*

As part of the prevention efforts, CD is the lead agency for the federal Child Care and Development Fund and administers the state child care subsidy program for low income and protective services families served through both the CD and the Family Support Division (FSD). Currently, child care subsidies help support approximately 49,300 low income children with about 5,295 children served through protective services.

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

Child care subsidy provides a necessary service to families within the child welfare system by providing concrete support during their time of need. The child care subsidy program assists in supporting the safety and well-being of children in low income families by providing parents with choices for providing safe 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.

#### *Crisis Nursery*

Crisis Nurseries provide temporary care for children whose parents/guardians are experiencing an unexpected and unstable/serious condition requiring immediate short term care, and without this care the children are at risk for abuse and neglect or at risk of entering state custody. Crisis 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. Immediate emergencies include 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 ten (10) crisis care nurseries across the state. In SFY09, 3,255 children were served in crisis nurseries, which increased in SFY10 to 3,502 children served, then decreased by one in SFY11 as 3,501 children were served. The upward and downward trend cannot be definitively understood however, admission data has been collected for the last two years with consistent findings. The highest percentage for admission reason is overwhelming parental stress. Admission reason percentages are as follows: for overwhelming parental stress (57% in 2011; 52% in 2010);

followed by hospitalization of a parent (18% in 2011; 14% in 2010); homeless and unsafe housing (15% in 2011; 12% in 2010). Since this is a contracted service other unknown variables could have impacted the number of children receiving crisis care such as staffing issues or capacity changes.

### *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 lacking a safe haven may also resort to participation in risky behaviors in order to survive, and 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 may seek crisis care services due to an altercation with a parent, being kicked out of their home, parental substance abuse or mental health issues, homelessness, or because of situations that place them at risk of emotional, physical, or sexual abuse. Most often these situations are because of issues which build over a period of time and typically cannot be immediately resolved. As a result, in addition to providing a safe place for a "cooling off period", teen crises likely require providers to assist in stabilizing the crisis within the family through mediation, referrals for appropriate intervention services, and/or the necessary referrals within the community for permanent supports or living arrangements.

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. In SFY11, 539 unduplicated children were served in teen crisis care centers, which is a slight decrease from SFY10 when 574 unduplicated children were served.

The highest percentage for admission reason for Teen Crisis Care is conflict with parent/guardian (48% in 2011, 43% in 2010), overwhelming parental stress (28% in 2011, 35% in 2010), and homeless/unsafe housing (15% in 2011, 12% in 2010).

### **Highlights of Prevention Programs**

- Framework for Safety philosophy embedded into prevention tools, policy and practice (includes protection and permanency)
- 70% or more IIS families continue to avert out-of-home placements
- Increase monitoring of worker visits through PERforM data which directly impacts prevention services
- Diligent Search section added to Supervisor Case Review Tool to determine impact of increased family engagement efforts
- Focus on father and non-resident parent engagement throughout policy

## ***Permanency***

### ***Foster Care***

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

Out-of-home placements include:

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

Below is a breakdown of the placement types and what placement the child was in at the end of the fiscal year. Duplicate counts may occur between placement types. For example, a child placed in a foster home on an emergency basis will count as a foster home and an emergency placement. The percent of change for foster care placements supports CD focus, that is, a decrease in the number of children in residential treatment and an increase in the use of

relative and kinship care.

### Foster Care Placements

Placement Type	Coding Categories	SFY09	SFY10	SFY11	SFY09 to 11, % of Change
<b>Emergency</b>	FHE	326	294	371	+13.8%
<b>Foster Care</b>	FAH, FGB, FGM, FHB, FHE, FHM, FHO	5477	5537	5758	+5.1%
<b>Relative Care</b>	RHB, RHM, RHO, RHU	3735	4176	4881	+30.7%
<b>Kinship Care</b>	KHB, KHM, KHO, KHU	805	887	1001	+24.3%
<b>Elevated Needs</b>	FGB, CFP, FHB, KHB, RHB	1066	865	821	-23.0%
<b>Medical Care</b>	KHM, FHM, RHM	196	212	237	+20.9%
<b>Transitional Living</b>	TLA, TLG, TLS	355	389	347	-2.2%
<b>Independent Living</b>	ILA	379	372	343	-9.5%
<b>Residential Treatment</b>	RFA	1778	1500	1597	-10.2%

Source: CD Annual Report Table 21

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

The [Child Protection Practice flow chart](#) on page 26, illustrates the required activities for Children's Service Workers with families where children cannot safely remain at home and are placed in foster care. This chart connects policy requirements throughout the continuum of services offered by the Division.

Partnering with both formal and informal community organizations to support families involved in child welfare is necessary to build stronger families and stronger neighborhoods. CD believes child welfare services can best be provided through public/private partnerships. More information regarding collaborative efforts can be found in the [Collaborative Section](#).

#### *Foster Care Population Increases*

For over a decade, the Division experienced a decrease in the foster care population. The foster care population in Missouri reached its lowest point in January 2009 with a point in time total of 9,104 children in care. However, since that time, the Division has experienced a continual growth of children in foster care. Steps are being taken to understand the growth in the foster care population and if possible, make changes to curtail the growth.

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

### Children Active in CD Custody SFY07-11

Fiscal Year	Number of Children	Change from Prior Year
SFY07	15,182	
SFY08	14,499	-4.50%
SFY09	14,241	-1.78%
SFY10	14,771	3.72%
SFY11	15,738	6.55%

Source: CD Annual Report, Table #35

In addition to the active population as shown above, the CD Annual Report, Table 36 indicates the number of children *entering* care rose by over 800 children in the last three years increasing from 5,362 entries in SFY09 to 6,216 in SFY11.

In an effort to find reasons for the increase in foster care population growth, a number of factors varying by circuit were explored including foster care entries by age and circuit; foster care exits by circuit, length of stay and last placement type; identifying trial home visits lasting longer than 180 days; specific demographics relating to CA/N reports as well as other events in the case practice continuum.

Following the data analysis, a case review was completed by central office based on a sample of 60 cases which included a circuit manager's interview process identifying local factors which may have contributed to the population increase. Common trends included: increases in substance abuse including alcohol, methamphetamines, cocaine, heroin and prescription medicine, less community resources available to assist families than in the past, worker turnover, and increased entry versus decreased exits. While these identified trends were not substantiated with evidences, they were considered valuable. However, the Division needed further exploration and assistance from Casey Family Programs was sought.

A meeting was held in March, 2011 with Casey Family Programs where data was reviewed and a work plan developed to further explore the root causes for the foster care increase. One of the key strategies in the plan was to identify and conduct an in-depth case review of five key circuits which have seen a significant increase in the foster care population and five circuits which have seen stabilization or a decrease in the foster care population. The Division management team met in April 2011 and selected circuits 16, 23, 29, 31 and 40 (where growth has been seen) and circuits 11, 13, 21, 22 and 26 (where a growth trend has not been seen) to participate in the case reviews. The reviews were held from September 2011 through February 2012. To supplement the case review process, focus groups and interviews were held with external and internal stakeholders. Information was compiled and an analysis report was developed by Casey Family Programs. The report was shared with participating circuit and state managers. Key themes seen during the case review included:

- 1) Family-centered practice
- 2) Collaboration and relationship-building with external partners
- 3) Staff retention and workforce development
- 4) Service Array

These key themes tied to the foster care increase or stabilization were strengths in some circuits and areas of need in others. Next steps are to develop strategies to improve practice in these areas however, some of the themes are being addressed currently through PIP action steps to some extent.

### *Other Foster Care Contributing Data*

Since SFY09 the average length of stay for children in the foster care system has decreased from 25.1 months to 23.1 months in SFY11. In addition, children who reunify have an average length of stay of 10.16 months whereas children who exit to guardianship stay in care an average of 19.67 months and children exiting to adoption have an average length of stay of 32.60 months. One strategy to reduce the length of stay is striving for consistent improvement in the frequency of worker visits. The Division continues to show improvements in the frequency of worker visits moving from 82% of children receiving a visit each and every month in FFY10 to 87% in FFY11. Thus far, for SFY12, the Division is at 90% for worker child visits. An “Every Child, Every Month” visit poster campaign was put into action during November 2010, complemented with monthly visit frequency reports positioned beside the posters to focus attention on the importance of visiting children. Additional information about strategies to improve worker visits is discussed later in the APSR. Another effort to reduce foster care stay is exploring the possible to streamline or eliminate some duties for workers which could free up time to work with children and families. A workgroup has been assembled to identify possible solutions and recommendations are in development phase at this time.

To continue the focus on reducing the length of stay in foster care, PIP strategies include enhancing supervisory oversight through reinforced training and development of case practice guides. This strategy was intended to focus supervisors to thoroughly review a child’s progress towards the case goal; create better collaboration with the court in monitoring child progress towards permanency; and develop local processes for reviewing older youth who have a goal of Another Planned Permanent Living Arrangement (APPLA). The Children’s Division continues to emphasize timely achievement of permanency regularly with staff, managers, Quality Assurance and Quality Improvement Specialists and the Courts. The data below shows an improvement in SFY11 from the previous fiscal year for children exiting from CD custody.

### **Children Exiting from CD Custody, SFY07-11**

<b>Fiscal Year</b>	<b>Children</b>	<b>Percent Change</b>
<b>SFY07</b>	6,065	
<b>SFY08</b>	5,545	-8.57%
<b>SFY09</b>	5,453	-1.66%
<b>SFY10</b>	5,255	-3.63%
<b>SFY11</b>	5,499	4.64%

Source: CD Annual Report, Table #37

As a result of the CFSR, the Division has also developed a workgroup to develop strategies to increase placement stability. The percentage of children with two or fewer placements in the last three years has remained relatively stable with 83.01% in SFY09, 82.17% in SFY10, and 83.18% in SFY11. Some of the strategies being explored by the placement stability workgroup and the sub-committees include:

- **Making Connections**-The purpose of this sub-committee is to further explore the “30 Days to Family” program, which utilizes an intensive process to locate family members for children.
- **Relative/Kinship Provider Education**-This sub-committee will be responsible for developing a strategy to improve education to relative and kinship providers who do not always understand the behaviors and the trauma experienced by the child.
- **Placement Stability Family Support Team Meetings**-This sub-committee will explore the utilization of Placement Stability FSTs and determine if the policy can be improved.
- **Seamless Transition between Programs**-This sub-committee will develop strategies to enhance communication between the various program lines. The sub-committee will

also review the policy on matching children to placements and determine if any enhancements can be made.

- **Expanded Utilization of IIS Consultation-** Currently, the Intensive In-Home Services contract has language which allows the contractors to provide consultation services to high-risk families not enrolled in Intensive In-home Services.

***Kinship and Relative Care***

Placing with relatives and kin continues to be a priority of the Division. Research shows placing with relatives:

- Minimizes trauma to the child;
- Results in fewer behavioral problems;
- Children are less likely to re-enter care;
- Greater placement stability; and
- Faster, safer permanency

**Kin and Relative Placement Statistics**

Fiscal Year	Total Relative Placements	Relative Placement % of Total In Care Population	Total Kinship Placements	Kinship Placement % of Total In Care Population
2009	3735	26.22%	805	5.60%
2010	4176	28.28%	887	6.00%
2011	4881	31.01%	1001	6.36%

Source: Outcome Measure #17a/b

As the table above illustrates, significant increases in the use of relative and kinship placements have occurred since FY09. To complement this increase is the passing of legislation requiring the search for grandparents immediately after child is removed from the home, [RSMo210.305](#). And, through guardianship subsidy additional support for both relatives and kin providers are available.

In SFY11, 40% of the children exiting care exited from a relative home. This is an increase from SFY10 of 37% to SFY09 with 36%. More children exited from a relative home than any other placement type (adoptive home, foster home, residential). This can also be attributed to the continued focus for staff to search for and place with relatives whenever possible.

In April 2011, the Legal Aspects of Relative Placements Training DVD was introduced to educate on the intricacies of making placement decisions based on various laws. In addition to the law, this training brings to view factors unique to each child to consider when making placement decisions. This training is available to staff as well as with foster parents, juvenile officers, and other community partners.

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

The Fostering Connections to Success and Increasing Adoptions Act, H.R. 6893, allows for the waiver of non-safety licensure standards for relatives on a case by case basis. A focus group met to discuss non-safety licensing standard waivers for relative providers. The purpose of this is to allow more relatives to become providers who may not otherwise been allowed as long as there are no safety issues. The following standards may be waived with Regional Office approval:

- Capacity
- Age of the foster youth
- Age of Foster Parent(s)
- Health of Foster Parent(s)
- Training
- Physical Standards
- Sleeping Arrangements
- Personal space for clothing and belonging

Children's Division is continually exploring new and enhanced ways to expand diligent search capabilities. As discussed in the foster care section of this report, there is a workgroup exploring the use of the "30 Days to Family" program, utilized in the St. Louis region, for the purpose of locating family members for children. The workgroup identifies internet resources most beneficial for locating family, at no or low cost.

There has been a slight decrease in the percentage of children achieving guardianship since the last fiscal year. According to the Child Welfare Outcomes Report, in SFY09, 10.26% of the children in foster care achieved permanency through guardianship compared to 12.67% in SFY10 and 11.38% in SFY11. A possible reason for this decrease may be attributed to the increase in number of children reunified and returned home.

#### *Other Planned Permanent Living Arrangements*

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

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

When a youth has a goal of APPLA, all case management services are afforded the youth including working with the resource or birth family to assess risk, participating in the development of the permanency plan, identifying and providing needed services, and meeting with the youth and family to ensure desired outcomes are attained. Services may include but

are not limited to: therapy, independent living services, mentoring, peer to peer support, visitation, and any other identified individualized services.

One of the resources available to older youth is the Missouri State Youth Advisory Board (SYAB) which was established December 1992. Each member of the board is an outstanding youth in foster care or youth who obtained adoption or guardianship after the age of sixteen who represents other youth in his/her area of the state. The SYAB meets on a quarterly basis and provides policy and procedural input to CD administrative staff/Juvenile Court. The SYAB also works as a network by bringing back important information to the Area Youth Advisory Board (AYAB) or another area youth leadership community, who in turn, takes information back to youth in their area.

There is no age limit for selecting a goal of APPLA however, staff must ensure this goal is the most appropriate and all other goals have been ruled out. The agency strives to achieve permanency for every child in foster care. A goal of APPLA for a child under the age of ten should only be chosen in special circumstances after the other goals have been ruled out and if the Family Support team is in agreement with the goal. According to an ad hoc report produced by the Research and Evaluation Unit, 95% of the youth with a goal of APPLA are age 14 and older and only 2% are under the age of ten. These numbers indicate appropriate oversight of APPLA goal usage is being maintained.

### ***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 license renewal for the Residential Child Care Agencies (RCCA) and Child Placing Agencies (CPA).

During SFY11, 1,597 children in the custody of the Children's Division were in a residential child care placement. During SFY11, 741 children *entering* the custody of CD were placed in a residential child care/group home placement. Throughout SFY11, 2,004 children in custody were served in a residential child care/group home placement. This is a decrease from SFY10 when 3,011 children received residential treatment services. There has been a focus to move younger children out of residential treatment and into a less restrictive setting. In addition, efforts have been on-going to move older youth into specialized foster care settings.

Residential treatment services 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 FY11, children received services through 75 licensed residential child care agencies operating at 141 separate sites, and 65 CPAs providing foster care and/or adoption services at 104 separate sites. Eighteen RCCAs are dually licensed to provide child placing services. In 2011, there were seven initial RCCA or initial CPA licenses awarded. Thirty-seven RCCAs and 29 CPAs renewed licenses in 2011. In 2011, of the 75 licensed RCCAs, 29 are accredited through nationally recognized accrediting bodies (Council on Accreditation of Services for Children and Families, Inc., Joint Commission on Accreditation of Healthcare Organizations, Commission on Accreditation of Rehabilitation Facilities). Thirty-two of the 58 CPAs are accredited. Such accreditation in Missouri serves as prima fascia evidence that an accredited agency meets state licensing standards. Sixteen proposed RCCA's actively sought licensure in

2011. 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 training per year.

### ***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 who have obtained legal guardianship after the age of sixteen as well as former foster youth. Services have been contracted out since January 2008. In SFY11, bids were sought for a revised contract for services to begin in SFY12. New contracts were awarded and service delivery began under this contract on October 1, 2011.

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 a variety of 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 planning the transition of a youth becoming an adult and leaving foster care. It details the goals of the youth and facilitates the involvement of identified adults in the youth's life. Transition planning is completed 90 days prior to the youth leaving care and documented on the Adolescent FST Guide. The guide was revised in January 2012 to incorporate documentation of when credit checks were completed, beginning at age 16, and date assistance, if any, was provided on interpreting and resolving any discrepancies. Plans are underway for this form to be incorporated into the FACES system in SFY13.

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 and a copy is provided via e-mail. The ACLSA was designed to be as free as possible from gender, ethnic, and cultural biases. In March 2012, a new assessment was introduced on the Casey Life Skills website. The ACLSA will no longer be available as of September 2012. Missouri will be incorporating the new assessment into their policy and practice in SFY13. At this time, it is hoped that the youth identifier number can be included in our FACES system on forms that are being added. The Independent Living Coordinators (ILC) participated in a webinar regarding the new site in April 2012 but implementation steps have not been determined to date. This is part of CD's Child Welfare Manual and core curriculums training so many areas will be impacted.

A portfolio assessment is used for each youth ages 14-21 to give the youth the opportunity to take some control of the assessment and demonstrate what they have learned. The Portfolio is a collection of samples which communicate a youth's interest and give evidence of the youth's talents. It is used to show others what the youth has accomplished, learned, or produced. The portfolio is created during life skills instruction and is guided by the learning goals. The portfolio process involves the appreciation and evaluation of one's work. Portfolio items are completed for each life skill instruction and may include report cards, resumes, and certificates for example. The youth may share their successes included in their portfolio at a job interview, Court, FST or other time as appropriate. This was not previously a requirement of the Transitional Living Program providers but was added to the contract with the rebid effective April 1, 2012.

Performance and portfolio items are recorded on the Individual Life Skills Progress form so staff may see the concrete results of instruction. Plans are underway for this form to be available in FACES in SFY13.

In SFY11, the Department of Health and Senior Services began collaborating with the CD on implementing Missouri's Personal Responsibility Education (PREP) Program which provides services and funding to educate and support adolescents (ages 12-18) to make informed decisions, develop life skills, and practice healthy behaviors now and in the future for successfully transitioning from adolescence to adulthood. The funding comes as a result of the Patient Protection and Affordable Care Act which amended Title V of the Social Security Act to include PREP. The Administration on Children, Youth and Families and the Family and Youth Services Bureau (FYSB) jointly oversee the program.

Family and Youth Services Bureau (FYSB) provides PREP funding as formula grants to States. All States and U.S. Territories were eligible to apply for a minimum of \$250,000 per year for federal fiscal years 2010-2014. Allotments were calculated based on the number of young people in each State or Territory. States can administer the project directly or through sub-awards to public or private entities. Through the PREP, FYSB awards grants to state agencies to educate young people on both abstinence and contraception to prevent pregnancy and sexually transmitted infections, including HIV/AIDS. The program targets youth ages 10-19 who are homeless, in foster care, live in rural areas or in geographic areas with high teen birth rates, or come from racial or ethnic minority groups. The program also supports pregnant youth and mothers under the age of 21. PREP projects replicate effective, evidence-based program models or substantially incorporate elements of projects which have been proven to delay sexual activity, increase condom or contraceptive use for sexually active youth, or reduce pregnancy among youth. Through a systematic review, the Department of Health and Human Services (DHHS) selected 28 models states could use, depending on the needs and age of the target population in each state.

In addition to education on abstinence and contraceptive use, PREP projects also offer services to prepare young people for adulthood by implementing activities which address three or more of these subject areas:

- Healthy relationships, including development of positive self-esteem and relationship dynamics, friendships, dating, romantic involvement, marriage and family interactions;
- Positive adolescent development, to include promotion of healthy attitudes and values about adolescent growth and development, body image, racial and ethnic diversity, and other related subjects;
- Financial literacy, to support the development of self-sufficiency and independent

- living skills;
- Parent-child communication skills;
- Education and employment preparation skills; and
- Healthy life skills, such as goal-setting, decision making, negotiation, communication and interpersonal skills, and stress management.

Effectiveness of the program will also be measured:

- The number of youth served and hours of service delivery;
- Fidelity to the program model or adaptation of the program model for the target population;
- Community partnerships and competence in working with the target population;
- Reported gains in knowledge, changes in behavioral intentions and changes in self-reported behaviors of participants; and
- Community data, like birth rates and the incidence of sexually transmitted infections.

The Children's Division views this as an opportunity to have additional funding and services for youth served and align the purposes of Chafee and the Older Youth Program. The Children's Division worked in collaboration with DHSS to amend Chafee contracts with the Community Partnership providers of Chafee services in Jackson County, an urban area and the 25<sup>th</sup> Circuit, a rural area. The program is initially being piloted with contracts being amended and entering into a Memorandum of Understanding in SFY12.

To date, the Community Partnership and LINC staff designated to implement the program have completed the Making Proud Choices (MPC) training curriculum and have just begun serving youth. The Community Partnership has provided the MPC program to eight youth otherwise being served through the CFCIP and plans to present the program to a total of approximately 40 selected youth. The Local Investment Commission (LINC) is presently in the planning phase of presenting the MPC program to approximately 50 selected youth also receiving services through the CFCIP.

"Making Proud Choices: A Safer-Sex Approach to Reducing STDs, HIV, and Pregnancy", is an eight-module curriculum designed to empower adolescents to change their behavior in ways that will reduce their risk of becoming infected with HIV, other STDs, and significantly decrease their chances of being involved in unintended pregnancies. The curriculum acknowledges that abstinence is the most effective way to eliminate these risks. However, realizing that abstinence is not the path that many young people will choose, the curriculum encourages the practice of safer sex and condom use. The curriculum also addresses the underlying attitudes and beliefs that many young people have about condoms; provides information and exercises that teach adolescents how to use condoms correctly; and gives them the confidence they need to choose and negotiate safer-sex practices.

In April 2010, the Youth Independence Interdepartmental Initiative (YIII) convened and will continue to 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 (ILC) is a member of this task force in addition to the subcommittees created to implement some of the specific tasks. The YIII met four times in CY11: January 14, May 27, September 16, and December 9. Sub-committees had conferences calls each quarter. The four sub-committees are: Education, Youth Empowerment, Insurance, and Recognition Program. Resources have been shared at these meetings and legislative issues discussed. The group has a member from the Department of Insurance who is working diligently along with other subcommittee members to address the

issue of youth under the age of 18 having difficulties obtaining automobile insurance coverage. The Department of Elementary and Secondary Education (DESE) representative is assisting Children's Division by preparing and hosting a webinar that will be geared towards High School Principals, Guidance Counselors, Children's Service Workers, and resource providers to assist youth in foster care with school issues in May 2012. Through this initiative, the Department of Elementary and Secondary Education, has also linked education information from Children's Division's website to their website. This initiative has also been instrumental in getting tuition waiver language into statute and continues to work legislatively on barriers to education for youth in foster care. Memo CD11-78: "Missouri Reach" Tuition Waivers and Fee Program was published in September 2011 with assistance from Missouri Department of Higher Education. The YIII has acted in the capacity of stakeholders and reviewed program implementation and reporting information on ETV. Feedback was also sought on revising "What's It All About" transition guidebook for youth in care. Articles of interest are shared between the members. Members were also able to share contacts and resources pamphlets at informational tables at the youth conference. Progress has been made but there is still much work to do in this area and this will continue in SFY13.

In SFY13, the Children's Division would like to incorporate more information into practice and policy on Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) youth. Children's Division consulted with the National Resource Center for Youth Development via conference call in September 2011 on ways to integrate education and services into the Older Youth Program for LGBTQ youth. The Independent Living Coordinator researched resource materials provided from the American Bar Association, the National Resource Center for Youth Development, and the Human Rights Campaign's All Children-All Families training to determine how best practices could be incorporated within the agency particularly pertaining to Older Youth. A proposal was submitted to CD administrative staff in SFY12 based on the information and it is hoped that some of the tasks can be implemented in SFY13. Copies of "It's Your Life - Opening Doors: Improving the Legal System's Approach to LGBTQ Youth in Foster Care" were made available for each youth in attendance at the 2011 Youth and Adult Leadership and Empowerment Conference. Staff will continue to have access to the LGBTQ assessment supplement, designed to help youth who have needs in this life skills area, which is available through the Casey Life Skills website. Missouri has addressed this issue minimally but will continue to work on improving efforts in SFY13.

Six CD employees and a youth participated in a Shared Learning Collaborative on Permanency for Older Youth in Los Angeles, California in May 2012. This was sponsored by Casey Family Programs. The Shared Learning Collaborative (SLC) brings multiple jurisdictions together to receive peer technical assistance on a mutual topic of joint interest. Missouri was a learning state and was appreciative for the opportunity to access the knowledge of experts and other states. During the one and a half day convening, participants were engaged in several core discussions in large and small groups. Workshops were used to disseminate key chunks of information to a large group in a short timeframe. Workshops were then followed by "team time" which allowed participants to debrief with their colleagues and begin to consider action items. On the second day, an action plan was developed which identifies immediate next steps over the next 30-90 days. Three of the team members are focusing on education of staff in their area. Their goals of their presentations include:

- Enhance/reiterate the understanding and importance of older youth permanency for frontline workers and supervisors
- Allow frontline staff and supervisors to connect with an older youth of which APPLA was the permanency plan
- Explain the importance of reconsidering APPLA every six months

- Discuss how to go about finding a “forever family” for youth, whether the goal is adoption, guardianship or APPLA (consider all options such as Family Finding, “file digging,” etc.)
- Allow older youth to explain the importance of Chafee referrals, goals and services to increase frontline worker and supervisor’s knowledge of the Older Youth Program
- Encourage staff to complete referrals in a timely manner and follow-up/help youth to achieve goals set by themselves and the team
- Encourage staff and “teams” to listen to the youth voice and allow youth to make more decisions for their future (i.e. scheduling and facilitating PPRTs, setting their own goals on the CD-94 and having freedom in achieving these goals)
- Increase staff knowledge of the OYP in general, as well as the partnership with Chafee and Casey Family Programs

Missouri will continue to work on this topic in SFY13 by implementing their action plan and continuing steps as appropriate.

The division’s Northern Regional Manager has been instrumental in developing a banking program in collaboration with a regional bank which will be implemented in CY12. This is collaboration between the Children’s Division, Chafee Contractor, and the Regional Bank, in which youth will receive instruction in a class setting about bank accounts and credit and will then be able to actually open an account without having to have a co-signer, which is a major barrier to youth in foster care. The OYTS will send an announcement of program to counties in the bank’s service area and the Children’s Division will provide the names of the designated staff for approval to the bank. The Children’s Service Worker will refer youth 13 years of age and older to the Older Youth Specialist who will screen and approve the youth as to their maturity, responsibility and character to open an account. A Children’s Division Field Support Manager or the Older Youth Transition Specialist will refer this need to the Chafee provider. The Chafee provider will contact the bank with the youth who are screened eligible to open an account and along with the bank designee generate an account opening with the social security number of the youth and a redacted court order verifying the youth is in Children’s Division custody or has been as part of the new account documentation.

For youth over 18 years of age the bank will allow the Older Youth Transition Specialist to refer the youth to the classes. These youth may choose a traditional account method. Children’s Division will arrange with the bank the dates of the training and have at least four youth in attendance with Children’s Division staff or contractors present. After it is piloted in the Northwest Region in CY12, it may be expanded to other areas in the state where the bank has branches.

The ILC participates in the Missouri Asset Development Coalition which discusses asset-building efforts in Missouri.

The ILC 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 Service decision-makers regarding adolescent and school health issues and initiatives. The Council for Adolescent School Health may be invited to provide input and advice to other planning committees, work groups, task forces, and advisory councils seeking expertise on adolescent and school health. Members of the task force share resources via e-mail on a regular basis and connect to collaborate on efforts for other projects.

The ILC is a member of the Child and Family Services Review Advisory Committee and of the Department of Elementary and Secondary Education's Missouri Interagency Transition Team (MITT). MITT was formed in 2007 to promote interagency collaboration in Missouri at the state-level by establishing a group vision for improving outcomes for young adults with disabilities. The MITT, consisting of diverse state-level membership meets quarterly to share resources, develop goals and promote concrete activities to improved transition education and services.

The Jackson County Older Youth Transition Specialist (OYTS) is a member of:

- The Healthy Transitional Initiatives/Uniting Pathways Coordinating Council. The Council oversees the implementation for services for youth with mental illnesses who are transitioning through four mental health agencies in Jackson County. The main focus areas are housing, education, employment and career, personal effectiveness and well-being, and community life functioning. The council is funded through a SAMHSA grant through the Department of Mental Health.
- The Alternative Care Review Board (ACRB). This group hears grievous issues from foster parents concerning issues with Children's Division.
- The Coalition of Homeless Youth Providers of Services (CHYPS). This group is comprised of various agencies that work with youth that are homeless or may become homeless to provide support and information on what is available for this population. The goal is to alleviate homelessness among youth ages 12 to 24, and their dependents, through advocacy, coordination and collaboration of direct services. Speakers address topics of interest and need.
- The Special Placement Support Team Meeting (SPSTM). This occurs within the Children's Division to examine and recommend placements for children in residential facilities.

The Jackson County OYTS trainings and presentations in SFY12:

- Held an older youth event to help increase Chafee referrals. Worker, care provider and youth attended Adolescent Family Support Team Guide/Individualized Action Plan and Ansell-Casey Life Skills training. While there, Children's Service Workers and youth were able to complete the referral packets for Chafee services. Approximately 27 youth completed a referral at the event.
- Chafee overview training to CD workers, contracted agencies, the Juvenile Law Committee and Family Court staff, STARS classes and Midwest Foster Care and Adoption Association.
- Presented at the "Fostering Strategies for Change" conference. Information presented covered services for youth aging out of foster care.
- Provided life skills training for Every Child's Home – Stepping Stones. Training covered teaching life skills to youth and identifying various which are available in the community.
- Trained three new Transitional Living Advocates.

The Southern Region OYTS is a member of the Ozark Region Workforce Investment Board Youth Council, the Homeless Youth Subcommittee of Community Partnership's Christian, Greene, and Webster Counties Continuum of Care, and Re Evaluation by Other Observant Thinkers (REBOOT) as part of the 26<sup>th</sup> Circuit's Fostering Court Improvement Project.

In SFY12, presentations on the Older Youth Program were made to:

- Greene County Juvenile Office for juvenile officers and supervisors
- Community Partnership at the request of RareBreed (a teen homeless shelter)
- 29<sup>th</sup> Circuit Chafee contractor informational meeting

- Homeless One Stop Day at the Springfield Expo Center Older Youth Program representative
- The "All Together Now" conference sponsored by the Midwest Foster Care and Adoption Association
- Greene County Advisory Council whose members consist of community members, agency leaders, Juvenile Officers, Shapes Mentoring, Springfield Public Schools, law enforcement, Ambassadors for Children, Community Partnership of the Ozarks and foster parents on Older Youth Program services

The Southern Region OYTS also attend older youth FST meetings, provides training for advocates for the Transitional Living Advocate Program, and provides refreshers on the core curriculum older Youth training to circuits throughout the Southern Region.

The Northern Region OYTS provided training and participated in workgroups in SFY12:

- The Chafee Contractor in the NW Region participates as a member of the 5<sup>th</sup> Circuit Fostering Court Improvement Project. This group has focused on reviewing services offered and progress of older youth in care, and also has worked to develop resources for homeless youth in the community, as well as older youth who have aged out of care.
- The OYTS and Chafee contractor in the NE Region participate as members of the 13<sup>th</sup> Circuit Fostering Court Improvement Project. The major accomplishment of the group so far has been to include an older youth review section for the judge to review during permanency and dispositional reviews. The group also has developed a handbook for case managers to use in working with older youth, and developed information sheets for the youth on topics such as educational planning and what to expect from a transitional living program.
- The OYTS and Chafee contractors conducted informational meetings with CD staff and foster parents.

In SFY13, the Northern Region OYTS will explore with the various Chafee providers and transitional providers in the region the possibility of forming a group that meets quarterly or bi-annually to share information, ideas and resources as a way of ensuring the youth in foster care in this region are receiving the best services available.

The St. Louis Region OYTS:

- Worked with the Fostering Court Improvement Project on reviewing cases of older youth in foster care in 2010. The group is the City Court Improvement Review Board for Youth (CCIRBY). Now that the reviews have been completed, the court and CD are analyzing the data to determine additional needs of older youth in care and to determine how this process can assist case workers in their practice.
- Serves on the Missouri Mentoring Program Advisory Board. The Missouri Mentoring Partnership (MMP) is an employment 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 OYTS 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.
- 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 the Family Support Division. The task force assisted with developing the “Yellow Pages” directory for youth in the St. Louis area.

- Member of the Teen Pregnancy Prevention Initiative through The SPOT (Supporting Positive Opportunities with Teens) from 2010 to present. The OYTS is a member of the planning and oversight committee. The Teen Pregnancy Prevention Initiative is a CD protocol for the St. Louis region to refer youth newly entering foster care to The SPOT to receive a comprehensive health care assessment and subsequent access to participate in the teen pregnancy prevention intervention/services.
- 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, Department of Mental Health (DMH), etc.
- Chair of the St. Louis Older Youth Resource Network which meets quarterly with OYTS, Deputy Juvenile Officers, Guardian ad litems, Court Appointed Special Advocates, Chafee providers, Transitional Living Placements (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.
- Attended a SSSI/SSDI Outreach, Access and Recovery (SOAR) two day training to learn more on how to assist with the SSI/SSDI applications for the homeless and hard to reach populations. A workgroup is currently being formed with SOAR, DMH, homeless coordinators, street outreach, and the OYTS to examine ways to assist youth in care and aftercare youth in accessing benefits as adults.
- Became the point person for the Girls Aspiring toward Independence (GAIN) project out of Washington University. The OYTS role was to act as a go between to assist with referrals and problems with youth being referred for the program. GAIN is a cognitive behavioral intervention for trauma for adolescent girls (ages 12 to 18) with histories of maltreatment and involvement in the child welfare system. The OYTS also attended the Cognitive Behavioral Intervention for Trauma in School (CBITS) training for this group to provide feedback from a CD standpoint in 2010.
- Held three Chafee informational meetings for CD and contracted workers in the county to give an overview of the new Chafee provider and what services will look like.

A difficult barrier for youth activities exists when holding any type of outdoor camp due to the release of liability signature which is needed by the legal guardian. Children’s Division case managers cannot sign and often proves difficult for courts to approve and sign. The Children’s Division is looking at this problem through the Youth Independence Interdepartmental Initiative.

During SFY13, CD will continue efforts to ensure all youth eligible for OYP services are provided contracted services which build upon community resources. Lack of referrals has been a challenge in the past but OYTS are monitoring and addressing this issue more closely and making progress. In February 2010, approximately 52% of eligible youth statewide were being

referred for services. In March 2011, 63% of eligible youth statewide were referred for services. In December 2011, approximately 72.8% of eligible youth statewide were referred for services. The monitoring of referrals for eligible youth and efforts to maintain and increase referrals to the Chafee program will continue in SFY13. In SFY13, work will begin on implementing the Chafee referral form and packet into the FACES system and this will aid in monitoring and reporting.

The Children's Division issued several memos in SFY12 related to older youth. In September 2011, the "Missouri Reach" Tuition Waiver and Fee Program and procedures were introduced by CD Memo 11-78 [CD Memo 11-78](#). In January 2012, [CD Memo 12-06](#) addressed federal requirements for educational stability case plans and credit report requirements as a result of the Child and Family Service Improvement and Innovation Act. In March 2012, CD Memo 12-28 [CD Memo 12-28](#) provided clarification on existing policy of children of youth in alternative care (CYAC).

In CY12, a memo regarding guardianship and youth with special needs will be issued.

The Children's Division Intranet and Internet have been updated in SFY12 with resource information specific to Older Youth and this will continue in SFY13. Approval has been granted for the Older Youth Program to have its own website at the Division level and at this time it is unknown when this will move forward. The benefits of having information available separate from the agency website include easier navigation, expanded marketing and accessible content. CD also utilizes FACEBOOK as a means to share information specific to the Older Youth Program and on average makes one post per week.

The Independent Living Coordinators gave and will provide presentations regarding older youth services, legislation, and policy throughout SFY12 and SFY13.

In July 2011, a presentation was provided to the Mid-Missouri Foster Care and Adoption Association regarding the Older Youth Program. In May 2012, the ILC present an overview to CASA at a train-the-trainer event. The Independent Living Coordinators will present at the Department of Elementary's Transition Institute Conference as a speaker on assisting youth in foster care to transition to post-secondary education in June 2012. Other presentations will be given in SFY13 as opportunities present.

In March 2012, the ILC presented at the Foster Care Case Management Program Managers meeting information on NYTD surveying to begin for 19 year-olds in October 2012. In March, information on the youth who are in the baseline population to be surveyed beginning in October was sent to OYTS to distribute across the state. Data was also shared to show participation rates for the 17 year olds by region which can be broken down further by Circuits and Children's Service Worker's. The Children's Division participated in the NYTD convening in SFY12 along with a youth representative and will participate in SFY13. In SFY13, CD will be compliant in reporting services and outcomes for youth for the NYTD and will continue to develop outreach efforts for youth who are no longer in care.

In SFY12, contracts for Chafee, TLP, and Educational Training Voucher and Missouri Reach services were rebid. For the Chafee contract, all providers remained the same but one region was combined so some youth have a new service provider because of this. There are six agencies across the state providing Chafee services. Contracts were awarded to most of the previous TLP providers and four new providers' received contracts. Those not receiving a contract did not have youth placed with them so there was no disruption of services. There are a total 16 providers across the state who provide Transitional Living Group Home Services,

Transitional Living Structured Services, and Transitional Living Unstructured Services. For SFY13, CD will continue contracting Chafee, TLP, and Educational Training Voucher (ETV) and Missouri Reach services and continue development of community resources to support these contracted services. The Children's Division continues to monitor and provides support to current and new providers of the ETV, Chafee and TLP contracts, as well as, continue to educate staff and stakeholders about providers and the services they offer. The Children's Division will continue reporting services and outcomes on older youth and will extract the data for performance measurements in the Chafee and TLP contracts. In June 2012, a "Meet and Greet" will be held for TLP and Chafee Contractors to meet each other and presentations on successes and innovations will be provided throughout the day by various providers in hopes of learning from each other. Not all information for older youth is captured in FACES at this time, but further automation expansions are planned for SFY13. This automation will provide data from referral forms, life skills progress and assessment forms.

### ***Specialized Care Management Contract***

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

Children and youth referred for services under this contract must be at significant risk of long-term residential care and have serious behavioral health needs. This contract provides specialized care management services which are individualized for children who demonstrate an inability to function in less-restrictive settings without such services. This may be evidenced by multiple failed residential placements or repeated need for acute psychiatric hospital admissions. While the youth is enrolled in the program, the contractor is the sole case manager for the enrolled child. Once the youth is stabilized in a community setting, the youth is disenrolled and the state agency resumes case management activities.

The new version of this contract, beginning July 1, 2012, is capped to serve a maximum of 325 youth statewide. The areas served will be comprised of the existing Central and Eastern Regions, and will also incorporate the areas being served through the previous cooperative agreement in the Southwest and Western Regions. The new contract will eliminate regional case limitations, as well as the prior requirement that youth served in the Southwest and West regions be placed in a residential setting identified as Level IV (intensive psychiatric) or Above Level IV.

Both the existing and new versions of this contract provide intensive wraparound services and supports by ensuring a maximum case management ratio of one to ten, although some caseloads are below this maximum. Children enrolled with the specialized contract may be as young as six years and up until the youth's 21<sup>st</sup> birthday, but approximately two thirds of currently enrolled youth are over the age of 15. The average age of active enrollments is 15.2 years.

Service requirements have not changed from the current contract to the new contract. Revisions were made for the purpose of clarifying and unifying practice for consistency across all service areas. The new contract maintains all of the prior outcome measures, although some of the targets and/or language have been modified, denote by italics and underlines in the bullets below:

- 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 and the incident date is later than the enrollment date.
- 95% or more of all children referred to the contractor during the reporting period shall not be on/or have been on runaway status in excess of 48 hours.
- 95% or more of children referred to the contractor during the reporting period shall not be or have been arrested or detained.
- 90% of children dis-enrolled from the contractor must remain stable in their community placement for 90 days.
- 78% 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 180 days.
- 95% or more of all children enrolled with the contractor for an entire month must have received at least four face-to-face visits with the contractor each month to ensure safety. There shall be no more than ten days between visits at any time.
- 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 and actively participating in an educational program or have successfully graduated.

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 at the time of enrollment, weekly face-to-face meetings, and physical exams within the past 12 months of prior to dis-enrollment.

### ***Foster Care Case Management Contracts***

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 contractor 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. If they exceed the permanency expectation they will serve less than for what they are paid.

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, Clay, Andrew, Buchanan and Cass Counties. The Springfield region consists of Greene, Christian, Taney, Lawrence, Barry and Stone Counties.

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, South Central, and Southwestern part of the state. These consist of Randolph, Howard, Boone, Callaway, Camden, Laclede, Pulaski, Phelps, Texas, Jasper, Newton and McDonald counties.

New contracts have been awarded to 6 consortiums beginning 10/1/12 and will serve 2,490 cases statewide. The service providers for the new contract will remain consistent with the current contracts, except that one of the consortiums in the Kansas City Region has reorganized. The new contract changes the Kansas City Region to include Jackson and Cass Counties only, as well as reflects the requirements of regulation promulgated October 2011 (13 CSR 35-32.020 & 13 CSR 35-32.030). As a result of the new regulation, the case referral methodology is changing from a monthly case referral rotation to a 1-for-1 case replacement methodology where a new case will not be referred to a contractor until a case exits the contractor's services. The new contract and regulation also include a new incentive methodology where contractors will have an opportunity to receive a one-time incentive payment after each contract period if they exceed the permanency expectation of the contract. The primary impetus for the change in methodology is the reduction of the case management disruption that occurred each year during the rebuild process.

As of 3/31/12 private contractors served 2,552 children in the care and custody of the Children's Division. This compares to 10,741 children served statewide. Approximately 25% of the foster care population is served through contracted case management providers. This has decreased from 4/30/09 when approximately 38% of the foster care population was assigned to private contractors for case management services. The percentage of children served through the private sector is influenced by the number of children entering and exiting care statewide. Contractors serve a set caseload as awarded by contract. The number of cases served by contractors is not dependent upon the number of children in care.

The University of Missouri-Columbia accepted the opportunity to conduct an independent evaluation, beginning in 2005. The university began a series of focus groups with stakeholders in March 2006 and completed their work in May 2007. The report concluded there "was a strong commitment to the partnership between the CD and the contractors" and "recognition that the strengths of the CD and the strengths of the contractors could work in tandem to create a stronger case management service." "In addition, there was strong recognition that accountability will be improved now that both groups are working with the same outcomes."

The National Quality Improvement Center on the Privatization of Child Welfare Services (QIC PCW) established an evaluation to study the public-private partnerships occurring around the country. Through a competitive application process, Missouri, Illinois and Florida were selected to participate in this cross-site performance-based contract evaluation which concluded in September 2010. This evaluation included surveys, focus groups, data outcome comparisons and written documentation of events as they pertain to performance based contracting. The purpose of the project was to improve child welfare practice in Missouri and provide as much information as possible to other states contemplating or moving toward a performance based model for contracted case management services. Results of the QIC project identified that the cross-site research was hindered due to the variance across child welfare systems that yielded significant uniqueness in approach and system maturity. Specific to Missouri was the continued process of improving the quality assurance and partnership initiatives as performance based contracting system matures. These results were published in *The Journal of Public Child Welfare*, Vol. 6:1–11, 2012.

### ***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 required adoption assessments conducted regarding placement of a child in the prospective adoptive home. The court may direct any appropriate individual or agency, including the CD, to complete the assessment.

When it is not possible or in the best interest of the child to return to their biological family, consideration is given to placing the child for adoption. Several factors influence this decision; the attachment of the child to his/her biological family, the parent's ability and willingness to voluntarily relinquish the child for adoption, the juvenile court's determination of whether or not parental rights will be terminated and the 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 or with the Foster Care Case Management Contractors. All applicants must complete the STARS and Spaulding training provided through the Division or contractors. Children's Division workers and/or contracted providers, in coordination with the training complete the family assessment and work with families to determine suitability for adoptive parenting. The family assessment is initiated within 30 days of the receipt of the application and completed within four months for families to be considered for adoptive placements. Priority is given to those families interested in adopting a special needs child.

The Division maintains an Internet 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 and are also featured on the national AdoptUSKids site at [www.adoptUSkids.org](http://www.adoptUSkids.org) and may be featured on the Adoption Exchange Website at [www.adoptex.org](http://www.adoptex.org).

Each year youth are featured on the Missouri Heart Gallery website. The Adoption Exchange partners with the Division to arrange for the photography and photo preparation for the gallery and also manages the Missouri Heart Gallery site located at <http://www.moheartgallery.org>. In addition to these sites, Jackson County/Kansas City has a website for presentation of children in that region which may be accessed at [www.kcchildren.org](http://www.kcchildren.org).

The Children's Division actively recruits foster/adoptive families and enlists the assistance of community partners as well as the faith communities through publicity including newsletters, printed promotional material, public service announcements and local projects. In FY12 Adoption Incentive Funds were used to develop a new promotional campaign for recruitment of resource families. The promotion entitled *Life is Better with Kids Around* included television commercials which ran in the major media markets of Kansas City and St. Louis as well as via YouTube as links to the Heart Gallery Facebook page. In addition, web banners were developed, but did not prove as effective as the television commercials. The airing of the television ads resulted in a 60% increase in calls to the 800 number from families expressing an interest in foster care or adoption. Building on the success of the campaign, in FY12 CD will be using the promotional packaging tagline and artwork to develop new written materials for recruitment of resource families.

### ***Second Level Matching Team***

The Second Level Matching Team (SLM) consisting of regional adoption representatives continues to meet two times per year to discuss recruitment strategies. SLM Team members share information with one another on regional recruitment events, providing new ideas for all regions of Missouri to utilize. In SFY12 this statewide team provided feedback for the revised adoption staffing policy, reviewing templates, tools and memo. The Second Level Matching team also provided assistance in updating the AdoptUSKids website. When provided a list of CD contact persons for photo listed children on AdoptUSKids, the SLM Team reviewed and updated the list.

The SLM Team goals have also expanded to include serving as a forum to discuss and resolve adoption issues faced by field staff and to assisting in defining best adoption practice for CD. In SFY13, SLM has plans to reorganize and redefine the purpose of SLM. The Second Level Matching team would like to become a state wide recruitment tool focusing not only on recruitment but on post adoption services and prevention of adoption disruptions.

### ***Subsidized Adoption and Guardianship Program***

Some children placed in out-of-home care will never be able to return to their birth home. Furthermore, many of these children suffer from handicapping conditions and others are older or are members of a sibling group. These factors make it challenging to find adoptive homes. Frequently, these children have special needs such as the need for medical care, counseling, therapy, or special educational services. The cost of caring for these children can be prohibitive for a potential adoptive family, or those wanting to provide a guardianship arrangement. Before the adoption subsidy program, the only alternative was to leave the children in foster care. Adoption and guardianship subsidy provides the child the benefit of a permanent family while assisting the family who would otherwise be unable to adopt or provide a permanent home to the child.

Total expenditures for the adoption subsidy program for SFY11 were \$63,161,857 which was a slight decrease from \$65,474,019 in SFY10. Currently there are **16,242 adopted and 4,464 guardianship** children served through the subsidy program with an annual budget of 82 million dollars. As of April 24, 2012, children were receiving adoption subsidies at an average monthly cost of \$413.56 per child. This information came from DSS Research and Evaluation.

### ***Heart Gallery***

The 2012 Missouri Heart Gallery will be presented in an electronic format including a video/DVD as well as use of the online Missouri Heart Gallery in addition to a traveling format. The change to this format was found to be successful for the 2011 gallery. The 2012 Missouri Heart Gallery will open in May and close in November and feature 149 photos including 184 children.

Each region will receive 8x10 images of children from their region who are featured in the 2012 Heart Gallery for display at regional events. This approach will allow the flexibility to feature the Heart Gallery at a moment's notice in smaller venues i.e. churches, school functions, and community events. Prospective adoptive families should be directed to the online Heart Gallery for a complete list of children featured. Regions will also receive extra images of children from other regions and will have the flexibility to exchange with other regions.

Over 180 Missouri children were featured over the past seven years in the Missouri Gallery have been placed with a forever family. The contractor is providing statistics, however the type and amount of data was not comprehensive enough to determine effectiveness. The Children's Division is continuing to hold focused grassroots events such as PTAs, fairs, and churches, etc.

### ***Child Placing Agencies***

In FY11, there were 65 licensed child placing agencies with an additional 39 operating sites for a total of one hundred and four (104) child placing operating sites. Of the 65 licensed child placing agencies, 39 were accredited. The child placing agencies placed 352 (domestic) and 201 (international) children for adoption. Several child placing agencies are involved in the respective foster care case management and the specialized contracts described previously in this report.

### **Highlights of Permanency Programs**

- Framework for Safety philosophy embedded into permanency tools, policy and practice (including protection and prevention programs)
- Continued focus on relative and kinship placements as well as father and non-resident parent engagement focus throughout policy
- Development of training tools and guidelines to enhance case management practice when working with incarcerated parents
- Liaisons assigned for each prison throughout Missouri for access ease to visitation protocols and engagement of incarcerated parents in case planning activities
- Increased monitoring of worker visits and timely PPRTs through PERforM and ROM data, impacting timely permanency for children
- Review all children in residential placements to determine appropriateness of placement
- Diligent search section added to Supervisor Case Review Tool to determine impact of increased family engagement
- Convening foster care policy workgroup to review the child welfare manual in an effort to eliminate duplication of efforts and streamline practice
- Developing educational materials and guides for staff when working with relative and kinship providers, targeting the youth population

## **Chafee Foster Care Independence Program**

### **Chafee Foster Care Independence Program**

Accomplishments achieved and planned activities for each of the first five purposes of the Chafee Foster Care Independence Program (CFCIP):

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

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, NYTD, and State Youth Advisory Board.

The Children's Division will also use CFCIP funds to staff four Older Youth Transition Specialist (OYTS) positions to cover six regions of the state.

With the rebid of the Chafee contract in November 2011 there was a restructuring of regions combining St. Louis City and St. Louis County. This was done in an effort to address the moves youth make between the City and the County ensuring consistency in providers and reducing paperwork involved in the transfer process so that this is not a barrier to youth receiving services in this metropolitan area. There was also a difference in how services were provided in these two regions in the past four years with the first contract period as there were two separate providers of services in these areas. Although the contract allows for differences in service implementation, it also created challenges with the two areas being so geographically connected in terms of service expectations from staff, youth, and community providers. This is reported by the OYTS in St. Louis as a positive change and an increase in referrals and youth participation in services has been observed.

The OYTS will continue to assist with quality improvement and quality assurance for the Older Youth Program in each of their regions. Their job duties include older youth program presentations, training, review of files, review of referrals, contract monitoring, site visits, and regional plans for increasing number of referrals, etc. In addition, OYTS ensure transition plans are completed prior to a referral being made for services and new goals are developed for the youth and Chafee provider to work on. The OYTS also attend Family Support Team Meetings on older youth in which case plans are discussed.

The OYTS will continue to be the liaisons to the ILC and contracted providers of Chafee and TLP. The OYTS will continue to be responsible for 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 OYTS also verify eligibility for the ETV Program and Missouri Reach. The OYTS also assist with compliance in reporting for the National Youth in Transition Database (NYTD). They assist with survey reporting, approving services entered by contracted providers, and ensuring current grade level is available on youth 14-21. There are also plans for the OYTS to assist with NYTD survey completion of 19 year olds no longer in care. The OYTS will continue to work directly and collaboratively with the ILC, case managers, contracted providers, youth, and to be responsible for on-going consultation and education to agency staff, providers, and the community. The four OYTS may also assist with program

coordination in their designated regions. Conference calls are held with the OYTS and ILC quarterly and in person meetings as appropriate.

The Children’s Division Older Youth Program encompasses all the services and programs which are offered to foster and former foster youth, including youth who obtained 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 3,292 youth in Missouri eligible for Chafee services as of March 31, 2012. Missouri’s criteria are youth in the care, custody, and control of the Children’s Division regardless of case plan. In February 2010, approximately 52% of eligible youth statewide were being referred for services. In March 2011, approximately 63% of eligible youth statewide were being referred for services. In December 2011, approximately 72.8% of eligible youth statewide were referred for services. This was accomplished by having a consistent report on a quarterly basis using the same criteria of “eligible” youth (youth with severe special needs and receiving independent living skills through the Transitional Living or Specialized Care Contract are excluded) and each region is more strategic in their efforts.

Chafee youth being served are as follows:

<b>Point-in-time</b>	<b>Number Served</b>	<b>Number Eligible</b>	<b>Percent</b>
3/31/12	2090	2775	75%
12/31/11	2054	2820	72.8%
10/31/11	1891	2800	67.5%
3/31/11	1921	3052	63%
2/11	1633	3002	54%

Additionally, the older youth program served youth in transitional and independent living placement settings. Below are the numbers as of 11/30/11:

- 181 youth are in Independent Living Arrangements
- 30 youth are in the Transitional Living Advocate Program
- 86 youth are in Transitional Scattered Site Placements
- 86 youth are in Transitional Living Group Homes

The Northern Region OYTS has been assisting in the region’s commitment to ensure all eligible youth are referred for Older Youth Program services in the region. The OYTS sends out listings of eligible youth, at least monthly, to the 53 counties in 21 circuits who receive Chafee services from the contracted providers. The supervisors in the counties review the listing with the Children’s Service Workers during the case conferences and apprise the Circuit Managers of the progress. Several circuits have appointed specific case managers as a point person within the circuit, to assist the case managers with referrals and follow up on service provision with the circuit. The Contract Oversight Specialists within the region work with the Foster Care Case Management Agencies to assist in making the referrals for OYP services. The Quality Improvement (QI) Specialists in the region review the eligible youth listings with the circuits during the quarterly maintenance meetings and develop work tasks to improve practice in this area. The QI Specialists also assist in setting up OYP refresher training for circuits who are in need of such. The Field Support Managers (FSM) are supportive of the OYP, and continually include OYP agenda in the sub-regional meetings. The FSMs follow up with the Circuit Managers when listings are sent to the circuits, and also assist in setting deadlines for referrals and action to be taken within the circuits. The FSMs are also supportive of the OYP in assisting

the OYTS to arrange meetings and trainings in the circuits to educate and review progress and barriers to progress.

In SFY13, CD will continue to work on increasing and maintaining the number of referrals for eligible youth to the Chafee program. It is hoped that referral information will be available in the FACES system in SFY13 which will aid with tracking of referrals for Chafee services. As of now, referrals are tracked on an excel spreadsheet by the OYTS and reported quarterly to the ILC who provides a statewide view from the spreadsheets which is time consuming. The implementation steps for FACES entry and data access for referral information began in May 2012 but many steps must occur in SFY13 for this to be realized.

All new employees are trained through a separate curriculum regarding the OYP requirements. In SFY12, this curriculum was revised by the training unit and the ILC participates in the field testing. Enhancements were made as the original curriculum was more specific to the changes being introduced in the program in CY08. The revised training encompasses aspects of the program overall.

Youth continue to receive information about available Chafee services through their case manager, OYTSs, youth boards, CD website, and FACEBOOK page. Services are to be used to assist youth in complementing their own efforts to achieve self-sufficiency and to 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 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. The Independent Living Coordinator is working on revising the guidebook "What's It All About" which is given to youth coming into care at age 14 or turning 14 while already in care. The guidebook is outdated and focuses on a youth's time in foster care. The revised guidebook will be for a youth's time in care but will also include information for transition from care to provide more of a continuum of information and resources and ensure information is shared at various opportunities and in a variety of formats.

Life skills training is provided by contracted providers, including contracted transitional living programs. The Children's Division 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 Casey Life Skills Assessment (CLSA) 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 CLSA with each referral for Chafee services or TLP placements and are to reevaluate the youth once a year using the CLSA. Contractors are required to provide outcome data on each youth served with CFCIP funds. Contractors work with youth in the National Youth in Transition identified domains of Independent Needs Assessment, Academic Support, Post-Secondary Educational Support, Career Preparation, Budget and Financial Management, Housing Education/Home Management Training, Health Education and Risk Prevention, Family Support and Healthy Marriage Education, Mentoring, Education Financial Assistance, and Missouri has added the domain of Youth Leadership. Aftercare services are also provided through the contractors. Youth leaving care after the age of 17.5 and not yet 21 are eligible for these services. Youth must be 18 to receive housing assistance.

As of November 2012, the Chafee contracts require a minimum of 65% of referred youth to be served every quarter in the identified domains. This is a change as prior to NYTD implementation the Children's Division did not have any information regarding Older Youth input into the FACES system and thus compiling this information was very tedious and laborious as it was submitted on excel spread sheets. This change was also made to the Transitional Living Program contracts which began April 1, 2012. With NYTD implementation, services are entered into FACES thus allowing the Research and Evaluation Unit to extract this information from the system and have contract provisions more outcomes based. This is to ensure more youth receive life skills teaching and that the bulk of services being provided are the core services which research has shown improve outcomes for Older Youth. The Children's Division has been challenged with ensuring accountability and performance standards with the initial contract so this will aid in this. However, this is only the first step to ensuring overall program effectiveness and in SFY13 and it is hoped that all Older Youth Program forms will be input into FACES and data in many areas can then be extracted for quality assurance and program improvement. This is one of the most significant barriers presently. Initial work has started.

The Children's Division has made a change in its Specialized Care Contract regarding independent living services. This contract was rebid in SFY12 and the requirement of providing independent living services to the youth case managed under this contract was removed. Effective July 1, 2012, with the implementation of the revised Specialized Care Contract, these youth will be referred to the Chafee contract for IL services. In the process of preparing the new contracts, focus groups were held throughout the state with CD staff and private partners and this was identified as an area in which it would be beneficial overall to remove from this contract for best practices. As this is meant to be a short term service contract and these youth are transferred back to CD once stabilized, these are youth that were referred to the Chafee contract at some point. From the community aspect and working within areas where this service is provided, it will allow for consistency of which services are offered and not be confusing as to what services youth have received and why (because of contract differences). This will also lead to consistency in service provision for youth as they are enrolled and disenrolled from the Specialized Care contract as they will remain with the same Chafee provider.

On-going communication occurs with the providers of Chafee and Transitional Living services, which incorporate life skills, via electronic mail from the Independent Living Coordinator as well as quarterly visits from the OYTS. A statewide meeting is held annually to discuss the overall program. In June 2012, a meeting will be held to showcase unique techniques that agencies are utilizing to work with youth and effectively implement the contract provisions. In April 2012, a meeting was held to orientate all new providers of Transitional Living Program services.

The Children's Division policy currently requires all staff to begin transition planning for all youth ages 14 and older. The purpose of conducting transition planning is to identify anticipated service needs and arrange for meeting the needs of older youth who will soon be exiting foster care. 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 90 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 FST 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 (NYTD), Healthcare Treatment Decisions, local community resources and a consent form to access administrative data for NYTD. A verification

letter indicating the youth's time in care is also provided to aid the youth in receiving assistance within the state and out of state for services which require eligibility verification. A PowerPoint presentation on exit planning is available on the CD intranet.

In SFY12, Missouri implemented the provisions of the Child and Family Services Improvement and Innovation Act which amends the case review system definition to require that each child age 16 and older in foster care receives a copy of any consumer credit report each year until discharged from foster care and the youth must be assisted in interpreting the credit report and resolving any inconsistencies. Building and maintaining credit is vital to successful transition from foster care. Information on credit reports is used to evaluate applications for credit, employment, insurance, and renting a home. Monitoring credit reports is one of the best ways to discover identity theft. [CD Memo 12-06](#) instructs staff to begin assisting youth age 16 and older in obtaining credit reports and ensuring that the youth has a copy of the report. Resource information on obtaining free credit reports was shared and well as information from the Federal Trade Commission for interpretation and education. The Children's Service Worker will assist youth in interpreting the credit report and resolving any inconsistencies. The Division of Legal Service will also assist in resolving any inconsistencies or identity fraud. If there is a need to further educate youth regarding credit, Children's Service Workers are to document this on the CD-94, Adolescent Family Support Team Guide and Individualized Action Plan, and submit new goals to the Chafee provider. The Chafee provider will assist with the identified tasks related to the new goals. The CD-94, Adolescent Family Support Team Guide and Individualized Action Plan, has been revised to include a section on credit reports. The CD-94 is to be updated to reflect when a credit report has been received on a yearly basis, beginning when the youth turns 16 or comes into care after age 16 and each subsequent year thereafter while in foster care. All documentation pertaining to the credit checks is filed in the Older Youth Section of the youth's case record. Supervisors are to monitor completion of credit reports on a yearly basis during case consultations.

As this is life skill teaching, documentation of this service is also to be included on the NYTD Older Youth Services and Financial Expenditures Screen in FACES and entered by the Children's Service Worker.

Missouri has encountered some difficulties in implementing the new legislation with 16 and 17 year olds as the requests must be done via mail. At this time Missouri is exploring options with Transunion to utilize a portal system where these youth could be checked for negative credit.

The National Resource Center for Youth Development (NRCYD) in conjunction with the Federal Trade Commission hosted a webinar "*Obtaining Credit Reports for Youth in Care*" in April 2012 in which the ILC participated. This webinar was posted on the CD website. This webinar was held again in May 2012 and information for this was shared statewide with Children's Division staff, Foster Care Case Management Agencies, Chafee and Transitional Living Program contractors, Court Appointed Special Advocates, Foster Parents, and Office of State Courts Administrator staff. Missouri received data from the NRCYD as to participants from Missouri. Of the 426 participants registered from across the United States, 154 were from Missouri. Of those 154, 100 identifiably participated as having an individual log-in. NRCYD was only able to capture individual registrations so others may have participated in a group setting using one log-in. As further information and guidance becomes available on implementation of this legislation, Missouri will share with staff and revise implementation if necessary.

The use of technology as a means to stay connected to Older Youth began in SFY11 and will continue in SFY13 via a FACEBOOK page entitled "Missouri's Older Youth Program." Events,

web resources, leadership opportunities, NYTD information, and general information pertaining to Older Youth are posted to this page. This is also connected to other youth serving organization's pages. In SFY11, 169 people "liked" the page and in SFY12, 201 people "liked" the page. The Children's Division hopes to increase this number in SFY13. Several links to web resources regarding Older Youth were added to the intranet and internet and resources will continue to be added and updated in SYF13.

Approval has been received to develop a website independent from the Children's Division website at the Division level to place resource information pertaining to Older Youth but work has not began on this to date and it is pending Department approval.

The SYAB planned and hosted a youth and adult empowerment and leadership conference in July 2011 over the course of three days for approximately 200 youth and adults from across the state. This is a bi-annual conference and is primarily planned and facilitated by youth. The intent of the conference is to bring adults and youth together while providing motivation and leadership training. Topics included self-advocacy, coping skills, leadership, resources, technology safety, and human trafficking.

The Youth Independence Interdepartmental Initiative (YIII) formed in April 2010 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, including former and current foster youth, 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 SFY10. Several recommendations center on the CFCIP purposes. All recommendations discussed at <http://dss.mo.gov/cd/chafee/blueribbon.pdf> on pages 4-6. The YIII met four times in CY11: January 14, May 27, September 16, and December 9. Sub-committees had conferences calls each quarter. The four sub-committees are: Education, Youth Empowerment, Insurance, and Recognition Program. Resources have been shared at these meetings and legislative issues discussed. The group has a member from the Department of Insurance who is working diligently along with other subcommittee members to address the issue of youth under the age of 18 having difficulties obtaining automobile insurance coverage. The Department of Elementary and Secondary Education (DESE) representative is assisting Children's Division by preparing and hosting a webinar that will be geared towards High School Principals, Guidance Counselors, Children's Service Workers, and resource providers to assist youth in foster care with school issues in May 2012. DESE, through this initiative, has also linked education information from Children's Division's website to their website. This initiative has also been instrumental in getting tuition waiver language into statute and continues to work legislatively on barriers to education for youth in foster care. [Memo CD11-78](#) : "Missouri Reach" Tuition Waivers and Fee Program were published in September 2011 with assistance from Missouri Department of Higher Education. The YIII has acted in the capacity of stakeholders and reviewed program implementation and reporting information on ETV. Feedback was also sought on revising "What's It All About" transition guidebook for youth in care. Articles of interest are shared between the members. Members were also able to share contacts and resources pamphlets for informational tables at the youth conference. Progress has been made but there is still much work to do in this area and this will continue in SFY13.

In SFY12, Missouri continued National Youth in Transition Database (NYTD) surveying and service reporting. For the first period of surveying (October 2010-March 2011), 65% of youth age 17 participated. For the second period of surveying (April 2011-September 2011), 58% of youth age 17 completed the survey. There is much work to do in this area as Missouri did not

survey 80% of the youth in either period as will be required when the youth turn 19. Missouri has designated the OYTS to locate and survey those youth no longer in care. Children's Service Workers will continue to follow-up with youth in care. A listing of both reporting periods of youth that are in the baseline population and will need to be surveyed was distributed statewide in March 2012 so that preliminary identification could occur. Missouri has been in compliance to date with NYTD service reporting. In the May 2012 submission, Missouri was 100% in compliance with all areas with the exception of school year and special education in which Missouri had a 98% rate. This is an area CD will continue to work on in SFY13. Each month a listing of all youth in care with the most recent education data is distributed statewide to the OYTS who in turn distribute it locally. A NYTD PowerPoint presentation, rap and skit were presented at the youth conference in July. Staff participated in the NYTD convening SFY12 and will participate in SFY13. Missouri plans to continue working on NYTD in SFY13. Contracted providers enter services in FACES and this allows CD to pull information by provider as to the number of services being provided and the life skill domain in which they are being provided. With this information now being available electronically, CD made the Chafee and TLP contract more outcomes based and geared towards those areas which research indicates make a determinant for successful transition from foster care in SFY12. Several FACES system change requests were submitted which will enhance the system already in place. These requested changes should make the process easier for staff and include examples such as allowing sort options on the FACES screen and sending an e-mail to staff when the youth needs to be surveyed. The program and information technology units work closely to ensure timely submission and compliance measures are met. 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, Foster Care Case Management staff and Chafee and TLP contracted providers will continue to assist youth in resume development, interviewing skills, time management skills, employment aptitude testing and preparation for work and work life. They also will provide career planning which consists of job shadowing, internships, and job site tours. Career center information has been shared and is utilized across the state. Contracted providers are required to assist youth in developing these skills. The Transitional Living Program and Chafee Foster Care Independence Program contracts were both rebid in SFY12 and were strengthened to require that a minimum of 65% of all referred youth must receive services during the quarter and of the youth receiving services, 70% of the individual youth services must be in the areas of academic support, career preparation, budget and financial management, and mentoring.

Alternative Opportunities (AO), a Chafee and TLP Provider, has contracts with Workforce Development to operate Workforce Investment Act (WIA) case management services to prepare youth for a successful employment future. There are 14 locations staffed by AO in southern Missouri. The goal is to help every youth obtain their high school diploma/GED and then choose a career. By promoting occupational training and post-secondary education, AO assists youth in making their career plans a reality. As employment services are a part of the Chafee and TLP contracts, AO ensures that youth receiving these services from CD are engaged in WIA services as well.

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 (YIII) 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 YIII has a representative from the Division of Workforce Development (DWD) and resources are being shared through this initiative. A representative from DWD participated in the youth conference held in July 2011 and had an informational booth throughout the conference. A subcommittee was formed in SFY12 as part of the YIII to develop a recognition program for those that employee youth in foster care or alumni youth in foster care. This proposal is under review.

The Children's Division plans to continue collaboration with the "Foster Care 2 Success" in providing ETV and Missouri Reach services to youth as well as providing support and training to staff that work with older youth.

Missouri plans to continue to support and sponsor national internship opportunities for youth through FosterClub All-Stars and Foster 2 Success 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 Children's Division believes the utilization of the Adolescent FST Guide and Individualized Action Plan increases the support for positive educational outcomes and guides the CD case manager to provide that support and assistance to the older youth in foster care. CD case managers are encouraged to utilize the education supplements available through the Casey Life Skills Assessment, which is required for all youth 14-21 receiving Chafee services. It is planned that the Adolescent FST Guide will be put into the FACES system in SFY13 which will allow Missouri to have information regarding high school graduation or GED obtainment on older youth which has not been previously 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 contracted providers in providing these vital services and increasing the number of youth serviced by these programs. The Transitional Living Program and Chafee Foster Care Independence Program contracts were both rebid in SFY12 and were strengthened to require that a minimum of 65% of all referred youth must receive services during the quarter and of the youth receiving services, 70% of the individual youth services must be in the areas of academic support, career preparation, budget and financial management, and mentoring.

The Community Partnership, a Chafee provider, received a College Access grant to hire an Education Mentor/Coordinator to work with Foster Youth and Young Parents to help them devise a plan for pursuing post-secondary education. The Mentor/Coordinator helps students decide which school best suits their career choice goals, helps with the FAFSA process (Pell Grant), and helps complete applications to schools. This is one way in which a contracted provider is able to utilize other resources within their agency to serve youth in foster care in conjunction with the Chafee program.

With the passage of the Stable and Safe Families Act, Missouri offers the Education and Training Vouchers (ETV) program. Missouri uses ETV funding to expand and strengthen its post secondary educational assistance to eligible youth. The ETV program is implemented through a contracted provider. The purpose of the ETV program is to provide resources to eligible young adults to apply toward the cost of attendance at post-secondary vocational and/or educational institutions. 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 21<sup>st</sup> birthday may continue to receive ETV services up until their 23<sup>rd</sup> 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. In SFY12, Missouri rebid this contracted service and the contract was awarded to the same provider, Foster Care 2 Success. Revisions were made to the contract but not in regards to ETV.

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 information on 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 Foster Care 2 Success. 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 the budget. In SFY12, \$188,000 was appropriated for this program. The funding was received late in the year and Missouri developed the application and process with the Department of Higher Education. The Missouri Reach Program was introduced to staff by [CD Memo 11-78](#) in September 2011.

In February, 2012 two informational webinars were presented by Foster Care 2 Success for social workers, caseworkers, foster parents, youth, and direct care staff who support youth in foster care.

A brochure for ETV/Missouri Reach is on the CD Internet and Intranet and a description of the ETV/Missouri Reach program is on the internet. The brochure has also been provided to the local CD field offices and providers via the Older Youth Transition Specialists. Information regarding FASFA is on the website as well as PowerPoint presentations on ETV/Missouri Reach 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 as well as resources and information from the Department of Higher Education. Information regarding ETV is also in the Child Welfare Manual. The Missouri Reach brochure has been added to the exit packet information. The Independent Living Coordinator also shares information on Facebook on "Missouri's Older Youth Program." The Department of Elementary and Secondary Education has also provided links for ETV/Missouri Reach on their agency's website.

In April 2012, the ILC became a member of the Missouri Interagency Transition Team (MITT) through the Department of Elementary and Secondary Education. MITT was formed in 2007 to promote interagency collaboration in Missouri at the state-level by establishing a group vision for improving outcomes for young adults with disabilities. The MITT, consisting of diverse state-level membership meets quarterly to share resources, develop goals and promote concrete activities to improved transition education and services. Employment was the focus of the meeting in April 2012. Through this collaboration, the ILC was invited to participate in the Transition Institute Conference as a speaker on assisting youth in foster care to transition to post-secondary education.

In May 2012, the Department of Elementary and Secondary Education will host a webinar on providing services for children in the Foster Care system. The webinar will address the issues affecting children in Foster Care and the Department requirements, guidance, and resources designed to help school districts serve these students. The PowerPoint presentation will be linked permanently to DESE's website. This was implemented as a result of collaborating with this agency.

Members of the SYAB will continue to advocate for educational needs of youth in foster care. Representatives from Department of Elementary and Secondary Education and Department of Higher Education are on the YIII 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 is an integral part of the NYTD implementation requirements. Plans are being made for this tool to be available via FACES in SFY13.

The Missouri Mentoring Partnership (MMP) will continue to be a resource and provides resource coordination for youth and volunteer mentors recruited from the community. This program is built on a partnership between local businesses, community volunteers, and State Agencies. The Missouri Mentoring Partnership (MMP) began as collaboration between the Missouri Department of Social Services (DSS) and the Family Resource Center in St. Louis, and continues to be primarily funded through DSS. MMP operates in eleven counties, and each site must be sponsored by a non-profit agency incorporated within the State of Missouri. Other funding sources include but are not limited to: Zonta Club of Cape Girardeau, Children's Trust Fund, Proctor & Gamble Foundation, and Youth United Way. MMP funds 14 programs (6 Worksite and 8 Young Parent) in nine geographic locations. This is not a Children's Division program; the Children's Division does not receive outcome information.

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.

In some areas of the state the Young Parent Program provides parenting classes, mentor recruitment and training, support groups and resources such as books, diapers and car seats. Both the MMP Worksite and Young Parent programs are under the MMP umbrella and stress continued education with many youth advancing on to post-secondary educational programs. Participants are provided with the necessary tools to achieve outcomes which promote self-sufficiency and assist them in becoming 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 Transitional Living Program and Chafee Foster Care Independence Program contracts were both rebid in SFY12 and were strengthened to require that a minimum of 65% of all referred youth must receive services during the quarter and of the youth receiving services, 70% of the individual youth services must be in the areas of academic support, career preparation, budget and financial management, and mentoring. Some of the contractors have implemented their own mentoring programs by connecting to resources in their communities. Footsteps Transitional Living Program joined forces with the Springfield Fire Department and the Springfield Police Department in March 2012 to create a unique mentoring opportunity for the male youth that they serve. Youth may have problems with authority figures, police in particular. Through the relationship with the Springfield Police and Springfield Fire, Footsteps hopes to begin to reverse this trend. The boys have an opportunity to experience and form relationships not based upon a uniform, but based upon commonalities. Officers are able to interact with the boys in a natural and real way. They eat and cook together, play video games, foosball, etc. This is just one example of how a contracted provider has implemented the service domain of mentoring.

The SYAB has implemented in their strategic plan in CY2012 that local boards complete at least one community service activity a year.

The Missouri CD promotes interaction between youth and dedicated adults through the Transitional Living Advocate program. This program will continue in SFY13. A workgroup was convened in SFY11 to address its strengths and challenges in order to increase utilization and improve the program. The workgroup dissolved as although there were great ideas, there were barriers in implementing the recommendations of the group. However, in SFY12, resources that the workgroup were not aware of by utilizing the FACES system were brought to the Independent Living Coordinator's attention and plans to revise the program continued. However, changes have not been implemented to date due to time constraints and it is expected this will be completed in SFY13. Through this program youth are connected with adults who become their advocate or mentor. These adults receive 18 hours of training from CD staff on adolescent issues, including three hours each in cultural/race sensitivity, Older Youth Program life skills training overview, adolescent development with an emphasis on what to expect from adolescent behavior, emotional obstacles out-of-home care youth must overcome, adolescent sexuality and behavior management via natural consequences. These adult advocates provide the youth a safe place to stay, continued life skills training, encouragement and guidance with regard to employment, education and/or training, and preparation for successful transition from CD custody.

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 SFY13.

Missouri Court Appointed Special Advocates also play a vital role in mentoring Older Youth. These volunteers, as an organization statewide, have assisted youth throughout the state in advocating for their needs and providing emotional support.

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. Missouri also follows federal requirements of serving youth with special needs, youth who exited care in another state residing in Missouri, youth who are residing out of state in Missouri's custody, and youth who move to another state for the sole purpose of education (ETV only).

Aftercare services are flexible, short term and used as a safety net to meet the needs of the youth after they have exited CD custody. Aftercare services are provided by Chafee contracted providers. The array of services varies depending on the need of the former foster youth. Chafee funds may be expended for a variety of reasons and should be used as a support for the young adult, not an on-going supplemental funding source. Aftercare services may include emergency/crisis intervention services, housing/room and board, educational/job training/employment assistance, and other support services. Room and board services are only available to youth who exited custody at age 18 or after, but they have not yet reached age 21. Room and board may include security and utility deposits, rent, utilities, food, start-up kits, basic necessities, and basic furniture. Support services provided include life skills training, transportation, child care, clothing, and other expenses as needed. Missouri Reach is also available to youth no longer in care or who were adopted after the age of 14.

Case managers are required to provide an exit packet to youth prior to their release from CD custody. The packet includes information on aftercare, ETV, Missouri Reach, MO Healthnet, NYTD, consent to access administrative data for NYTD, and a pamphlet on healthcare treatment decisions. A PowerPoint presentation is on the CD intranet for Children's Service Workers to review as needed. Information on aftercare services is on the CD internet's website.

Contracted providers are encouraged to speak with youth at exit time as well regarding services available through their programs should there be a crisis when the youth is no longer in care and language was added to the Chafee contract in SFY12 stating that the contractor shall attend the exit meeting with youth who are aging out of care when possible and share information regarding the contractors' aftercare program with the youth.

Missouri also extends medical and behavioral health coverage through MO HealthNet Division (MHD) 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 reside in Missouri. Coverage can still be provided in another state if a provider is willing to participate in the MHD program. All youth who exited prior to 21 years of age and after age 18 are eligible for MO Healthnet regardless of income or assets. As of March 6, 2012, there were 416 youth who were able to access SB577 services. On July 2, 2007 the Governor signed into law The Missouri Health

Improvement Act of 2007, SB 577, which, among its many provisions, extended healthcare coverage for former foster care youth. Youth who have exited the State's custody on or after their 18th birthday and are not yet 21 years old are automatically eligible for MO HealthNet coverage, (formerly known as Medicaid). Youth are eligible without regard to their income or assets, per RSMo 208.151.1 (SB 577, 2007).

An additional 302 youth qualified for SB577 services, but their address information was not entered into FACES. This does not exclude them from receiving services, but does prevent a health care card being provided to them which aids in the access of services. Each month, the Children's Division sends a listing of all those youth with missing address information to staff to make them aware of the information needed. It is vital the address information is entered into FACES to be shared with the Division of Medical Services so that the youth may receive a MO HealthNet card and enroll into a Managed Care plan. Education on the importance of this will continue in to staff in SFY13. Efforts will continue to ensure that youth are made aware of this benefit and how to access it in SFY13. Information on MO HealthNet was provided at the Youth Empowerment and Leadership Conference in July 2011.

The St. Louis Aging out Initiative is a project administered by Epworth Children and Family Services, a Chafee and Transitional Living Program provider 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 FST meeting, to have 60% of youth participants earn their high school diploma or GED, and to have one 100% of youth participants who exit the program to have their personal documents, such as their social security card, birth certificate, immunization record, etc. This is another example of how a provider is able to provide additional aftercare services in coordination with other programs they facilitate.

### **Training Planned for SFY13**

The Children's Division promotes interaction between youth and dedicated adults through the Transitional Living Advocate program. Through this program youth are connected with adults who become their advocate or mentor. These adults receive 18 hours of training from 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.

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 is part of the core curriculum training for new hires, includes training on the 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. The training is conducted by CD staff trainers in the Professional Development and Training 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 training was enhanced in SFY12 and the Independent Living Coordinator and other staff field tested the training.

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 when requested or problems are identified in a specific area.

Children's Division and its private partners also have on-going opportunities to receive no cost training on adolescent sexual health issues through relationships with the Department of Health and Senior Services.

In February 2012, two informational webinars on Educational Training Vouchers and Missouri Reach were presented by Foster Care 2 Success for social workers, caseworkers, foster parents, youth, and direct care staff who support youth in foster care. These will continue on an as needed basis in SFY13. Facebook was utilized to seek additional topics related to education as Foster Care 2 Success will provide these per their contractual agreement but no suggestions were received.

In September 2011, Children's Division staff and private partners were invited to participate in a week long pilot "Youth Development Academy" sponsored by 4-H and the University of Missouri Extension at no cost in return for time commitment for the full training and feedback. The program's goal is to provide youth development professionals with the knowledge and skill necessary for work with youth in public, private, or civic sectors. Topics included enhancing diversity, relationships in youth development, youth/adult partnerships, experiential learning, engaging volunteers, community partnerships, ages and stages, managing risk, and evaluation. The Independent Living Coordinator as well as some Chafee and TLP providers participated. The Youth Development Academy has had two additional sessions which some additional providers attended. Although there is now a cost associated with this academy, it is a training resource available to those working with older youth in Missouri.

In March 2012, the Independent Living Coordinator attended a training "Implementing Youth Preparedness in Your Organization" sponsored by Citizen Corps and FEMA in partnership with the American Red Cross and the U.S. Department of Education. The workshop was designed to provide information needed to start integrating youth preparedness into the agency's existing youth offerings or to build a youth preparedness program from scratch. It was an important reminder of youth preparedness in emergency situations and the topic will be incorporated in the next youth conference in summer 2013.

In May 2012, a webinar "Obtaining Credit Reports for Youth in Care" was hosted by the National Resource Center for Youth Development. The webinar was on "knowing the facts" about credit reports and featured presentations on information and resources for obtaining credit reports for youth in foster care beginning at age 16 and information on strategies for remediation of negative credit items. Missouri shared the webinar registration information statewide to resource providers, Chafee and TLP providers, CASA, Office of State Court Administrators, Children's Service Workers, and Foster Care Case Management staff. The NRCYD provided information as to individual registries and 154 out of the 426 were from Missouri. Of these 154 registries, 100 actually participated. The NRCYD was not able to determine if participants who logged into one

computer participated as a group or on an individual basis. As more webinars and technical assistance is provided on this subject, staff will be notified and invited to participate.

In May 2012, the Independent Living Coordinator participated in a train-the-trainer Court Appointed Special Advocate (CASA) training. The Fostering Futures Initiative is a specialized curriculum for CASA volunteers that specifically focus on older youth and its goal is to help volunteers more effectively advocate for older youth based on their unique needs. Missouri CASA was a pilot site for the curriculum, which was tested nationwide. National CASA has finalized the curriculum and made it available to the 22 Missouri CASA programs. This training will be available to CASA staff in SFY13. National CASA has also just recently provided the ILC with access to their e-learning website for continuing education.

Members of the SYAB and the ILC will also be assisting with the remake of a training video for Children's Service Workers basic training entitled "What's It All About." This is in coordination with the Professional Development and Training Unit and will be filmed in June 2012.

### **Service Design and Delivery of the Trust Fund Program**

Missouri has not established a trust fund program for youth receiving independent living services or transition assistance. Some of the Transitional Living Providers have been able to initiate Individual Development Accounts within their regions through private donors and United Way. Transitional Living Providers are required contractually to help youth transition to independence including financial. This is usually done by developing a savings account to be used when the youth exits care with the agency and youth both contributing. CD also has a KIDS Account – Children's Income Disbursement System. Some youth who come into out-of-home care have an independent source of income such as Supplemental Security Income (SSI), Veterans Affairs, Railroad benefits, child support, lump sum payments and inheritance. This money is used to provide for the youth's care. Once an account is established, expenses are paid from this account such as the maintenance paid to the care provider, health care expenses, counseling expenses, and clothing allowances. At age 16, a savings of the money deposited begins to accrue up to \$999.00 to assist the youth when leaving care. However, if a youth leaves care prior to age 16, any debt that could have been paid the previous five years from this account but was not, is recouped. If a youth leaves care after 16 but prior to living independently, the funds are released to the guardian.

### **Activities Undertaken to Involve Youth in State Agency Efforts, such as the CFRS/PIP Process**

The Children's Division recognizes the importance of and remains committed to youth involvement and development. When possible, youth are asked to assist in foster parent STARS pre-service and in-service trainings. Youth also speak at the OYP 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 requested events, such as foster parent appreciation dinners, throughout the state.

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. However, in SFY12, input was not needed.

- One alumni youth and one SYAB member 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, however due to other obligations, their participation has been minimal.
- Several youth participated in a panel presentation on experiences in foster care at the Alternative Care Conference in June 2011. The conference had court personnel, CD staff, Foster Care Case Management Staff, and resource providers in attendance.
- A youth representative was involved in a clothing allowance workgroup in July 2011 to review the current process and make recommendations for change.
- Several youth in care and alumni youth presented in a panel format at a conference in St. Peters for court personnel and Child Welfare staff about their experiences in foster care in July 2011.
- A Missouri youth participated in the Regional Independent Living Coordinators meeting in July 2011 and spoke about her experiences preparing to transition out of care.
- Missouri attended the National Youth in Transition Technical Assistance Meeting in Washington, DC in August 2011 and a youth representative attended as well. Missouri will attend again in August 2012 and has selected a youth team member for this event.
- In previous years, SYAB has had representation on the Children and Family Service Advisory Committee and the Missouri Task Force on Children's Justice. Both of these groups have opted to find a youth known to them versus a State Youth Advisory Board member, however as of April 2012, youth representation has not been finalized.
- Missouri participated in a shared learning collaborative May 2012 in Los Angeles, California. Missouri identified seven team members, including a youth participant. The SLC builds on the strength of Peer Technical Assistance and b multiple jurisdictions together to receive peer technical assistance on a mutual topic of joint interest. The SLC engages jurisdictions in peer-to-peer learning through structured and facilitated discussions, providing the opportunity for multiple jurisdictions to learn from one another in one setting. The methodology also supports the development of individualized action plans to advance implementation efforts at the state and/or local level.

The SYAB provided youth input throughout the year on several different topics:

- Members shared what they liked and disliked about the clothing voucher process, how it works for them, and what could be improved.
- Members shared their experiences with asset building such as how they are able to save and this information was shared for the asset building initiative.
- Members gave input on how a recognition program for employers could work and how they could be a part of the process. This was a recommendation from the Youth Independence Interdepartmental Initiative.
- Members provided input on revisions for "What's It All About," a guidebook for older youth in care.
- Members viewed a video entitled "What's It All About, Missouri Youth Advisory Board Speaks out on Foster Care" made several years ago and provided input for revisions to the training unit who is working on revising it. The SYAB will assist with this project in June 2012.

The SYAB had an Adult Leadership and Empowerment conference in July 2011. The theme of the conference was "Voices for Change." 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 SYAB. Five workshops were presented which were designed to empower and educate youth on subjects relating to their independence. The

workshop topic areas included: self advocacy, coping skills, leadership, resources, and technology safety. Presentations on human trafficking and support teams were also held as well as an alumni panel presentation. The youth also performed California's NYTD rap and a skit and gave a presentation on NYTD.

The SYAB sought to take a more active role in Foster Parent Appreciation Month last year. Each year a foster parent is asked to attend the Proclamation signing with the Governor and last year several SYAB members and their foster parents were to attend as the representatives. Unfortunately, due to the tornadoes in Joplin, the Proclamation signing was not held but there were plans for an SYAB member and their foster parents to attend the proclamation signing in May 2012.

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

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 was held in July 2011 and planning for another conference for summer 2013 will begin in June 2012.

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.
- 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 Children's Division 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 six years, Missouri has sponsored an All-Star participant and will again sponsor a participant in SFY13. Each of these youth has and is expected to participate in CD workgroups, state agency advisory boards and various speaking engagements.

The Children's Division is always looking at ways to improve practice with older youth. The youth voice is powerful and when possible and feasible, the CD acknowledges the needs of the youth with programmatic and practice changes and will continue to do so in SFY13.

## ***Collaborations***

### ***Community Based Child Abuse Prevention***

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

#### ***Background Information***

Over the past 14 years, the Missouri CTF has primarily used CBCAP funding to partner with 15 communities to develop and validate new collaborative models to prevent child abuse and neglect (CAN). Efforts have centered on overcoming challenges which have diminished the effectiveness of child abuse prevention efforts.

Children's Trust Fund approaches child abuse and neglect prevention on the premise that Missouri families and children often suffer from intertwined economic, social, educational, behavioral health, and physical health problems. Families commonly often have multiple issues which cannot be addressed as individual discrete problems (poverty, depression, lack of job skills, children's illness, lack of transportation, housing instability, etc.) as issues are interwoven often in complex ways and require a broad array of services which are more effective if offered as part of a coordinated and integrated system. While many of Missouri's communities have multiple services that work to reduce risk factors and enhance protective factors, these services are sometimes siloed by funding requirements (and competition), as well as organizational and professional boundaries and defined function. While it is sometime easier for policy makers and providers to address single issues in terms of defining funding and function, the lack of coordination limits the effectiveness of services and does little to assist those with multiple, comingled issues. Many Missouri communities lack a framework to build interagency and professional relationships, therefore inhibiting collaboration processes and mechanisms for organizations and professionals to work together in a concerted effort to prevent child abuse and neglect.

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

Each CBCAP site employs a family support strength-based approach to prevention by engaging the family with an interdisciplinary team of professionals in developing and implementing the family's integrated service plan. The CBCAP sites use a family strengths inventory tool and work to build protective factors to help the family and family support team identify family strengths, resources and goals.

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

#### *The Missouri Model*

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

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

In FY09, CTF replicated this model for a third time by awarding Community Based Child Abuse Prevention grants (CBCAP) to:

- Joplin (Newton & Jasper Counties) – The Alliance of Southwest Missouri – “Project Care”
- Caruthersville (Pemiscot & Dunklin Counties) – Pemiscot County Initiative Network ; “Lower Bootheel CBCAP Project”

In FY11, CTF replicated this model in two additional communities:

- Lamar (Polk, Dallas, Hickory Counties) – Barceda Families “Teams – Together for Empowering and Accountability to Maximize Self-Sufficiency”
- Barnhart (Jefferson County) – Jefferson County Community Partnership – Project Cope

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

In the second six months of the first year, the sites’ initiate the operational phase of the project; enrolling and serving families, continuing efforts in developing their provider networks,

enhancing provider commitment to the lead agency/family support team model, and augmenting community services to fill service gaps to meet families' needs.

#### *Data Collection/Evaluation*

An important part of this grant is the collection of data on outcomes of these services and evaluation of the overall model. CBCAP sites continue to show statistically significant improvement in scores of standardized measures of family risk (Child Abuse Potential Inventory) and distress (Parent Stress Index) among parents participating. Families also report high levels of satisfaction with the services they receive.

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

Other evidenced-based and/or promising approaches include:

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

#### *Peer Review*

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

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

In addition, the two most recent sites have been paired with the two existing sites to provide additional opportunities for technical assistance, observation, and peer to peer learning. This

adds an important layer of interaction and relationship building to the multiple levels already established in previous and current groundwork state lead organization to community network sites, community to community, local community to family; and family to family within each community.

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



CBCAP Additional  
Information.pdf

### ***School Based Service Worker Contracts***

During the 2011-2012 academic years, the CD contracted with 42 school districts throughout the state for 62 school based service 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.

During the 2010-2011 school years, there was an average of 1,410 children enrolled in each contracted school district. The school based service workers served approximately 8% of the children enrolled in school and approximately 5% of families.

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

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

### ***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 recommended 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 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 were presented to the Governor for consideration and from that a decision was made to form an initiative, the Youth Independence Interdepartmental Initiative (YIII), 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 YIII met four times in CY11: January 14, May 27, September 16, and December 9. Sub-committees had conferences calls each quarter. The four sub-committees are: Education, Youth Empowerment, Insurance, and Recognition Program. Resources have been shared at these meetings and legislative issues discussed. The group has a member from the Department of Insurance who is working diligently along with other subcommittee members to address the issue of youth under the age of 18 having difficulties obtaining automobile insurance coverage. The Department of Elementary and Secondary Education (DESE) representative is assisting Children's Division by preparing and hosting a webinar that will be geared towards High School Principals, Guidance Counselors, Children's Service Workers, and resource providers to assist youth in foster care with school issues in May 2012. DESE, through this initiative, has also linked education information from Children's Division's website to their website. This initiative has also been instrumental in getting tuition waiver language into statute and continues to work legislatively on barriers to education for youth in foster care. Memo CD11-78: "Missouri Reach" Tuition Waivers and Fee Program was published in September 2011 with assistance from Missouri Department of Higher Education. The YIII has acted in the capacity of stakeholders and reviewed program implementation and reporting information on ETV. Feedback was also sought on revising "What's It All About" transition guidebook for youth in care. Articles of interest are shared between the members. Members were also able to share contacts and resources pamphlets for informational tables at the youth conference.

Progress has been made but there is still much work to do in this area and this will continue in SFY13.

### ***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 member of the board is an outstanding youth in foster care or youth who obtained adoption or guardianship after the age of sixteen. These youth represent other youth in his/her area of the state. 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). The youth must be ages 16-21, but if a youth turns 21 during the term, or leaves Children's Division custody, they can finish the remainder of the term if in good standing. The youth must be an

active participant of a Chafee or Transitional Living Program (TLP) and must have a good attendance record for activities in which they are involved, such as Chafee and Transitional Living Program activities, AYAB meetings, school, work, etc. The SYAB has a Chair, Co-Chair, Scribe, Co-Scribe, and Censor. Officer elections are held annually. The board also may consist of three non-voting, ex-officio members. Ex-officio members must be a current or former foster care youth who served at least a one year term as a board member or alternate, within the last three years. There are currently no ex-officio members. Community members are also invited to participate in meetings for topical issues. A community member is a non-voting member with no more than three per meeting in attendance. The community member understands and respects the guidelines that are adopted by state board members. In SFY12, the SYAB had three community members participate throughout the year.

The Chafee contract contains language requiring each region to nominate up to three youth for potential membership on the board. Regions are allowed to have additional youth as well but membership overall is kept at approximately thirty youth to be manageable and productive. The SYAB vote and determine if the youth nominees become a delegate member of the SYAB. SYAB has final authority on membership approval. As a regional delegate/SYAB member, the youth is expected to attend or otherwise participate in the SYAB meetings for a one year commitment. The regional delegate/SYAB member is also asked to participate in speaking engagements and leadership activities. The Chafee contracted providers transport the regional delegates to and from the meetings and provide chaperoning throughout the attendance at SYAB meetings and activities. As of April 2012, there are 31 members on the SYAB. In SFY12, contract language for the Chafee and TLP contracts changed to state that the contractor shall provide an avenue for youth to communicate the youth's thoughts and feelings on issues that are important to the youth as foster care youth by means of a Regional Youth Advisory Board. The board should meet in a location that is geographically central to the population of youth, and should meet quarterly. This is a change from the previous contract which stated the format in which the communication may take place varies as deemed appropriate for the contractor's youth population, and may consist of the following:

- An advisory board that physically meets in a location that is geographically central to the population of youth
- An on-line, interactive web-based meeting site
- The utilization of Youth Advisory Boards (YAB) already in existence

The change was made as it was determined that in order to be most effective, the board needed to focus on foster care issues and that face-to-face interaction was important so that youth could meet other youth in foster care. By having a physical board comprised only of youth in foster care, it is hoped that there will be a stronger connection and improved communication between the local and state boards in SFY13.

The SYAB met on a quarterly basis for SFY12 and will continue to meet quarterly in SFY13. Language was included in the new Transitional Living Program (TLP) contract in SFY12 encouraging the contractor to coordinate with the Regional Chafee provider who has a board in operation.

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. However, in SFY12, input was not needed.

- One alumni youth and one SYAB member 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, however due to other obligations, their participation has been minimal.
- Several youth participated in a panel presentation on experiences in foster care at the Alternative Care Conference in June 2011. The conference had court personnel, CD staff, Foster Care Case Management Staff, and resource providers in attendance.
- A youth representative was involved in a clothing allowance workgroup in July 2011 to review the current process and make recommendations for change.
- Several youth in care and alumni youth presented in a panel format at a conference in St. Peters for court personnel and Child Welfare staff about their experiences in foster care in July 2011.
- A Missouri youth participated in the Regional Independent Living Coordinators meeting in July 2011 and spoke about her experiences preparing to transition out of care.
- Missouri attended the National Youth in Transition Technical Assistance Meeting in Washington, DC in August 2011 and a youth representative attended as well. Missouri will attend again in August 2012 and has selected a youth team member for this event.
- In previous years, SYAB has had representation on the Children and Family Service Advisory Committee and the Missouri Task Force on Children's Justice. Both of these groups have opted to find a youth known to them versus a State Youth Advisory Board member, however as of April 2012, youth representation has not been finalized.
- Missouri has been invited to participate in a shared learning collaborative May 2012 in Los Angeles, California. Missouri has identified seven team members, including a youth participant. The SLC builds on the strength of Peer Technical Assistance and b multiple jurisdictions together to receive peer technical assistance on a mutual topic of joint interest. The SLC engages jurisdictions in peer-to-peer learning through structured and facilitated discussions, providing the opportunity for multiple jurisdictions to learn from one another in one setting. The methodology also supports the development of individualized action plans to advance implementation efforts at the state and/or local level.

The SYAB provided youth input throughout the year on several different topics:

- Members shared what they liked and disliked about the clothing voucher process, how it works for them, and what could be improved.
- Members shared their experiences with asset building such as how they are able to save and this information was shared for the asset building initiative.
- Members gave input on how a recognition program for employers could work and how they could be a part of the process. This was a recommendation from the Youth Independence Interdepartmental Initiative.
- Members provided input on revisions for "What's It All About," a guidebook for older youth in care.
- Members viewed a video entitled "What's It All About, Missouri Youth Advisory Board Speaks out on Foster Care" made several years ago and provided input for revisions to the training unit who is working on revising it. The SYAB will assist with this project in June 2012.

Members were also trained in several areas to build their leadership and advocacy skills during meetings in SFY2012:

- A representative from a contracted Chafee provider agency presented on "Communication and Personality Styles."

- A representative from a contracted Chafee provider agency presented on “Facilitating Workshops.”
- Missouri’s FosterClub All-Star 2011 presented on leadership and advocacy.

In March 2012, SYAB members and youth from regional boards participated in Child Advocacy Day. Missouri’s annual Child Advocacy Day is an opportunity for parents, providers, youth, and community members to speak up and ask lawmakers to make the health, safety, and education of Missouri’s children a top priority for the state. The SYAB developed talking points and met with legislators from their area. The youth advocated for a re-entry policy, on-time graduation, car insurance, child care safety, ability to contract, and tuition and fee waiver funding. They participated in a rally at the Capital. In attendance at the event were 54 youth and chaperones. Participation in Child Advocacy Day will continue in SFY13.

In April 2012, interviews were held and a youth was selected to represent Missouri as a FosterClub All-Star in Seaside, Oregon for the summer. Youth are provided with intensive leadership and public speaking training, and then sent to teen conferences and foster care-related events across the country. In addition to motivating, educating and empowering foster youth across America, the FosterClub All-Star’s raise awareness about foster care. Missouri plans to utilize the youth upon his return to teach other youth leadership and advocating skills, particularly SYAB members, as well as represent Missouri in speaking engagements. It is anticipated that participation in the FosterClub All-Star program will continue in SFY13.

Each year, in addition to the FosterClub All-Star internship, FosterClub, the national network for youth in foster care, recognizes 100 outstanding youth who have been in foster care across the nation in celebration of National Foster Care Month. The recipients were honored by FosterClub for their demonstrated resilience, leadership, accomplishments, educational achievement, and community service. Four youth from Missouri were selected for this honor in May 2011.

The SYAB had an Adult Leadership and Empowerment conference in July 2011. The theme of the conference was “Voices for Change.” 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 SYAB. Five workshops were presented which were designed to empower and educate youth on subjects relating to their independence. The workshop topic areas included: self advocacy, coping skills, leadership, resources, and technology safety. Presentations on human trafficking and support teams were also held as well as an alumni panel presentation. The youth also performed California’s NYTD rap and a skit and gave a presentation on NYTD. Informational brochures were made available on various topics/resources from Workforce Development, Department of Transportation, ETV, Missouri Reach, Department of Health and Senior Services, etc. The SYAB felt it was a great opportunity to bring together youth and adults to share what they have in common and to empower them on leadership and self advocacy. Youth in attendance were between the ages of 15 to 20 and youth of Native American descent were specifically asked to be considered for attendance. Missouri youth were honored to have Governor Nixon as the opening speaker.

The SYAB will begin planning in June 2012 for another youth conference to be held in summer 2013 and will spend the majority of SFY13 planning for the conference.

The SYAB sought to take a more active role in Foster Parent Appreciation Month last year. Each year a foster parent is asked to attend the Proclamation signing with the Governor and last year several SYAB members and their foster parents were to attend as the representatives. Unfortunately, due to the tornadoes in Joplin, the Proclamation signing was not held but there

are plans for and SYAB member and her foster parents to attend the proclamation signing in May 2012.

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

The SYAB developed a strategic plan in SFY12 to direct their work after the youth conference. They have 3 goals:

1. SYAB will plan and facilitate a conference for youth in summer 2013 – including developing workshops, eligibility for attendance, and seeking donations.
2. SYAB and regional boards will continue to make a difference in communities by establishing annual or bi-annual goals, maintaining consistent communication and completing a community project.
3. SYAB will be an effective, educated, and productive board by receiving training as deemed necessary, advocating, providing input, attending local advisory board meetings, and staying informed on policy updates.

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

In SFY12, language was added to the Transitional Living Program as well as the Chafee Foster Care Independence Program contracts to provide more defined criteria for having a youth board as well as youth participation in speaking engagements, workgroups and committees. The previous contract did not require a board to be comprised only of youth in foster care per se, and this was not deemed as effective for information sharing from the state level to the local level. Also, some contractors were not willing to transport youth outside of their region for speaking engagements and workshops so language requiring this is included in the new contract.

Although the state board is very strong, some of the local boards have struggled with membership throughout the year for various reasons such as youth interest, distance, etc. The SYAB and the Children's Division will continue to work on building local boards to support the state board in SFY12.

The Children's Division will continue efforts to include Native American youth participation in leadership activities. In SFY12, there were approximately 12 older youth identified as Native American. Of these 12, one youth became a member of the State Youth Advisory Board. Two other Native American youth came to a meeting for potential election as representatives from their local board but opted not to join at the state level.

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

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

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

### ***Education Advisory Team***

The *Improving Educational Opportunities and Outcomes for Children in Foster Care Advisory Team* was formed in SFY08. The Educational Advisory Team's mission is to form a partnership and work team to assure children in foster care are offered the same educational opportunities as 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 in person two times per calendar year and by conference call two times per calendar year.

The Child Welfare, Education and Courts Workgroup include representatives from Children's Division, Department of Elementary and Secondary Education (DESE) and the Office of State Courts Administrator (OSCA). The Workgroup began this collaboration in November 2011 by creating an Action Plan to improve collaboration and strengthen educational success of youth in foster care. The action plan consists of two-short term goals around collaborative protocols and policies and two long-term goals around legislative change. The Workgroup is authoring a joint memorandum from DESE, CD, and Courts regarding confidentiality, assessment of students, education of the child welfare court process (specifically adjudication), and transportation as a first step toward achieving the established goals.

### ***Child Assessment Centers***

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

### ***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 7<sup>th</sup> 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 Quality Assurance (QA) and Quality Improvement (QI) Specialists.

Program Manager meetings are held quarterly. These meetings now serve as the state level tier for the CQI process. This meeting is 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. In recent years the group has discussed strategies to increase parent/child and sibling visitation, identify evidence based mental health practitioners, transition foster youth to adulthood, and improve placement stability.

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

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

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

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

### ***Task Force on Children's Justice***

During the past year, the Task Force has met quarterly, reviewing and discussing activities to improve the investigative, administrative, and judicial handling of cases of child abuse and neglect, including child sexual abuse and exploitation; cases involving suspected child maltreatment-related fatalities and cases involving a potential combination of jurisdictions, such as intrastate, interstate, Federal-State, and State-Tribal, in a manner which reduces the additional trauma to the child victim and the victim's family and also ensures procedural fairness to the accused. The following are the activities completed for the 12 month period preceding the date of submission.

The Task Force was presented with information on child abuse and neglect data and policy revisions from the Children's Division at each meeting. The Missouri Children's Division, under its new leadership, embarked on a strategic visioning process. All outcomes of this process were shared with the Task Force. As a result of legislation, the Children's Division also convened a task force addressing the recruitment and retention of foster and adoptive homes. The data from all of these efforts informed the work of the Task Force throughout the year.

The Task Force recommended in 2010 In-Service Training for Reactive Attachment Disorder (RAD) be available for all foster parents. In response to this recommendation the Children's Division has provided the opportunity to the Missouri State Foster Care and Adoption Advisory Board to be involved in identifying beneficial and appropriate training. This board has worked with the Children's Division to identify a new process for approval of in-service training to include Reactive Attachment Disorder and a wide variety of other pertinent topics. The Task Force as well as the Division acknowledges Foster/Adoptive parents can best identify their training needs in response to the youth they are parenting.

MOPS, or the Missouri Office of Prosecutorial Services, provided an update on their work to improve training for prosecutors in the areas of child abuse and neglect, particularly in rural areas of the state. They are seeking resources to hire staff for a new position of resource prosecutor who would work with local jurisdictions in cases of child abuse and neglect, with a goal of increasing successful prosecutions. A committee of the Task Force agreed to work with MOPS to assess their recommendation and evaluate whether this would be an appropriate project for CJA funds. The subcommittee supported the concept but MOPS was unable to secure outside funding necessary to sustain the position.

Members of CJA are given a Legislative update during meetings. Many have become involved with the Legislative process. Support was given to House Bill 1317, which specifies a person commits a crime of child abuse if he or she knowingly causes physical injury to a child resulting in abusive head trauma. The Task Force provided a letter to the sponsors. House Bill 1317 was added as an amendment to Senate Bill 628, since that time it has been truly agreed and finally passed by the General Assembly. Although not yet approved by the governor at this time, it would take effect on August 28, 2012 with or without his signature, unless the governor vetoes the legislation.

The Task Force engaged in a review of its own internal membership needs. A poll of the Task Force member's demographics, roles, skills and their areas of experience provided a road map for the engagement of other potential members with potential to provide substantial assistance in meeting the goals of the Task Force. A recruitment committee was formed and the efforts of this committee resulted in the creation of an enhanced Task Force's first membership application form. Eleven professionals from across the state applied for the vacant positions, and six of those were invited to join the committee. The first ever new member orientation was

held prior to their first meeting in March of 2012. The Task Force is currently fully staffed however, in an effort to be proactive; the membership application form has been posted on the Task Force's state website. Applications for membership will be accepted and maintained ongoing, and those interested may attend all open meetings in advance of selection to the Task Force.

Additionally, the chairs of the Task Force were termed out during this reporting period. The Task Force selected two active members to fill these leadership roles. These selections were confirmed by the Director of the Department of Social Services and approved by the Chief Justice of the Missouri Supreme Court. The new co-chairs have engaged in an aggressive strategic planning process. Committees were restructured to reflect current needs. Standing committees include:

- *Finance:*
  - Duties include expense/budget monitoring and grant reviews. The goal of this committee is to develop additional guidelines for grant requests including more comprehensive evaluation and reporting from grantees.
- *Legislative/Policy:*
  - Duties include monitoring legislative actions and reviewing policy changes to develop recommendations. This committee has been charged with timely responses to needed actions to better engage with the legislative process.
- *Training:*
  - Duties include monitoring and improving access to training opportunities for child welfare parents, professionals and partners. This committee is closely monitoring the findings of the Task Force on Recruitment and Retention of Foster and Adoptive Homes to improve the reduction of trauma to child victims of abuse.

The Children's Division Director provided critical information on the significant increase in the number of children coming into the foster care system in Missouri. She shared information on the effort to understand the issues leading to the increase. Casey Family Programs has been contracted to identify the factors contributing to this increase. The Task Force expects to make recommendations based on the findings within the next several months.

### ***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. In that same order, the Steering Committee was assigned to the Family Court Committee. The Office of the State Courts Administrator (OSCA) staffs both committees.

Appointed members include:

- Honorable T. Bennett Burkemper, Jr., Associate Circuit Judge, 45<sup>th</sup> Judicial Circuit. Judge Burkemper is also the liaison to the Family Court Committee.
- Honorable Stanley Moore, Presiding Judge, 26<sup>th</sup> Judicial Circuit
- Honorable Anne-Marie Clarke, Family Court Commissioner, 22<sup>nd</sup> Judicial Circuit
- Ms. Beth Dessem, Executive Director, Missouri CASA
- Ms. Bettie Haug, Director of Child Protection/Family Court, 23<sup>rd</sup> Judicial Circuit

- Mr. Phil McIntosh, Guardian ad Litem, 2<sup>nd</sup> Judicial Circuit
- Mr. Aaron Martin, Attorney at Law, 19<sup>th</sup> Judicial Circuit
- Mr. Perry Epperly, Family Court Administrator and Chief Juvenile Officer, 31<sup>st</sup> Judicial Circuit
- Mr. Steve Jackson, Executive Director, Heart of American Indian Center
- Ms. Susan Savage, Deputy Director, Children's Division, Missouri Department of Social Services
- Mr. Jeff Adams, Training Director, Children's Division, Missouri Department of Social Services
- Ms. Jeanne Gordon, Legal Issues Training Coordinator, Children's Division, Missouri Department of Social Services

### ***Fostering Court Improvement Project***

Missouri's Fostering Court Improvement (FCI) 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](http://www.fosteringcourtimprovement.org)). Other data sources from CD Quality Assurance (QA) staff assist circuit court staff to identify trends and develop plans for improvement. The QA Specialists provide information to the local FCI teams.

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. Fostering Court Improvement combines expertise developed at Emory University and University of Illinois at Urbana-Champaign to convert existing AFCARS data into a longitudinal data set which supports court performance reporting and data collection. Children's Division is now utilizing this software to stitch together Missouri's six-month AFCARS submissions into longitudinal records. As Missouri improves AFCARS data, new files will be submitted for the longitudinal database study. The longitudinal product created populates a website that is to be posted online quarterly. The website ranks, by county, CD regions, and judicial circuits, a broad range of data items pertaining to removal, foster care population and discharges.

FCI 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). The 2<sup>nd</sup> (Adair, Knox, and Lewis Counties), 5<sup>th</sup> (Andrew and Buchanan Counties), 40<sup>th</sup> (Newton and McDonald Counties), and 45<sup>th</sup> circuits (Pike and Lincoln Counties) joined the project in January 2009. They received their training in September 2008. Each circuit volunteered to participate in the project at that time. Since the training, the 40<sup>th</sup> Circuit opted to withdraw from the program. In January 2011, the 19<sup>th</sup> (Cole County) and 42<sup>nd</sup> (Crawford, Dent, Iron, Reynolds, and Wayne Counties) circuits joined the project upon completion of training.

The 10-15 member FCI teams attending the training included the following: Judge, court personnel such as juvenile officers and court administrators, juvenile clerks, attorneys who represents the state (JO attorney & DLS attorney), attorneys who represent parents, GAL/CASA and CD, and community stakeholders such as contracted service providers. These teams continue to meet locally on a monthly basis. The Office of States Courts Administrator and the CD provide technical assistance to the project sites to assist them in identifying systemic areas for improvement and to develop and implement 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 reviews, circuits have developed parent education materials to help parents have a better understanding of the child welfare and court process when their children are placed in care. These materials range from pamphlets to videos to classes. Older youth are becoming more involved in their own decision-making by participating in Permanency Planning Reviews and attending court hearings.

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

Statewide meetings are held for all of the participating FCI sites on a bi-annual basis. Training is also provided at the statewide meetings. Recently, topics included *Seeing the World through the Lens of Trauma*, a mental health presentation; *Do Parents Have "Cell Service" in Your Area?*, a presentation on working with incarcerated parents; treatment planning for families with substance abuse; and effective written service agreements. There are also networking activities such as breakout sessions by different child welfare topics and also program updates given by each FCI circuit.

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

The future of the FCI Project is bright as additional circuits continue to request to participate. The 11<sup>th</sup> Circuit (St. Charles County) participated in the FCI Workshop in May 2012. The goal of FCI is that every circuit will adopt these practices and it will no longer be a "project" but a common practice statewide. Additional information is available in the [FCI Collaboration](#) section.

### **Supreme Court Permanency Award**

The Supreme Court Permanency Award was awarded for the first time in 2006, to publicly recognize those circuits which had the most success in achieving standards for timely hearings in child abuse and neglect cases. The award is given in recognition of Excellence in Service to Children and Families by Achieving Standards for Timely Hearings in Child Abuse and Neglect Cases.

For FY11, the Family Court Committee utilized the following process to make the selections: (1) circuits are grouped by size, based on the total number of child abuse and neglect case hearings due during the fiscal year, and (2) the award is recommended to be given to the circuits that held an average 100% of their mandatory hearings timely.

In FY06, the first award year, eight circuits received the award. In FY07, there was a four way tie in one group, with four circuits achieving 100% timeliness. In FY08, nine circuits achieved 100% timeliness. In FY09, twenty-three circuits were award recipients. For FY10, seventeen circuits averaged 100% timeliness for the state fiscal year and twenty-three additional circuits held at least 95 percent of their hearings within the required timeframes. Yet again, the numbers have improved statewide. Eighteen circuits averaged 100% timeliness for FY11 with an additional twenty-three circuits holding at least 95% of their hearings timely.

### ***Indian Tribe Consultation***

Missouri does not have federally recognized Indian tribes in the state. However, there are two Missouri Indian Centers, Kansas City Native American Indian Center and the Springfield 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 developments.

When any child enters out-of-home care, contact is made with the parent or custodian of the child, by the Children's Service Worker to inquire if the child has any American Indian or Alaskan Native heritage. The Children's Service Worker completes the Indian Ancestry Questionnaire, CD-116, to document that the child does or does not have Indian/Alaskan Native heritage. If it is found that the child has Indian/Alaskan Native heritage, the worker then completes the ICWA Checklist, CD-123, to ensure ICWA compliance throughout the life of the case.

A specialist in Central Office requests a report, twice per year, from Research and Evaluation on all cases indicating Native American Heritage. The specialist reviews the case contacts and narratives to ensure Indian Child Welfare Act (ICWA) compliance. If compliance is not met, the specialist contacts the case manager and works together to move the case towards ICWA compliance.

Per policy, phone contact to the appropriate ICWA representative of the tribe, if known, is made within 48 hours of the child being taken into protective custody and the worker learning of the child's Native American heritage.

Children's Division ensures that notification is provided to the Native American parents, custodian and/or tribe by certified mail with a return receipt requested, of the pending proceedings and of their right of intervention, either through direct notification or by providing information for the notification to the juvenile court.

Consultation with Missouri's Indian Centers is important when placing a Native American child in out-of-home care. Ongoing communication and consultation with the Indian Centers allow the Children's Division to ensure when Native American children must be placed into alternative care. The placement reflects the true values of the child's Native American culture. Special preference is made to place the child with a member of the child's extended family, in order of ICWA placement priority.

The child's Native American tribe has the right to intervene at any point in the proceedings and absent good cause to the contrary, may receive a transfer of jurisdiction of the case to the appropriate tribal court.

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.

Missouri increased efforts to ensure that Chafee services were received by Native American youth in SFY12 by monitoring this from biannually to quarterly. The Independent Living Coordinator receives an excel spreadsheet of all youth in care and creates new spreadsheets for each region of Native American youth and sends it to the Older Youth Transition Specialist (OYTS) in the respective region. The OYTS follow up with the Children's Service Workers of each of the youth. The Children's Service Workers report back on whether the youth is referred for Chafee services, and if not, the reason and anticipated date of referral, other older youth program services the youth is receiving, such as ETV, and if the youth is involved in the local leadership board or State Youth Advisory Board. If a youth is not referred, follow up continues until the youth is referred. As of February, 2012 all Native American eligible youth were receiving Chafee services per policy. In SFY13, quarterly monitoring will continue to ensure that Native American youth receive services.

As of March 31, 2012, there were 82 foster children in Missouri with self identified Native American heritage. Twenty-two of which are older youth . Of these 22, one youth became a member of the State Youth Advisory Board. Two other Native American youth came to a meeting for potential election as representatives from their local board but opted not to join at the state level. Missouri is pleased to have a youth of Native American descent on the State Youth Advisory Board for SFY13.

### ***Adoption and Foster Care Coalitions***

Several Child Placing Agencies throughout the state have formed a coalition 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 children and families. AFCC continues with the contract, Pregnancy Maintenance Network (PMN) with the Missouri Department of Health and Senior Services. AFCC conducted its 8<sup>th</sup> annual legislative gathering. AFCC continues to meet with legislators advocating for adoption and foster care issues, as well as, providing comments to the CD on child welfare policy.

### ***MoHealthNet Consumer Advisory Committee***

The MO HealthNet Consumer Advisory Committee (CAC) was formed to advise the Director of MO HealthNet (MHD) on issues relating to enrollee participation in the MHD 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 MHD, Family Support Division, Children's Division, Legal Services of Eastern, Western and Southern Missouri State, 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.

### ***State Technical Assistance Team***

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

STAT is supervised by the DSS 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 2011, STAT investigated 212 cases, up from 197 cases in 2010. Of the 212 cases, 103 (41%) were sexual abuse, 48 (31%) were exploitation, 20 (14%) were child fatality related, 23 (14%) were physical abuse related, zero were neglect related and 18 (1%) were listed as other. Prosecutors filed 56 felony charges on STAT-only investigations during 2011. It should be noted that additional felony charges may have been filed by other investigative agencies, but if STAT was not the primary investigative agency, they are not included in these total.

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 Program (CFRP) Panel, consisting of members from various child protection 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 Children's Division 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. The CFRP annual fatality reports are available for review at the following website: <http://www.dss.mo.gov/re/cfrar.htm>.

As a result of the reviews of individual child fatality cases, local CFRP panels made other specific recommendations for prevention during 2011. 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; the dangerous risks of same sleep surface sharing and unsafe bedding; vehicle/motorcycle/ATV operational safety classes; improper use of prescription medication; pedestrian safety and supervision of young children around roadways; gun safety and never play with guns; never leave a child unattended in a vehicle; suicide awareness; maintaining smoke detectors in homes; water safety; news releases/education about reporting child abuse and neglect, and the CA/N Hotline number.

STAT notifies Central Office policy staff of all identified trends, patterns and spikes of risk to children. Practice Alerts have been sent to all CD staff addressing safety issues involving children, infants and toddlers. The CA/N hotline number is available on the website accessible by the public, and information about the 1-800 hotline number is routinely disbursed during public training opportunities. Additionally, mandated reporters are routinely provided training by STAT staff. This training includes information on how to report child abuse and neglect and all child fatalities. 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>.

### ***Missouri Prevention Partners***

Missouri Prevention Partners is a collaborative group of public and private agencies who have implemented interventions on a statewide basis which address the prevention of child abuse

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

Goals for this group are:

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

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

### ***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 member of the board is an outstanding youth in foster care or youth who obtained adoption or guardianship after the age of sixteen. These youth represent other youth in his/her area of the state. 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). The youth must be ages 16-21, but if a youth turns 21 during the term, or leaves Children’s Division custody, they can finish the remainder of the term if in good standing. The youth must be an active participant of a Chafee or Transitional Living Program (TLP) and must have a good attendance record for activities in which they are involved, such as Chafee and Transitional Living Program activities, AYAB meetings, school, work, etc. The SYAB has a Chair, Co-Chair, Scribe, Co-Scribe, and Censor. Officer elections are held annually. The board also may consist of three non-voting, ex-officio members. Ex-officio members must be a current or former foster care youth who served at least a one year term as a board member or alternate, within the last three years. There are currently no ex-officio members. Community members are also invited to participate in meetings for topical issues. A community member is a non-voting member with no more than three per meeting in attendance. The community member understands and respects the guidelines that are adopted by state board members. In SFY12, the SYAB had three community members participate throughout the year.

The Chafee contract contains language requiring each region to nominate up to three youth for potential membership on the board. Regions are allowed to have additional youth as well but

membership overall is kept at approximately thirty youth to be manageable and productive. The SYAB vote and determine if the youth nominees become a delegate member of the SYAB. SYAB has final authority on membership approval. As a regional delegate/SYAB member, the youth is expected to attend or otherwise participate in the SYAB meetings for a one year commitment. The regional delegate/SYAB member is also asked to participate in speaking engagements and leadership activities. The Chafee contracted providers transport the regional delegates to and from the meetings and provide chaperoning throughout the attendance at SYAB meetings and activities. As of April 2012, there are 31 members on the SYAB. In SFY12, contract language for the Chafee and TLP contracts changed to state that the contractor shall provide an avenue for youth to communicate the youth's thoughts and feelings on issues that are important to the youth as foster care youth by means of a Regional Youth Advisory Board. The board should meet in a location that is geographically central to the population of youth, and should meet quarterly. This is a change from the previous contract which stated the format in which the communication may take place varies as deemed appropriate for the contractor's youth population, and may consist of the following:

- An advisory board that physically meets in a location that is geographically central to the population of youth, and
- An on-line, interactive web-based meeting site
- The utilization of Youth Advisory Boards (YAB) already in existence

The change was made as it was determined that in order to be most effective, the board needed to focus on foster care issues and that face-to-face interaction was important so that youth could meet other youth in foster care. By having a physical board comprised only of youth in foster care, it is hoped that there will be a stronger connection and improved communication between the local and state boards in SFY13.

The SYAB met on a quarterly basis for SFY12 and will continue to meet quarterly in SFY13. Language was included in the new Transitional Living Program (TLP) contract in SFY12 encouraging the contractor to coordinate with the Regional Chafee provider who has a board in operation.

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. However, in SFY12, input was not needed.
- One alumni youth and one SYAB member 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, however due to other obligations, their participation has been minimal.
- Several youth participated in a panel presentation on experiences in foster care at the Alternative Care Conference in June 2011. The conference had court personnel, CD staff, Foster Care Case Management Staff, and resource providers in attendance.
- A youth representative was involved in a clothing allowance workgroup in July 2011 to review the current process and make recommendations for change.
- Several youth in care and alumni youth presented in a panel format at a conference in St. Peters for court personnel and Child Welfare staff about their experiences in foster care in July 2011.
- A Missouri youth participated in the Regional Independent Living Coordinators meeting in July 2011 and spoke about her experiences preparing to transition out of care.

- Missouri attended the National Youth in Transition Technical Assistance Meeting in Washington, DC in August 2011 and a youth representative attended as well. Missouri will attend again in August 2012 and has selected a youth team member for this event.
- In previous years, SYAB has had representation on the Children and Family Service Advisory Committee and the Missouri Task Force on Children's Justice. Both of these groups have opted to find a youth known to them versus a State Youth Advisory Board member, however as of April 2012, youth representation has not been finalized.
- Missouri has been invited to participate in a shared learning collaborative May 2012 in Los Angeles, California. Missouri has identified seven team members, including a youth participant. The SLC builds on the strength of Peer Technical Assistance and b multiple jurisdictions together to receive peer technical assistance on a mutual topic of joint interest. The SLC engages jurisdictions in peer-to-peer learning through structured and facilitated discussions, providing the opportunity for multiple jurisdictions to learn from one another in one setting. The methodology also supports the development of individualized action plans to advance implementation efforts at the state and/or local level.

The SYAB provided youth input throughout the year on several different topics:

- Members shared what they liked and disliked about the clothing voucher process, how it works for them, and what could be improved.
- Members shared their experiences with asset building such as how they are able to save and this information was shared for the asset building initiative.
- Members gave input on how a recognition program for employers could work and how they could be a part of the process. This was a recommendation from the Youth Independence Interdepartmental Initiative.
- Members provided input on revisions for "What's It All About," a guidebook for older youth in care.
- Members viewed a video entitled "What's It All About, Missouri Youth Advisory Board Speaks out on Foster Care" made several years ago and provided input for revisions to the training unit who is working on revising it. The SYAB will assist with this project in June 2012.

Members were also trained in several areas to build their leadership and advocacy skills during meetings in SFY2012:

- A representative from a contracted Chafee provider agency presented on "Communication and Personality Styles."
- A representative from a contracted Chafee provider agency presented on "Facilitating Workshops."
- Missouri's FosterClub All-Star 2011 presented on leadership and advocacy.

In March 2012, SYAB members and youth from regional boards participated in Child Advocacy Day. Missouri's annual Child Advocacy Day is an opportunity for parents, providers, youth, and community members to speak up and ask lawmakers to make the health, safety, and education of Missouri's children a top priority for the state. The SYAB developed talking points and met with legislators from their area. The youth advocated for a re-entry policy, on-time graduation, car insurance, child care safety, ability to contract, and tuition and fee waiver funding. They participated in a rally at the Capital. In attendance at the event were 54 youth and chaperones. Participation in Child Advocacy Day will continue in SFY13.

In April 2012, interviews were held and a youth was selected to represent Missouri as a FosterClub All-Star in Seaside, Oregon for the summer. Youth are provided with intensive leadership and public speaking training, and then sent to teen conferences and foster care-related events across the country. In addition to motivating, educating and empowering foster youth across America, the FosterClub All-Star's raise awareness about foster care. Missouri plans to utilize the youth upon his return to teach other youth leadership and advocating skills, particularly SYAB members, as well as represent Missouri in speaking engagements. It is anticipated that participation in the FosterClub All-Star program will continue in SFY13.

Each year, in addition to the FosterClub All-Star internship, FosterClub, the national network for youth in foster care, recognizes 100 outstanding youth who have been in foster care across the nation in celebration of National Foster Care Month. The recipients were honored by FosterClub for their demonstrated resilience, leadership, accomplishments, educational achievement, and community service. Four youth from Missouri were selected for this honor in May 2011.

The SYAB had an Adult Leadership and Empowerment conference in July 2011. The theme of the conference was "Voices for Change." 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 SYAB. Five workshops were presented which were designed to empower and educate youth on subjects relating to their independence. The workshop topic areas included: self advocacy, coping skills, leadership, resources, and technology safety. Presentations on human trafficking and support teams were also held as well as an alumni panel presentation. The youth also performed California's NYTD rap and a skit and gave a presentation on NYTD. Informational brochures were made available on various topics/resources from Workforce Development, Department of Transportation, ETV, Missouri Reach, Department of Health and Senior Services, etc. The SYAB felt it was a great opportunity to bring together youth and adults to share what they have in common and to empower them on leadership and self advocacy. Youth in attendance were between the ages of 15 to 20 and youth of Native American descent were specifically asked to be considered for attendance. Missouri youth were honored to have Governor Nixon as the opening speaker.

The SYAB will begin planning in June 2012 for another youth conference to be held summer 2013 and will spend the majority of SFY13 planning for the conference.

The SYAB sought to take a more active role in Foster Parent Appreciation Month last year. Each year a foster parent is asked to attend the Proclamation signing with the Governor and last year several SYAB members and their foster parents were to attend as the representatives. Unfortunately, due to the tornadoes in Joplin, the Proclamation signing was not held but there are plans for a SYAB member and her foster parents to attend the proclamation signing in May 2012.

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

The SYAB developed a strategic plan in SFY12 to direct their work after the youth conference. They have 3 goals:

1. SYAB will plan and facilitate a conference for youth in summer 2013 – including developing workshops, eligibility for attendance, and seeking donations.

2. SYAB and regional boards will continue to make a difference in communities by establishing annual or bi-annual goals, maintaining consistent communication and completing a community project.
3. SYAB will be an effective, educated, and productive board by receiving training as deemed necessary, advocating, providing input, attending local advisory board meetings, and staying informed on policy updates.

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

In SFY12, language was added to the Transitional Living Program as well as the Chafee Foster Care Independence Program contracts to provide more defined criteria for having a youth board as well as youth participation in speaking engagements, workgroups and committees. The previous contract did not require a board to be comprised only of youth in foster care per se, and this was not deemed as effective for information sharing from the state level to the local level. Also, some contractors were not willing to transport youth outside of their region for speaking engagements and workshops so language requiring this is included in the new contract.

Although the state board is very strong, some of the local boards have struggled with membership throughout the year for various reasons such as youth interest, distance, etc. The SYAB and the Children's Division will continue to work on building local boards to support the state board in SFY12.

The Children's Division will continue efforts to include Native American youth participation in leadership activities. In SFY12, there were approximately 12 older youth identified as Native American. Of these 12, one youth became a member of the State Youth Advisory Board. Two other Native American youth came to a meeting for potential election as representatives from their local board but opted not to join at the state level.

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

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

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

### ***Missouri's Community Partnerships***

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

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

The ability to address each community's unique needs is greatly enhanced by the large source of local volunteerism. During this fiscal year the partnerships have generated over 367,550 hours of volunteer service to their respective communities. Some of these volunteer hours are due to the disasters that Missouri faced this year. In addition to the many service hours generated by the partnerships, they leveraged nearly \$12 for every \$1 of state funding provided them in FY11. They continue to be a good return on investment.

During FY11 severe weather caused natural disasters of significant proportions across Missouri impacting the lives of thousands of children and families.

An F5 tornado in Joplin caused catastrophic results. It destroyed 7000 houses totally flattening neighborhoods, debarking trees, destroying the upper floors of the St. John's hospital, flattened several industrial and commercial buildings, extensively damaging 25% of the town and caused many fatalities.

The St. Louis area's most powerful tornado in 44 years ripped into the airport shattering hundreds of panes of glass at the main terminal throwing vehicles up on the roof of the terminal. Entire subdivisions were destroyed.

Sedalia was also hit with a tornado which damaged several sections of this central Missouri town.

The Northeastern, Southeastern and Southwestern counties of Missouri were all hit exceptionally hard this year with severe thunderstorms and massive flooding, wiping out huge amounts of farm crops and devastating whole towns.

Across Missouri the Community Partnerships were called upon to assist the victims of these natural disasters and they responded. Their hard work combined with the ability to coordinate other local partners produced effective results. [Attachment B](#) contains three Community Partnerships reports which highlight examples of work related to these disasters.

### ***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 leading 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, CD has the capability to educate several disciplines and partners on the complex issues facing child welfare. Through this education, 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.

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

During 2011, the National Resource Center for Organizational Improvement and Data and Technology, presented a proposal to the CFSSR committee to accept the responsibility of being Missouri's service barrier buster. The service array analysis would involve both the local levels and the CFSSR Advisory Committee. These groups would work in conjunction to overcome service issues. The local level addresses what is possible, with their community partners, to expand service array capacity, accessibility and individualization of services. Unresolved issues are passed up, through an elected liaison, to the state level CFSSR advisory committee. Once an issue is received by the CFSSR group, there may be further research or discussions which may lead to the formation of other subcommittee. The end result can be written recommendations to administration or the legislature.

The CFSSR Advisory Board includes in their standing membership several individuals representing the Native American Centers. The CFSP is provided to members for feedback and posted on the internet at: <http://dss.mo.gov/cd/cfsplan/> .

### ***Missouri KidsFirst***

Missouri KidsFirst is a statewide not for profit organization located in Jefferson City, Missouri. They are committed to protecting Missouri's children by improving the response to child victims and ending the cycle of child abuse in 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 15 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 organization 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. They also 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. More information is available in the [Child Assessment Section](#).

### ***Supervision Advisory Committee***

This committee represents the "finest" CD supervisors from across the state. Supervisor participants are selected by the Regional Directors based on outstanding performance and strong leadership ability.

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 enhance supervision across the state. The strategic plan and executive team's response are shared with all supervisors through the CD Intranet site. This committee also serves as a policy review team for the division.

Issues addressed by the Committee during FY11 included: recommendations to improve worker retention (which included a review of circuit turnover statistics, staff exit data, and Survey of Employee Engagement results to identify potential factors contributing to employee turnover), input about the reorganization of the OJT guide, development of a best practice report for improving supervisory oversight, revisions to the OTI (case transfers) process and form, refined PERforM outcome measures, feedback about QA/QI and supervisor coaching practices related to the new "Q" review process, and discussion of the effectiveness of CQI.

## **Program Supports**

### **AFCARS**

Missouri completed a federal AFCARS review in March 2009 and subsequently entered an AFCARS Improvement Plan. The improvement plan consisted of FACES screen changes, mapping changes and data accuracy training requirements.

All required FACES screen changes were completed in May 2012. This was later than expected due to contract timeframes, however, the changes have been reportedly well received by staff. The changes involved placement settings, multiple races, child diagnosed conditions, termination of parental rights, special needs and adoptive parent relationships, episode information and close reasons. Instructions for entering information on the new screens were included with the [policy memorandum CD12-51](#) which introduced the new FACES screens to staff.

Several mapping changes were completed previously during 2009-2010, on elements which had the most immediate and significant impact on reporting, however, further changes of AFCARS elements were postponed due to the need to contract out the programming services. All mapping changes, including those related to the new FACES screens are expected to be completed by June 30, 2012.

Technical Assistance by the National Resource Center on Child Welfare Data and Technology was initiated during FY11 to explore dropped cases (between the foster care file and adoption file), however, it was determined a federal tool was not currently available to assist in the evaluation. Without a federally provided tool to evaluate dropped cases, the FACES manager created a tool to compare files and explore cases which were dropped. Missouri has made significant improvements to remedy dropped cases, however, the state will continue to monitor dropped cases with each new submission. Final AFCARS mapping improvements are expected to shore up any final logic issues causing dropped cases.

AFCARS files for 2009 through present will be resubmitted after all final mapping changes are completed. Resubmitted AFCARS files will provide the ability to finalize the baseline and establish targets for the Program Improvement Plan currently underway.

Instructions on data accuracy for case management, which included the majority of the AFCARS requirements, were created by a workgroup and introduced to staff in May 2012 in the FACES Newsletter. The instructions are posted on the FACES Instructions web page. All remaining AFCARS data entry elements, including the new FACES screens, will be incorporated into the instructions document by July 2012.

In addition, AFCARS files are used to produce data for the new Results Oriented Management (ROM) report. The ROM is used by staff and managers to monitor outcomes. The ROM has provided an effective opportunity to explain and train staff on accurate data entry.

The AFCARS frequency report will be used with each AFCARS submission to identify issues which require data accuracy training or data corrections. QA Specialists have been and will continue to coach staff on accurate data entry when following up on data quality improvement efforts.

### ***Accreditation Efforts***

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 COA within five years (FY05-FY09) of the effective date of this section (i.e. by August 28, 2009). To achieve accreditation, Missouri's child welfare system was reviewed and measured against over 800 nationally-recognized standards of best practice. Accreditation was achieved circuit by circuit over five years. On 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 continues to embrace and promote a culture change and commit to excellence within a system built around a philosophy and management technique of continuous quality improvement.

### ***Internal Process Established for Accreditation Maintenance***

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

- Continuous Quality Improvement (CQI) processes including stakeholder involvement
- Facilities and 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

### ***New Agency Self Study***

The reaccreditation process will be similar to the accreditation process. The Children's Division will prepare a new agency Self Study (that will address COA's 8<sup>th</sup> Edition Standards) to submit to COA approximately 18 months prior to the start of the reaccreditation cycle and the agency will begin preparing for site visits which will take place after December, 2013. Efforts to produce the new agency Self Study were launched on August 2011 and are currently underway. Several staff members from Central Office and the field were selected to serve on various teams to examine the new set of standards and to compile and organize documentary evidence which will be used in the new agency Self Study.

### ***Title IV-E Review***

The Administration for Children and Families (ACF) conducts primary reviews of state compliance with Title IV-E foster care eligibility requirements every three years based on a random sample of 80 cases. The Administration for Children and Families reviews these sample cases to determine whether IV-E payments were made appropriately. If a state's ineligible cases in the sample (error cases) do not exceed four in the primary review, the state's program is deemed in substantial compliance and the state is not subject to another review for three years.

The Missouri Department of Social Services appealed the 2008 decision of the ACF which found Missouri was not in substantial compliance with the federal provisions governing the

eligibility of children and providers for IV-E payments. The Administration for Children and Families determined that five sample cases were ineligible for either part or all of the review period (October through March, 2008), one more than the number of ineligible cases allowed for a finding of substantial compliance.

Missouri disputed the eligibility review findings for three of the sample cases before the Departmental Appeals Board (DAB). The DAB found two of the cases deemed ineligible by ACF were indeed, eligible. The DAB did not continue to review the remaining case identified in the appeal, and found that Missouri was in substantial compliance with the IV-E program.

The most recent foster care Title IV E review was held the week of July 11, 2011.

Missouri was found to be in compliance as a result of the review. Three cases failed the review due to licensing issues.

### ***Family and Children's Electronic System***

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

The Pre-SACWIS Review was held on March 29, 30, and 31, 2011. Federal partners from Washington, DC and the Regional office spent the first two days receiving a full system demonstration of FACES. On the third day reviewers visited county and contracted case management offices and spoke directly with field staff. Missouri has evaluated the noted strengths and areas of challenge from this review and is moving forward with the necessary system changes. These changes are prioritized with other changes which need to occur in the production environment. Children's Division continues to strive to prioritize and incorporate enhancements to the automated system which will support not only staff in the field, but policy and practice.

Some of the enhancements completed this past year include changes to the National Youth in Transition Database to capture Race Declined and Adjudicated Delinquent, changes in the CD Contract system to allow for more flexibility updating expired or closed contracts, and allowing CD Case Management staff to lower maintenance amounts for adoption and guardianship families whose placement situation as temporarily changed. Also, in an effort to increase communication with field staff, CD created a FACES newsletter that is sent to all staff via email each month. The newsletter contains tips, reminders, notification of system fixes and ad hoc training on various topics.

Final system changes for the AFCARS Improvement Plan (AIP) are in progress and are anticipated to be completed in June 2012. The enhancements include system changes to capture more accurate data in FACES and mapping changes to the AFCARS extract file.

Anticipated system enhancements for FY12 includes integrating the referral process for Older Youth services, transitioning the eligibility guidelines for the Guardianship Assistance Program (GAP) into Missouri's existing eligibility system, and incorporating the federal claiming process for children served by contracted case management agencies into FACES. In addition, Missouri is committed to completing several System Change Requests submitted by field staff which were reviewed and approved by the field FACES Change Control Board.

### ***Program Improvement Plan***

The Program Improvement Plan (PIP) was approved in October, 2011. Currently Missouri is in the third quarter and Region VII meetings and TTAC calls are held quarterly. The PIP strategies are discussed in detail at the beginning of this document in the [five year update](#) section.

### **Workforce Information**

#### ***How staff are recruited and selected***

In order to be considered for a position with Department of Social Services, Children's Division, applicants must apply for classifications of interest by going to the website address: [www.ease.mo.gov](http://www.ease.mo.gov). Once an application is submitted for, some classifications require a written exam; however the Children's Service Worker position does not. If a classification requires a written exam, notification is sent via e-mail to the applicant giving the place, date and time of the exam. For those positions which do not require a written examination, scores are based on education and experience and applicants will receive notification of their score via e-mail.

Once the above process has occurred, the applicant's name is added to a hiring register. When an opening occurs, the circuit, where vacancies exist, requests a certificate of eligible candidates. Notifications of the vacancy information regarding interviews are sent to applicants. If an applicant is interested in interviewing, response to the notifications is necessary.

The notification letter also informs applicants of CD's recruitment video with instructions on how to gain access through the internet. The video is accompanied by a personal self-assessment. Applicants do not have to view the video or complete the self-assessment steps to be considered for the position. This process assists the potential applicant an opportunity to determine if a Children's Service Worker position is a good fit. The video may be accessed at: <http://dssapp.dss.mo.gov/cdsurvey/index.asp>

#### ***Required degrees or certifications***

##### **Children's Service Worker I**

A Bachelor's or higher level degree from an accredited college or university in Social Work/Human Services, Psychology, Sociology, Psychiatric Nursing, Education, Counseling, Marriage and Family Therapy, Family and Child Development, Criminal Justice, Juvenile Justice, or Human Services related fields (e.g., child welfare, mental health, substance abuse, and developmental disabilities).

##### **Children's Service Worker II**

One or more years of experience as a Children's Service Worker I with the Missouri Uniform Classification and Pay System.

OR

A Bachelor's degree from an accredited college or university in Social Work/Human Services, Psychology, Sociology, Psychiatric Nursing, Education, Counseling, Marriage and Family Therapy, Family and Child Development, Criminal Justice, Juvenile Justice, or Human Services related fields (e.g., child welfare, mental health, substance abuse, and developmental disabilities); and,

One or more years of professional experience in the delivery of protective children's services (investigation of abuse or neglect of children, child foster care, adoptions, family centered services, and intensive in-home services) in a public or private agency.

OR

A Master's degree from an accredited college or university in Social Work/Human Services, Psychology, Sociology, Psychiatric Nursing, Education, Counseling, Marriage and Family Therapy, Family and Child Development, Criminal Justice, Juvenile Justice, or Human Services related fields (e.g., child welfare, mental health, substance abuse, and developmental disabilities) .

***Demographics on staff***

**Actual staff as of May 1, 2012**

Supervisors/Workers

Gender

Male: 156      Female: 1205

Ethnicity

American Indian/Alaskan Native: 5

Asian/Pacific Islander: 10

Black: 179

Hispanic: 23

White: 1144

Salaries Avg:

32,000 and under: 1172

33,000 to 40,000: 186

Over 40,000: 3

Education:

Assoc: 3

BSW: 1159

MSW: 195

Doctoral: 0

None: 4

Tenure:

Under 2 years: 463

2007-2010 (2-5yrs): 311

2003-2006 (6-9yrs): 241

1997-2002 (10-15yrs): 195

1992-1996 (16-20yrs): 60

1987-1991 (21-25 yrs): 52

1981-1986 (26-31yrs): 33

32+ years: 6

***Positions Types:***

From SFY12 Allocations

Workers: 1,417.75

Sups: 247

Specialists: 69

Program Managers: 25

Circuit/Managers: 45

Regional Administrators: 8

Regional Directors: 5

Central Office: 91 (This category includes training unit, FACES unit, residential licensing unit, interdepartmental initiatives unit, legislative affairs, human resources, early childhood,

practice and professional development unit, planning and performance management unit, and the Director's office.)

### **Title IVE MSW Program**

Currently, CD has 133 MSWs employed who received degrees through the Title IVE program.

### ***How Ongoing Training is selected and provided to ensure the Competencies of Workers, Supervisors, Managers and Administrators***

The Children's Division Professional Development and Training Unit is responsive on a continual basis to meet the on-going learning needs of staff. Changes in training are based upon the needs of the agency and available resources such as budget, staffing etc. Training needs, both individual and statewide, are assessed and evaluated in several different ways throughout the year as a way to be responsive to immediate needs of a region or circuit, but to also address policy and practice changes which have a larger statewide impact. On-going training needs are identified through:

- Continuous Quality Improvement (CQI) process
- Training evaluations
- Training & Policy Staff Joint Review
- Survey of Employee Engagement
- Exit interviews
- Focus group feedback
- Circuit Self Assessments
- Recommendations from the Supervision Advisory Committee
- The Division Executive Team
- Staff requests or suggestions for a specific training can be made utilizing the Field Support Referral Form (CD-62)

All of the above are considered when developing new training or enhancing existing curriculum. Individual needs are identified using various methods such as the PERforM appraisal and evaluation process, Employee Development Plans, On-the-Job Training tools i.e. Competency Self-Assessment, Two-Way Feedback Tool, and the Skill Development Plan. Based upon identified needs, staff and their supervisors mutually select internal and/or external trainings to address individual learning needs.

Workers receive annual in-service training related to their specific program area, such as RSMo Chapter 210 Statutory Requirements for Child Abuse and Neglect Investigations and Adoption training based upon COA standards. Other program staff who provide Family-centered Services or work with the out-of-home care population receive ongoing training through outside training opportunities and through agency partnerships with Office of State Courts Administrator. Under the Management Training Rule, all front line supervisors and managers are required to complete 16 hours of in-service management training each year thereafter. This is done through department course offerings and outside training opportunities.

All of the above on-going training is tracked through the agency Employee Learning Center (ELC).

### ***How Skill Development of new and experienced staff is measured***

Skill development of new and experienced staff is measured in a variety of ways. Skill development and attainment is reviewed throughout classroom coursework, during On-the-Job

training, and through interactions between staff and their supervisor. Assessment of skill development is accomplished through:

- *Pre/Post Training Self Evaluation used during Child Welfare Practice Training*—A self-evaluation tool called the “Pre/Post Training Evaluation” is used to assist the worker and their supervisor in identifying worker learning needs. This tool is to be completed by trainees prior to and following Child Welfare Practice Training (CWPT). The trainee and supervisor should review the trainee’s post-evaluation and compare it to their pre-training evaluation. Discussion between the trainee and supervisor around the comparison of the two evaluations assist in determining the individual competency level of the trainee. The discussion should include an assessment of the trainee’s personal skill attainment and areas for further study. The self-evaluation tool may also serve as a modeling opportunity for the supervisor to demonstrate areas where the trainee has need. Setting goals and tasks with a trainee, for example, are parallel processes to the family-centered approach the agency supports. As the worker progresses in their skill development, the supervisor and worker should identify areas requiring less oversight by the supervisor as the worker develops autonomy. As well as skill areas requiring additional coaching or modeling.
- *Reinforcement & Evaluation*—This final week of CWPT provides opportunity for workers to demonstrate acquired competencies through structured skills practice using a family scenario from initial intake, through assessment, placement of children, reunification and case closure. Staff trainers observe each participant during the skills practice, processes this within the large group to discuss strengths, needs and missed opportunities. The trainer then provides a written assessment summary of the participant’s skills to their supervisor. The supervisor and worker can then use this in conjunction with other information for skill development.
- *Computer Systems Feedback Summary*—During this one week course staff trainers observe trainee participation and completion of classroom assignments regarding the agency computer systems FACES process. Staff complete all case documentation and activity within FACES. Staff trainers provide a written assessment of classroom participation and completion of assignments to the supervisor for their review and discussions with their employee around skill development and learning needs.
- *On-the-Job Training*— On-the-Job training (OJT) activities are part of the transfer of learning process and the new workers 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. Supervisor must ensure new workers have an opportunity to do all the assigned OJT activities. Coaching and modeling by the supervisors are important components of the OJT process. Worker skill and development level can be observed and assessed during assigned OJT activities through the case consultation process. The Two-Way Feedback Tool is available to be utilized by the supervisor and worker to capture feedback on demonstration of skills as well as opportunities for growth. Utilization of the Two-Way Feedback Tool is to provide formal written and verbal feedback around skill activities. Supervisors should model the skill for the worker throughout the process and then allow the worker to demonstrate the skills a step at a time until a skill is mastered. Supervisors can use the tool to evaluate practice skills of workers when accompanying them on a home visit, Family Support Team meetings, court hearings, etc. Case management decisions must be made jointly between the supervisor and worker throughout CWPT. As skills are acquired, demonstrated and applied, case work activities gradually increase with continued supervisory oversight.

- *PERforM*-- The PERforM system serves as an online tool to assist supervisors, managers and state agencies with the most fundamental of human resource management responsibilities: planning specific, measurable work objectives, and the observation, evaluation and development of each employee's performance. Based upon the observation and evaluation of an employee's performance an Employee Development Plan is set into place. An employee identifies short, mid, and long-range goals for professional development along with identified tasks to obtain these goals.
- *Classroom evaluations*—Staff participate in various activities and work through content during training and provide feedback using the classroom evaluation. This provides opportunity for staff to reflect on: whether content address the worker skill level; whether content help them gain the knowledge and skill necessary to do their job. This information is used to guide curriculum development to better impact skill development.

### **Staff Turnover and Vacancy Rates**

#### *Supervisors Leaving Agency*

<b>SFY 2010</b>		<b>SFY 2011</b>	
<b>Reasons</b>	<b>Number</b>	<b>Reasons</b>	<b>Number</b>
Retirement	4	Retirement	3
Accepted other Employment	3	Accepted other Employment	1
Avoiding Disciplinary Action	3	Avoiding Disciplinary Action	1
Balanced Work/Family Life	1	Continue Education	1
Family or Personal Health	1	Long Term Disability	1
Personal	13	Advancement Opportunity	1
Relocating	1	Personal	13
		Relocating	1
Total	16	Total	22

*SFY10 Supervisor Turnover Rate: 11%*

*SFY 11 Supervisor Turnover Rate: 10%*

#### *Workers Leaving Agency*

<b>SFY 2010</b>		<b>SFY 2011</b>	
<b>Reasons</b>	<b>Number</b>	<b>Reasons</b>	<b>Number</b>
Retirement	13	Retirement	15
Accepted other Employment	45	Accepted other Employment	34
Avoiding Disciplinary Action	14	Avoiding Disciplinary Action	3
Balanced Work/Family Life	5	Balanced Work/Family Life	1
Continued Education	3	Continued Education	3
Dissatisfied with work	2	Deceased	2
Family or Personal Health	3	End of Appointment	1
Long Term Disability	5	Family or Personal Health	4
Job Advancement	1	Long Term Disability	1
Personal	145	Personal	198
Relocating	7	Relocating	2
Unsuccessful Performance	4	Unknown	1
Working Environment	4	Unsuccessful Performance	7
Total	253	Total	272

*SFY 10 Worker Turnover Rate: 18%*

*SFY 11 Worker Turnover Rate: 20%*

### **Supervisors-to-Worker Ratios and Caseload Sizes**

Missouri is accredited by the Council on Accreditation. The division adheres to caseload standards and supervisor to worker ratio. Below are the charts which describe the standard.

#### **Caseload Sizes Per COA 8<sup>th</sup> Edition Standards**

<b>Case Type</b>	<b>Standard # Per Worker</b>
Child Protective Services and *Family-Centered Services (FCS) PA-CPS 14.05  Note: *FCS will be reviewed under PA- CPS 9 (Child Protective Case Management Services)	Generally, caseloads do not exceed 15 investigations or 15-30 open cases.  *FCS caseload would be expected to fall between 15 and 30, depending on the intensity of need.
Adoption Services PA-AS 13.06	Generally, caseloads do not exceed 12-25 families.
Foster and Kinship Care Services PA-FC 19.06 PA-KC 16.06	Generally, caseloads do not exceed 18 children or 8 children with special therapeutic needs*.

Note (applies to all service areas): New personnel should not carry independent caseloads prior to the completion of training.

### **COA 8<sup>th</sup> Edition Standards Pertaining to Caseload Sizes**

#### ***Adoption Services***

Case complexity can take into account; intensity of child and family needs and size of the family. Generally, caseloads do not exceed 12-25 families.

#### ***Child Protective Services and Family-Centered Services***

Generally, caseloads do not exceed 15 investigations or 15-30 open cases. New personnel should not carry independent caseloads prior to the completion of training.

#### ***Foster Care Services***

Generally, caseloads do not exceed 18 children or 8 children with special therapeutic needs. Case complexity can take into account: intensity of child and family needs, size of the family, and the goal of the case.

#### ***Kinship Care Services***

Generally, caseloads do not exceed 18 children or eight children with special therapeutic needs. Case complexity can take into account: intensity of child and family needs, size of the family, and the goal of the case.

### **COA 8<sup>th</sup> Edition Standards Pertaining to Supervisor/Worker Ratios**

Generally, supervisory ratios do not exceed 1 supervisor to 8 workers.

### ***Training Plan***

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) Office of State Courts Administrator (OSCA) and Court Appointed Special Advocate (CASA). These collaborative trainings illustrate

partnerships between agencies. Additional categories of trainees 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).

In this plan, trainings where Title IVE dollars are used, elements follow each descriptor, such as: setting of the training activity, duration category of training activity, provider of the training, approximate number of days/hours of the training, description of the estimated total cost and a listing of activities. Other collaborative trainings are found in the Professional Development Collaboration, specifically with the OSCA.

The Foster Care Case Management (FCCM) contract requires contracted case managers to attend pre-service training. The FCCM staff can attend training provided by CD training staff or provide their own, if CD reviews and approves the training content. Additionally, provisions in the contract allow FCCM staff to attend other trainings which CD offers throughout the year. However, any costs incurred by the FCCM staff is the responsibility of the FCCM contract agency. The Children's Division does not cover travel or per diems associated with these trainings.

### ***Professional Development and Training SFY12-13***

The Children's Division Professional Development and Training Unit continue to develop and deliver initial core and ongoing in-service training programs for all new Children's Services Workers and supervisors. Training is directly provided to various levels of staff throughout the 115 counties in the state of Missouri. Training is based on agency policy and best practice and is designed to provide a consistent core structure, while also providing ongoing in-service opportunities based on needs identified through individual, regional or circuit specific assessment, as well as professional development plans between staff and front 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. The agency supports a blended learning approach, utilizing classroom, on the job field instruction, as well as on-line/self-instruction training which supports and supplements classroom training and on the job training. The training unit also collaborates in the development and delivery of training programs with many other agencies and disciplines who serve children and families. Trainings are conducted in geographic locations throughout the state to accommodate staff and community partners.

### ***Services for Children under age 5 – how the state addresses the training and supervision of caseworkers, foster parents and other providers with respect to this population***

The agency has embedded the Strengthening Families/Building Protective Factors Model and Protective Factors into the various training curricula provided to workers and supervisors. This content and approach is reinforced throughout training to ensure staff have an understanding of the key concepts and approach of the Five Protective Factors (Parental Resilience, Social Connections, Knowledge of Parenting and Child Development, Concrete Support in Times of Need, & Social and Emotional Competence of Children). The training unit works closely with the Early Childhood Unit to ensure training content addresses the current and relevant practices around service provision to families with young children.

Agency foster parents receive training relevant to this population during their initial pre-service STARS Training, on-going STARS in-service training (Module 1: The Foundation for Meeting the Developmental Needs of Children at Risk and Module 11: Understanding and Promoting

Infant and Child Development) and through a specific stand alone agency module Strengthening Foster Families: Building Protective Factors (developed and based upon the Strengthening Families philosophy).

***Specific training conducted to help foster parents, relative guardians, adoptive parents, workers in group homes, and case managers understand and address the issues confronting adolescents preparing for independent living.***

The following trainings assist foster parents, relative guardians, adoptive parents, and case managers in their understanding of issues confronting adolescents preparing for independent living:

- **STARS Pre-service Session Seven:** Continuing Family Relationships (includes Preparing for Young Adult Life & Another Planned Permanent Living Arrangement)
- **STARS In-service Module 12:** Understanding and Promoting Preteen and Teen Development-  
Session 1: Transitioning to Adulthood—Resilience, Risks, and Research  
Session 2: Developmental Tasks and the Impact of Trauma and Loss
- **Ready, Set, Fly—**‘Ready, Set, Fly! A Parent’s Guide to Teaching Life Skills’ was developed as practical resource to help caregivers teach youth some of the skills that are needed to enable youth to live successfully on their own. The activities are age appropriate and developmental, matching the levels of the Ansell-Casey Life Skills Assessment and Guidebook (ages 8-10, 11-14, 15-18, and 19 and older). The six sections provide comprehensive, developmental activities in the areas of daily living tasks, housing & community resources, money management, self- care, social development, and work & study skills
- **Older Youth Program Training-** This training program provides information for the participant to gain an
  - understanding of services/benefits/resources/opportunities of the Older Youth Program;
  - how to access services/benefits/resources and opportunities for the Older Youth;
  - the philosophical base of our work with Older Youth;
  - the worker’s role and responsibility as a youth’s worker in providing the opportunity for the youth to fully participate and benefit from the resources of the Older Youth Program;
  - the role and responsibilities the youth have in the process;
  - the role and responsibilities of the people and agencies collaborated with in providing services to our youth.

*\*\*\*All of these training courses are referenced elsewhere in the plan except for ‘Ready, Set, Fly’, which is a curriculum used at the local level.*

***On-the-Job Training***

New staff must complete On-the-Job Training (OJT), which supports the classroom training. OJT 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. A 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, and create gap analysis reports.

### ***Training Provided to New Child Welfare Workers-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 Service 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.

Probationary staff who are developing skills to perform their job, have a reduction in caseload. However, as skills are developed, casework is increased. Case decisions are mutually made by supervisor and worker during first six months with the goal of more independent case decision making by end of probationary period. The OJT Guide provides a timeline illustrating the activities and events to occur in the first twelve months of employment which prepares workers to assume a full case load.

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 April 2012, a total of 19 regionalized sessions of Child Welfare Practice Basic Training were conducted for 265 participants. Additional sessions are planned for SFY 13.

- 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 staff
- Approximate number of days /hours of the training: A complete session is currently 126 hours over 5 weeks with approximately one to 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 is distributed based upon the Cost Allocation Plan and the results of the Random Moment Time Study.

The following activities are addressed in the CWPT:

- 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 CWPT for new front line staff, the Professional Development and Training Program offers three 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 CWPT 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, OJT. 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 training 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 four-part in-service module provides concentrated focus on the identification and response to specific types of abuse and neglect. Various methods of instruction are 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 OJT assignments.

As of April 2012, six sessions were conducted for a total of 46 participants. Additional sessions are planned for SFY13.

- 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 staff
- Approximate number of days /hours of the training: 32 hours; offered two to four 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 is distributed based upon the Cost Allocation Plan and the results of the Random Moment Time Study.

The following activities are addressed in the Investigation and Assessment Core In-Service 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 provides 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 OJT assignments.

As of April 2012, 6 sessions were conducted for a total of 36 participants. Additional sessions are planned for SFY13.

- 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 6-12 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 is distributed based upon the Cost Allocation Plan and the results of the Random Moment Time Study.

The following activities are addressed in the Family-Centered Services for Intact Families Core In-service 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 Out-of-Home Care & Older Youth 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 is 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 OJT assignments.

In SFY12, this training was temporarily put on hold and re-designed to better meet the needs of staff. The goal of the re-design was to better address current learning needs of staff and content was added around updated policy, best practice with a concentrated focus on father engagement, older youth, concurrent planning, etc. This in-service module now includes the Older Youth Training and sessions are scheduled for SFY13.

- 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 will be distributed based upon the Cost Allocation Plan and the results of the Random Moment Time Study.

The following activities are addressed in the Family-Centered Services for Out-of-Home Care Core In-service 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 (ACLSA)
- 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 ACLSA
- Understand how the Adolescent FST Guide & Individualized Action Plan and resources will assist to engage youth in their permanency and education planning

As of April 2012, a total of 3 sessions were conducted for 36 staff as a stand -alone in-service course. For SFY13, this course and content has been combined with the newly re-designed Family-Centered Out-of-Home Care In-service training. This course will be provided to new staff who work with Family-Centered Out-of-Home Care /Older Youth and is completed following CWPT.

- Setting 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: six days (three part course)
- 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 is distributed based upon the 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 three 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

As of April 2012, a total of three sessions were conducted for 18 staff. Additional sessions are planned for SFY13.

- Setting 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: three 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 is distributed based upon the 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 SFY13 for accredited sites. As of April 2012, a total of 10 sessions were provided for 191 staff. Additional sessions are planned for SFY13.

- Setting of the training activity: Agency conference/meeting space
- Duration category of training activity: Part-time (section 235.61)
- Provider of the training: Contracted Provider
- 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 is distributed based upon the 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

### ***Domestic Violence Training***

As of April 2012, the Children's Division, in conjunction with the Missouri Coalition against Domestic Violence (MCADV), conducted 7 sessions of Domestic Violence training for new Children's Division and Family Support Division staff. A total of 152 staff have attended the training as of this date. This will continue to be offered in SFY13.

- Setting of the training activity: Contracted facility (i.e. hotel)
- Duration category of training activity: Part-time (section 235.61)
- Provider of the training: Coalition Against Domestic Violence staff and Children's Division Professional Development and Training staff
- Approximate number of days /hours of the training per session: 1 day
- Audience to receive the training: Children's Division and Family Support Division staff
- Description of the estimated total cost: Approx. \$5,000 per year. (Grant funding secured through MCADV utilized to cover majority of training expenses)

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 management and supervision

## **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. The curriculum is called STARS, which means **S**pecialized **T**raining, **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-train. The service worker also is responsible for conducting the family assessment necessary 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 this Spaulding "Making the Commitment to Adoption" course.

All the above STARS and Spaulding Train the Trainer courses include contractors who provide training and assessment of resource families. As of April 2012, a total of seven sessions have been conducted. Seventy participants have attended STARS Pre-Service, In-service, and Spaulding Train the Trainer. Additional sessions are scheduled for SFY13.

- 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 is 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

## **Supervisor Training**

### ***Initial In-Service Training***

The Children's Division, in partnership with the Department of Social Services Human Resource Center, has developed a comprehensive skills based training structure for front line supervisors. The structure requires new CD supervisory staff to complete the following initial in-service training within their first year:

- HR Basic Orientation Supervisory Skills (BOSS) Training, 40 hours
- Children's Division Clinical Supervision Training, 39 hours

Training is scheduled and provided quarterly and supervisors are to enroll in a training session as soon after their hire/promotion date as possible.

Competency areas such leadership, the parallel process of being strengths based and solution focused, decision making, group supervision, time management, critical thinking, coaching, case consultation, worker development and performance, ethical and liability issues, teamwork, crisis intervention, mediation, and facilitating change are the focus of the training.

As of April 2012, four sessions of the Department HRC BOSS Training were provided to 127 participants. Additional sessions are planned for SFY13.

As of April 2012, three sessions of Children's Division Clinical Supervisor Training were provided to 29 front line supervisors. Additional sessions are planned for SFY13.

### ***New for SFY13- Clinical Supervision Case Consultation – Ongoing In-Service***

After receiving input and requests from supervisors through the CQI process and the Supervisory Advisory Committee (SAC), development is underway to create case consultation training. The initial case consultation training is provided to supervisors immediately following their promotion to supervisor as part of the current 39 hour Clinical Supervision training. However, supervisors requested a concentrated focus be devoted to case consultation because this is an area which is exceptionally complex and further training is necessary to advance and sharpen skill level.

The new Case Consultation Training will build upon the current Clinical Supervision Training already provided in the supervisor's first year. This additional component, Part Three, will become part of the overall Clinical Supervision Training structure and provided to supervisors as an in-service during their 2nd year on the job. Part Three, case consultation training, will provide further in-depth skill-building for supervisors.

Clinical Supervision Part Three, case consultation, will be provided to any supervisor who has completed the 39 hour pre-requisite Parts One & Two of Clinical Supervision and / or opened to any seasoned, existing supervisory staff needing or wanting to enhance case consultation skills. This new curriculum development is also part of the PIP.

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

In SFY12, the Children's Division and the Department HRC continued to offer a variety of in-service training modules to provide supervisors and managers professional development opportunities beyond the initial first year training. Examples of the competency based modules offered include *Emotional Intelligence*, *Partnership: Building Synergy*, *Generational Differences*, *On the Job Training: Supervisors as Trainers*, *Time Management*, *Working with Millennials*,

*Guiding Conflict Resolution, Dealing with Counterproductive Behaviors in the Workplace, Great Delivery of Not So Great News, Tearing Down Walls-Incorporating Non-Defensive Communication, Project Management: Define, Align, Execute, The Power of Expectations, Building Leadership Character, Professionalism in the Workplace, Providing Excellent Customer Service, Managing Me, Listening Skills and Managing Non-verbals, Managing Emotions and Thriving Under Pressure.* These in-service modules will continue to be offered in SFY13.

- Setting of the training activity: Contracted facility (i.e. hotel)
- Duration category of training activity: Full-time during the initial in-service training which will have both classroom and OJT; part-time for the ongoing /continuing in-service modules (section 235.61)
- Provider of the training: Children's Division Professional Development and Training Unit and the Department HRC
- Approximate number of days /hours of the training: 40 hours of BOSS and 39 hours of CD Supervisory initial in-service training with weeks of OJT in between classroom sessions. Ongoing in-service modules are approx 1-2 days in length. Multiple sessions are conducted each year.
- Audience to receive the training: Children's Division supervisors.
- Description of the estimated total cost: Approx. \$226,000 per year. Cost includes both Children's Division sessions and the HRC management course offerings.
- Federal Title IV-E funding is allowable as one of the funding sources for this training and is distributed based upon the Cost Allocation Plan and the results of the Random Moment Time Study.

The following activities are addressed in this training:

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

### ***Learning Lab Workshops for Supervisors***

Learning Lab Workshops for supervisors provide ongoing professional development, offer frontline supervisors an opportunity to be trained in specific clinical supervision topics, and provide supervisors with the ability to problem-solve together through group discussions, action planning, and reviewing the effects of application in actual practice. Learning Lab Workshops are designed to provide an ongoing mechanism for supervisors to enhance and improve their practice, which is expected to provide greater support for and improve the practice of their staff with the children and families served.

As of April 2012, 14 Learning Lab Workshops were held. In which 234 frontline supervisors received the training. Additional sessions will be scheduled for SFY13.

Family Facets presenters plan and facilitate quarterly learning lab workshops as instructional sessions where Children's Division Supervisor I staff are trained on how to create an organizational culture within the Children's Division in which support, learning, clinical supervision, teamwork, professional best interest, and consultation are the norm. Family Facets is presently the sole provider of Learning Lab Workshops contracted services to CD, serving all counties in all seven of Missouri's Regions.

Learning Lab workshops for SFY12 -13 include the following:

- Supervising For Professionalism

- Burnout to Burn Up-Change & How to Stay Motivated
  - Middle Management Strategies
  - Communication & Advocacy for Management
  - General Staff Issues, Self and Staff Motivation
  - Supervisor's Role In Worker Retention
  - Is It Me Or Is It Them
  - Group Supervision for Management
  - Effective Time Management for Supervisors
- Setting of the training activity: Agency conference room or Contracted facility /hotel
  - Duration category of training activity: Part-time (section 235.61)
  - Provider of the training: Family Facets ( contracted)
  - Approximate number of days /hours of the training: six hours per learning lab session; multiple sessions are conducted each year
  - Audience to receive the training: Children's Division supervisors.
  - Description of the estimated total cost: Approx. \$80,000 per year
  - Federal Title IV-E funding is allowable as one of the funding sources for this training and is distributed based upon the Cost Allocation Plan and the results of the Random Moment Time Study.

The following activities are addressed in this training:

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

### ***Professional Development Collaboration***

Over the past year, CD 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 indicates this professional development has improved individual knowledge and skill and also provided a means to strengthen strategic planning and ongoing collaboration at the local level.

One of the primary partnerships which has continued is the OSCA and Children's Division collaborative. Jointly, OSCA and CD continue to develop and deliver comprehensive training for Juvenile Court staff and CD staff on child protection and juvenile court programs which impact policy and practice in both agencies.

In SFY12 the following were provided for Children's Division and Juvenile Court staff:

### ***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 Termination of Parental Rights cases are covered. As of this date in SFY12, five sessions have been conducted for 135 participants. Additional sessions are planned for SFY13.

### ***Fostering Court Improvement Project***

Missouri's Fostering Court Improvement (FCI) 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 Case flow 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. Quality Assurance (QA) staff from the Children's Division assists circuit court staff to identify trends and develop plans for improvement. The QA Specialists provide information to the local FCI teams.

Circuit 11 will be trained in FCI May, 2012. Additional sessions are planned for SFY13. More descriptive information is in the [FCI Project](#) in the Permanency section.

### ***Racial Awareness Training- Technical Assistance Collaborative***

During SFY12, CD has continued to provide staff with training on racial awareness as part of a proactive approach to examining the disproportionate number of children of color within the child welfare system nationally, and in Missouri. Staff at all levels throughout the State have been provided the opportunity to participate in a series of educational and awareness discussions with consultants from the Center for the Study of Social Policy in Washington, D.C. The training sessions have allowed for a facilitated discussion on *RACE-The Power of an Illusion*, produced by California Newsreel in association with the Independent Television Service (ITVS). The training is intended to assist staff with beginning to think about how these issues can impact the development of policies, programs and practices that will reduce racial/ethnic disproportionality and disparity and improve outcomes for all children and families involved with child welfare. This training is intended to be one of many steps to eliminate disparities and overrepresentation of children and families of color within child welfare in Missouri. The workgroup for Racial Equity is considering future steps to expand training to stakeholders in targeted regions throughout the state. Funding and locations will need to be determined and administration approval sought. The workgroup is also discussing the review of the basic training curriculum to ensure racial equity and cultural differences are melded throughout. Most likely, this will lead to a review of policy and practice. The goal of the workgroup is to ensure cultural competent is addressed in several venues. The final plan for next steps has not yet been submitted for final approval as it remains under discussion.

During SFY12, a total of 14 sessions of Racial Awareness Training have been conducted for 308 participants. More sessions are planned for SFY13.

The following page is an at-a-glance table of some of the training offerings.

**CD PROFESSIONAL DEVELOPMENT & TRAINING**

Initial/Ongoing	Course # & Title of Training	Brief Course Syllabus	Allowable Title IV-E admin. functions training activity addresses	Setting/venue for training activity	Duration category of training activity	Proposed provider of training activity	Specification/approximate # of days/hours of training activity	Audience to receive training	Estimated total cost/year	Cost allocation methodology
	CWPT	CHILD WELFARE PRACTICE BASIC ORIENTATION					126 Hours		\$300,000 per year	
I	CWPT-CD000001 Family-Centered Philosophy and Skills Training	This competency based curriculum will introduce the participant to the agency's role & philosophy in responding to CA/N, State and Federal Statutes, principles of Family Centered strength's based practice and the basics of assessing a family's strengths and needs through the use of assessment tools. Crisis	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	Agency Training room or contracted facility	Full time	CD Professional Development and Training Unit (CD PDTU)	28 Hours	All new CD Frontline Staff and Contracted Staff	See above	Title IV-E funding as one source & distributed based on cost allocation plan and results of RMTS.

Initial/ Ongoing	Course # & Title of Training	Brief Course Syllabus	Allowable Title IV-E admin. functions training activity addresses	Setting/ venue for training activity	Duration category of training activity	Proposed provider of training activity	Specificat ion/appro ximate # of days/hour s of training activity	Audien ce to receiv e trainin g	Estima ted total cost/y ear	Cost allocation methodolo gy
		Intervention, Safety Assessment, Safety Planning, Safety Reassessment, Risk Assessment, Risk Reassessment, Goals, Tasks Service Delivery and Termination of Services are explored.	institutions							

Initial/Ongoing	Course # & Title of Training	Brief Course Syllabus	Allowable Title IV-E admin. functions training activity addresses	Setting/venue for training activity	Duration category of training activity	Proposed provider of training activity	Specification/approximate # of days/hours of training activity	Audience to receive training	Estimated total cost/year	Cost allocation methodology
I	CWPT-CD000002 CA/N Investigations/Assessments/Application of Family Centered Philosophy and Skills for Intact Families	This competency based curriculum will provide definitions & identification of CA/N, the types of referrals and reports that can be made, the screening process, dual response system, how to conduct an investigation and assessment. Staff will understand the functions, roles, and responsibilities of CD staff in their response to hotlines. Staff will know the concepts of family centered,	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	Agency Training room or contracted facility	Full time	CD PDTU	28 Hours	All new CD Frontline Staff and Contracted Staff	See above	Title IV-E funding as one source & distributed based on cost allocation plan and results of RMTS.

Initial/Ongoing	Course # & Title of Training	Brief Course Syllabus	Allowable Title IV-E admin. functions training activity addresses	Setting/venue for training activity	Duration category of training activity	Proposed provider of training activity	Specification/approximate # of days/hours of training activity	Audience to receive training	Estimated total cost/year	Cost allocation methodology
		strengths based, solution focused service delivery to intact families and can demonstrate their usage through the available assessment tools. Case Conferencing, Initial Contacts, FST's, Risk Assessment and Case Closure are explored.								
I	CWPT-CD000003 Expedited Permanency and the Family-Centered Out-of-Home Care	This competency based curriculum will provide knowledge of the impact of out-of-home placement of children and	Referral to services; Preparation for and participation in judicial determinations; Placement of the child;	Agency Training room or contracted facility	Full time	CD PDTU	28 Hours	All new CD Frontline Staff and Contracted Staff	See above	Title IV-E funding as one source & distributed based on cost allocation plan and results of

Initial/Ongoing	Course # & Title of Training	Brief Course Syllabus	Allowable Title IV-E admin. functions training activity addresses	Setting/venue for training activity	Duration category of training activity	Proposed provider of training activity	Specification/approximate # of days/hours of training activity	Audience to receive training	Estimated total cost/year	Cost allocation methodology
	Process	families. Staff will explore the family centered out of care process which includes: ASFA, reasonable efforts, permanency goals, developing and utilizing permanency planning and an understanding of expedited permanency time frames. Staff will discuss pre-placement planning, selecting a home for a child, preparing parties for placement and dealing with the impact of placement of all parties. Specific	Development of the case plan; Case reviews; Case management and supervision; Recruitment and licensing of foster homes and institutions							RMTS.

Initial/Ongoing	Course # & Title of Training	Brief Course Syllabus	Allowable Title IV-E admin. functions training activity addresses	Setting/venue for training activity	Duration category of training activity	Proposed provider of training activity	Specification/approximate # of days/hours of training activity	Audience to receive training	Estimated total cost/year	Cost allocation methodology
		attention will be placed on facilitating family support team meetings, court testimony and documentation, on-going responsibilities and activities. Session concludes with assessing child safety and risk at time of case closure.								
I	CD000004 Reinforcement and Evaluation	In this competency based curriculum staff will be expected to display satisfactory casework interviewing skills, identify the proper steps in a case planning process, display	Referral to services; Preparation for and participation in judicial determinations; Placement of the child; Development of the case plan; Case	Agency Training room or contracted facility	Full time	CD PDTU	14 Hours	All new CD Frontline Staff and Contracted Staff	See above	Title IV-E funding as one source & distributed based on cost allocation plan and results of RMTS.

Initial/Ongoing	Course # & Title of Training	Brief Course Syllabus	Allowable Title IV-E admin. functions training activity addresses	Setting/venue for training activity	Duration category of training activity	Proposed provider of training activity	Specification/approximate # of days/hours of training activity	Audience to receive training	Estimated total cost/year	Cost allocation methodology
		knowledge of the principles of the normal development of children, display an awareness of and sensitivity to typical reactions of families and individuals to severe environment and inter-personal stress and gather information and individually complete an assessment and planning tools and various CD forms.	reviews; Case management and supervision; Recruitment and licensing of foster homes and institutions							
I	CD000005 Children's Division Computer Systems Training	COMPUTER SYSTEMS TRAINING: This computer class offers hands on individual experience in entering,	Referral to services; Preparation for and participation in judicial determinations;	Agency Training room or contracted facility	Full time	CD PDTU	28 Hours	All new CD Frontline Staff and Contracted Staff	See above	Title IV-E funding as one source & distributed based on cost allocation

Initial/Ongoing	Course # & Title of Training	Brief Course Syllabus	Allowable Title IV-E admin. functions training activity addresses	Setting/venue for training activity	Duration category of training activity	Proposed provider of training activity	Specification/approximate # of days/hours of training activity	Audience to receive training	Estimated total cost/year	Cost allocation methodology
		updating and inquiry of CD programs.	Placement of the child; Development of the case plan; Case reviews; Case management and supervision; Recruitment and licensing of foster homes and institutions							plan and results of RMTS.
O	CA/N Investigation & Assessment training for Supervisors  CD000012	This in-service module will provide supervisors concentrated focus on the identification and response to specific types of CA/N, interviewing of children and	Referral to services; Preparation for and participation in judicial determinations; Placement of the child; Development of the	Agency Training room or contracted facility	Part time	CD PDTU	6 hours	Frontline Supervisors	\$5,000	Title IV-E funding as one source & distributed based on cost allocation plan and results of RMTS.

Initial/Ongoing	Course # & Title of Training	Brief Course Syllabus	Allowable Title IV-E admin. functions training activity addresses	Setting/venue for training activity	Duration category of training activity	Proposed provider of training activity	Specification/approximate # of days/hours of training activity	Audience to receive training	Estimated total cost/year	Cost allocation methodology
		adults, decision making during the response to CA/N, safety and risk assessment and case documentation. Skills Demonstration and Practice emphasis.	case plan; Case reviews; Case management and supervision;							
O	CA/N Investigation & Assessment training for Workers  CD000103 CD000104 CD000105 CD000106	In-service CA/N Investigation/Assessment Training: This 4-part in-service module will provide concentrated focus on the identification and response to specific types of CA/N. Various methods of instruction will be used to explore Critical	Referral to services; Preparation for and participation in judicial determinations; Placement of the child; Development of the case plan; Case reviews; Case management and	Agency Training room or contracted facility	Part time	CD PDTU	32 hours	CD Frontline staff	\$25,000	Title IV-E funding as one source & distributed based on cost allocation plan and results of RMTS.

Initial/ Ongoing	Course # & Title of Training	Brief Course Syllabus	Allowable Title IV-E admin. functions training activity addresses	Setting/ venue for training activity	Duration category of training activity	Proposed provider of training activity	Specification/approximate # of days/hours of training activity	Audience to receive training	Estimated total cost/year	Cost allocation methodology
		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. Skills Demonstration and Practice emphasis in conjunction with On the Job	supervision;							

Initial/Ongoing	Course # & Title of Training	Brief Course Syllabus	Allowable Title IV-E admin. functions training activity addresses	Setting/venue for training activity	Duration category of training activity	Proposed provider of training activity	Specification/approximate # of days/hours of training activity	Audience to receive training	Estimated total cost/year	Cost allocation methodology
		Training Assignments								
O	Family Centered Services for Intact Families Core In-Service for Supervisors  CD000013	This in-service module for supervisors will provide the knowledge and skills for a CD staff person providing service to In-tact families. Concentrated focus will be on engagement skills, safety/risk assessment and re-assessment, family support team meetings, family specific service plans, underlying issues/family functioning,	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;	Agency Training room or contracted facility	Part time	CD PDTU	6 hours	Frontline Supervisors	\$5,000	Title IV-E funding as one source & distributed based on cost allocation plan and results of RMTS.

Initial/Ongoing	Course # & Title of Training	Brief Course Syllabus	Allowable Title IV-E admin. functions training activity addresses	Setting/venue for training activity	Duration category of training activity	Proposed provider of training activity	Specification/approximate # of days/hours of training activity	Audience to receive training	Estimated total cost/year	Cost allocation methodology
		case planning and case documentation. Skills Demonstration and Practice emphasis.								
O	Family Centered Services for Intact Families Core In-Service for Workers CD000098	Complete CWPT and have 6-12 months on the job experience in working with intact families. In-service FCS for Intact Families: 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,	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;	Agency Training room or contracted facility	Part time	CD PDTU	14 hours	Frontline Workers	\$15,000	Title IV-E funding as one source & distributed based on cost allocation plan and results of RMTS.

Initial/Ongoing	Course # & Title of Training	Brief Course Syllabus	Allowable Title IV-E admin. functions training activity addresses	Setting/venue for training activity	Duration category of training activity	Proposed provider of training activity	Specification/approximate # of days/hours of training activity	Audience to receive training	Estimated total cost/year	Cost allocation methodology
		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. Skills Demonstration and Practice emphasis along with On the Job Training Activities								
O	Older Youth Training  CD000139		Referral to services; Preparation for and participation in judicial determinati	Agency Training room or contracted facility	Part time	CD PDTU	12 hours	Frontline Workers	\$16,000	Title IV-E funding as one source & distributed based on cost

Initial/Ongoing	Course # & Title of Training	Brief Course Syllabus	Allowable Title IV-E admin. functions training activity addresses	Setting/venue for training activity	Duration category of training activity	Proposed provider of training activity	Specification/approximate # of days/hours of training activity	Audience to receive training	Estimated total cost/year	Cost allocation methodology
			ons; Placement of the child; Development of the case plan; Case reviews; Case management and supervision;							allocation plan and results of RMTS.
O	Family Centered Services Out-of-Home Care/Older Youth for Supervisors CD000014		Referral to services; Preparation for and participation in judicial determinations; Placement of the child; Development of the case plan; Case reviews; Case management	Agency Training room or contracted facility	Part time	CD PDTU	6 hours	Frontline Supervisors	\$5,000	Title IV-E funding as one source & distributed based on cost allocation plan and results of RMTS.

Initial/Ongoing	Course # & Title of Training	Brief Course Syllabus	Allowable Title IV-E admin. functions training activity addresses	Setting/venue for training activity	Duration category of training activity	Proposed provider of training activity	Specification/approximate # of days/hours of training activity	Audience to receive training	Estimated total cost/year	Cost allocation methodology
			nt and supervision; Recruitment and licensing of foster homes and institutions							
O	Family Centered Services Out-of-Home Care/ Older Youth Training  CD000095 CD000096 CD000224		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	Agency Training room or contracted facility	Part time	CD PDTU	40 hours	Frontline Supervisors	\$15,000	Title IV-E funding as one source & distributed based on cost allocation plan and results of RMTS.

Initial/Ongoing	Course # & Title of Training	Brief Course Syllabus	Allowable Title IV-E admin. functions training activity addresses	Setting/venue for training activity	Duration category of training activity	Proposed provider of training activity	Specification/approximate # of days/hours of training activity	Audience to receive training	Estimated total cost/year	Cost allocation methodology
			licensing of foster homes and institutions							
O	Professional Ethics & Boundaries Training CD000117	"This 3 hour course explores the professional boundaries in Social Work and how the NASW Code of Ethics can help when boundaries are crossed. Participants will learn the concept of Socratic learning and how it can apply in supervisory situations, and a 3-step decision-making model to use in ethical dilemmas, and they will practice using the Code	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;	Agency Training room or contracted facility	Part time	CD PDTU	3 hours	Frontline staff and supervisors	\$6,000	Title IV-E funding as one source & distributed based on cost allocation plan and results of RMTS.

Initial/ Ongoing	Course # & Title of Training	Brief Course Syllabus	Allowable Title IV-E admin. functions training activity addresses	Setting/ venue for training activity	Duration category of training activity	Proposed provider of training activity	Specification/approximate # of days/hours of training activity	Audience to receive training	Estimated total cost/year	Cost allocation methodology
		of Ethics in varying situations."								
O	Domestic Violence Training  FS000026	This one-day course reviews the dynamics of domestic violence and provides information regarding local agencies that provide services related to domestic violence. This course is a one-day training session that is offered on an on-going basis at various locations throughout the state. The training is provided by staff	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;	Contracted facility	Part time	Contracted Provider	8 hours	Frontline staff	\$5,000	

Initial/Ongoing	Course # & Title of Training	Brief Course Syllabus	Allowable Title IV-E admin. functions training activity addresses	Setting/venue for training activity	Duration category of training activity	Proposed provider of training activity	Specification/approximate # of days/hours of training activity	Audience to receive training	Estimated total cost/year	Cost allocation methodology
		members or subcontractors of the Missouri Coalition Against Domestic Violence. This session is required for all staff responsible for administering the Temporary Assistance program.								
O	STARS Pre-Service, In-Service & Spaulding Training CD000015 CD000016 CD000017 CD000018 CD000019	This curriculum provides the knowledge and skills necessary to train prospective Foster/Adopt Parents. An overview and practice of the curriculum is provided.	Referral to services; Preparation for and participation in judicial determinations; Placement of the child; Development of the case plan; Case reviews; Case management	Agency Training room or contracted facility	Part time	CD PDTU	Total of 119 hours	Frontline staff and supervisors	\$100,000	Title IV-E funding as one source & distributed based on cost allocation plan and results of RMTS.

Initial/Ongoing	Course # & Title of Training	Brief Course Syllabus	Allowable Title IV-E admin. functions training activity addresses	Setting/venue for training activity	Duration category of training activity	Proposed provider of training activity	Specification/approximate # of days/hours of training activity	Audience to receive training	Estimated total cost/year	Cost allocation methodology
			nt and supervision; Recruitment and licensing of foster homes and institutions							
O	COA-Adoption Training	This training is designed to be flexible to meet the individual needs of each region. Training focuses on topics such as Federal Laws relating to adoption, ICWA Guidelines, MEIP?IEPA, State Laws, Permanency, Case Planning, Loss and Attachment Issues, Child Specific	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;	Agency Training room or contracted facility	Part time	Contracted Providers	4 hours	Frontline staff & supervisors	\$20,000	Title IV-E funding as one source & distributed based on cost allocation plan and results of RMTS.

Initial/Ongoing	Course # & Title of Training	Brief Course Syllabus	Allowable Title IV-E admin. functions training activity addresses	Setting/venue for training activity	Duration category of training activity	Proposed provider of training activity	Specification/approximate # of days/hours of training activity	Audience to receive training	Estimated total cost/year	Cost allocation methodology
		Recruitment, Adoption Staffing, Birth Family/Resource Family Preparation and other related topics.								
I	Basic Orientation Supervisor Skills Training HR000038	The transition to supervision is challenging. Becoming a supervisor often means experiencing changes in your relationships, roles, responsibilities, and routines. Effective supervision is a skill. It helps in the transition for the supervisor to understand some basic concepts and functions of effective	Development of the case plan; Case reviews; Case management and supervision	Agency Training room or contracted facility	Full time	HRC	40 hours	Frontline Supervisors	See Clinical Supervision	Federal funds & state funds

Initial/Ongoing	Course # & Title of Training	Brief Course Syllabus	Allowable Title IV-E admin. functions training activity addresses	Setting/venue for training activity	Duration category of training activity	Proposed provider of training activity	Specification/approximate # of days/hours of training activity	Audience to receive training	Estimated total cost/year	Cost allocation methodology
		supervision (i.e., planning, organizing, leading/directing, and controlling). This training will provide supervisors with the foundations of these critical management and supervisory skills.								
I/O	Clinical Supervision Training CD000101 CD000102	Competencies areas to be addressed are: Supervisor expectations, Characteristics and Change in roles; the Supervisors role in CWPT; Time Management; Supervision Styles; Strengths Based-Solution Focused Techniques to use with families	Development of the case plan; Case reviews; Case management and supervision	Agency Training room or contracted facility	Full time	CD PDTU	39 hours	Frontline supervisors	\$226,000 includes cost of CD courses and HRC course offerings	Title IV-E funding as one source & distributed based on cost allocation plan and results of RMTS.

Initial/ Ongoing	Course # & Title of Training	Brief Course Syllabus	Allowable Title IV-E admin. functions training activity addresses	Setting/ venue for training activity	Duration category of training activity	Proposed provider of training activity	Specification/approximate # of days/hours of training activity	Audience to receive training	Estimated total cost/year	Cost allocation methodology
		and staff; Case Consultation; Assessing for safety and risk of children during case consultations; Stages of Crisis Intervention; Critical Decision Making; Compassion Fatigue; Coping Strategies; Ethics in Child Welfare Practice; Professional Development and EPPA's; Use of Group Supervision; Group Process; Leadership. Part 3 Case Consultation is under development and will be offered later this								

Initial/Ongoing	Course # & Title of Training	Brief Course Syllabus	Allowable Title IV-E admin. functions training activity addresses	Setting/venue for training activity	Duration category of training activity	Proposed provider of training activity	Specification/approximate # of days/hours of training activity	Audience to receive training	Estimated total cost/year	Cost allocation methodology
		fiscal year.								
O	Learning Lab Workshops for Supervisors	Learning Lab Workshops for supervisors will provide ongoing professional development, offer frontline supervisors an opportunity to be trained in specific clinical supervision topics, and provide supervisors with the ability to problem-solve together through group discussions, action planning, and reviewing the effects of application in actual practice of their staff with the children and families we	Development of the case plan; Case reviews; Case management and supervision	Agency Meeting room or contracted facility	Part time	Contracted Provider	6 hours	Frontline Supervisors	\$80,000	Title IV-E funding as one source & distributed based on cost allocation plan and results of RMTS.

Initial/Ongoing	Course # & Title of Training	Brief Course Syllabus	Allowable Title IV-E admin. functions training activity addresses	Setting/venue for training activity	Duration category of training activity	Proposed provider of training activity	Specification/approximate # of days/hours of training activity	Audience to receive training	Estimated total cost/year	Cost allocation methodology
		serve.								

**SFY 12 Summary of "Legal Aspects" Trainings, July, 2011 to June, 2012**

Date	Training	Length	Location (Setting/Venue)	No. of Attendees	Child Welfare Professionals	Description
	CHILDREN'S DIVISION TRAININGS					
Ongoing	Legal Aspects of Investigations	2.5 days *	Agency training room or contracted facility	129	CD	This is a mandatory training for all investigators, their supervisors and management involved in substantiating child abuse and neglect by preponderance of the evidence (POE) or in providing the administrative review to uphold or reverse the finding of POE. The

Date	Training	Length	Location (Setting/Venue)	No. of Attendees	Child Welfare Professionals	Description
						<p>Critical Thinking portion for 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.</p> <p>Pre and post tests are used to evaluate: 1) whether the legal concepts and their application to practice as well as policies supporting them were imbedded in local practice and 2) the effectiveness of the training materials. Pre and post test are used to learn skill gaps and the training has flexibility to re-focus on the topics identified.</p>
Ongoing	Legal Aspects of Family Centered and Adoption Cases#	2.5 days through March 1.5 days in April *	Agency training room or contracted facility	117	CD, FCCM	<p>This training is for front line staff and supervisors working in Family-Centered (both intact and out-of-home) and adoption cases after completing basic training. It involves the 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.</p> <p>Pre and post tests are used to evaluate: 1) whether the legal concepts and their application to</p>

Date	Training	Length	Location (Setting/Venue)	No. of Attendees	Child Welfare Professionals	Description
						<p>practice as well as policies supporting them were imbedded in local practice and 2) the effectiveness of the training materials. Pre and post test are used to learn skill gaps and the training has flexibility to re-focus on the topics identified.</p> <p>While an attempt was made in April to transition the training to a mix of web-based (DVD) and in person training (1.5 days), a post evaluation determined the need for 2 days in-person training due to the importance of basic concepts of working with fathers and relative placements. The requirement of viewing 5 web-based (DVD) training topics prior to attending will continue. In June 2012, prior to attending the 2 day training, a competency test on the 5 web-based (DVD) trainings will be required with a process for the person to review any errors with their supervisor prior to attending.</p> <p>Estimated total cost for the year: approximately \$5340. The cost allocation methodology: Title IV-E funding as one source and is distributed based on the cost allocation plan and results of RMTS.</p>
Nov 3	CA/N Camp for Administrative Review De Novo Judicial Review	1 hours 1 hour *	Agency training room or contracted facility	31	CD – Southern Region CMs, RM, FSMs, Specialists	This training was held at the request of a RSM. It was narrowly focused on issues at the CANRB and case law that impact administrative review decisions at the circuit manager level

Date	Training	Length	Location (Setting/Venue)	No. of Attendees	Child Welfare Professionals	Description
						and above. A separate presentation was made on the litigation process in the De Novo Judicial Review cases and the division's responsibilities through that process.
Ongoing	<p>Legal Aspects DVD Series (now also web-based)</p> <ul style="list-style-type: none"> <li>• Legal Aspects – CA/N Camp #1</li> <li>• Legal Aspects- CA/N Camp #2</li> <li>• An Investigator's Survival Guide to Testifying</li> <li>• Legal Aspects of Concurrent Planning</li> <li>• Legal Aspects of Relative Placements</li> <li>• Breaking Through the Bars: The Incarcerated Parent</li> <li>• Legal Aspects of Who's Dad?</li> <li>• Legal Aspects of Mo Custody Laws</li> <li>• Legal Aspects – FAQs on TPR#1</li> <li>• Legal Aspects of Barriers to TPR and Adoption</li> </ul>	<p>**</p> <p>3.5 hours</p> <p>2.25 hours</p> <p>1 hour</p> <p>2 hours</p> <p>1 hour</p> <p>.5 hour</p> <p>1.75 hour</p> <p>1.25 hour</p> <p>1 hour</p> <p>1 hour</p> <p>1 hour</p>	Individually at their desk or in an Agency training room or contracted facility if used by the supervisor at meetings	<p>7</p> <p>New</p> <p>New</p> <p>2</p> <p>15</p> <p>4</p> <p>New</p> <p>New</p> <p>New</p> <p>New</p> <p><u>11</u></p> <p>32 total</p>	CD, FCCM	<p>The Legal Aspects DVD Series consists of 11 individual trainings which are now web-based as well as on DVD. These trainings may also be viewed as a reference whenever needed and are highly recommended for supervisors to use with staff. Power points and handouts are downloadable from the website. "The Legal Aspects of Who's Dad?" and "The Legal Aspects of MO Custody Laws" are popular basic topics from the Legal Aspects of Family Centered and Adoption in-person training that affect the basic day in and out decision-making of front line investigators as well as workers. "An Investigator's Survival Guide to Testifying" provides an experienced investigator's and trial attorney's perspective on what an investigator needs to know when testifying. "The Legal Aspects of Barriers to TPR and Adoption" illustrates the need for good family centered case work and legally sound decision-making. "Legal Aspects – FAQs on TPR" explains 4 of the TPR grounds through questions that illustrate how the elements of each</p>

Date	Training	Length	Location (Setting/Venue)	No. of Attendees	Child Welfare Professionals	Description
	<ul style="list-style-type: none"> <li>Legal Aspects of Adult Guardianships for Older Youth</li> </ul>					ground work. More trainings will be developed. The 2 CA/N Camps require supervisory participation and a sign in sheet for Chapter 210 credit. The other trainings are self-study and there is an acknowledgement process for credit. There is some question as to the amount of usage and the individuals need for training credit. The sign in sheet is a straightforward process, but the acknowledgement process is in need of improvement to make it clearer and easier for credit to be obtained. With the advent of requiring 5 of the trainings be viewed before attending in-person training we should be able to improve tracking of usage.
	<b>DIVISION OF LEGAL SERVICES TRAININGS</b>					
Jan 20	Legal Aspects Training FC/A for New DLS Attorneys	6 hours *	Statewide DLS Offices	3	DLS attorneys and contract attorneys	At the request of the Assistant General Counsel for DSS for new attorneys representing CD in the circuit courts.
June 21 x	Pathways to Preponderance of the Evidence: DSS/CD Hotline System	2 hours *	Statewide DLS Offices	Est. 30	DLS attorneys and contract attorneys	At the request of the Assistant General Counsel for DSS for their annual CLE program for their attorneys that represent CD in the circuit courts.
	<b>OSCA SPONSORED TRAINING</b>					
Ongoing	Courtroom Skills for Good Child Welfare	1.5 days	37 <sup>th</sup> Circuit 13 <sup>th</sup> Circuit	12 35	CD CD, FCCM	OSCA CIP training grant. This course is designed for new staff that may

Date	Training	Length	Location (Setting/Venue)	No. of Attendees	Child Welfare Professionals	Description
	Practice	*	33 <sup>rd</sup> and 34 <sup>th</sup> Circuit 35 <sup>th</sup> and 36 <sup>th</sup> Circuit 27 <sup>th</sup> and 29 <sup>th</sup> Circuits	27 29 <u>40</u> 143 total	CD, FCCM, CJO, JO attorneys, CASA CD CD, JOs, DJOs	testify in court. It addresses the dynamics of the courtroom, the players, the hearings process, an overview of evidentiary rules, courtroom etiquette and actual direct and cross examination on a case. The training was expanded to 1.5 days to include termination of parental rights (TPR), as new frontline staff caseloads include TPR cases. Those that are multidisciplinary were at the request of CD and JO.
Oct 14	Legal Aspects of Working with Incarcerated Parents	1 hour **	OSCA Webinar Statewide	57	JOs, DJOs	This webinar was part of OSCA Judicial Education "Trends" Series at their request. The training consisted of a power point and discussion about how the incarcerated parent has the same constitutional rights as any other parent toward their child and the need for and how to provide reasonable efforts, visitation and do good concurrent planning.
Ongoing	Fundamental Skills for MO Juvenile Justice Professionals – Child Abuse and Neglect	4 hours *	Statewide	25 <u>19</u> 44 total	DJOs and detention staff	OSCA Judicial Education provides new staff training for detention and deputy juvenile officer that includes a CA/N section. This training provides participants with the legal basics on the definitions of abuse, neglect, the meaning of mandated reporting and CD's role in protecting children.
April 3	Pathways to Preponderance of the Evidence: CD Hotline System	3 hours *	Statewide FCI	105	Judges, GALs, JO attorneys, JOs, DJOs, CD, FCCM, CASA	Requested by OSCA FCI at their statewide meeting to educate multidisciplinary partners on the legal basis for the hotline system and how CD substantiates hotlines, provides

Date	Training	Length	Location (Setting/Venue)	No. of Attendees	Child Welfare Professionals	Description
						services, protects children and works with the courts.
	MJJA SPONSORED TRAINING					
Oct 27	Juvenile Law TPR Case Law Review TPR Procedural Checklist and CMBR review	1 hour 1 hour *	MJJA State-wide Fall Conference	44	GALs, parent's attorneys, JO attorneys, JOs and DJOs, OCA, state representative	This training was part of the legal track for the conference. It was a review of new TPR and juvenile case law and its application to practice. Also, a procedural check list was trained on issues in TPR cases based on case law.
	MISSOURI OFFICE OF PROSECUTORIAL SERVICES SPONSORED TRAINING					
May 3	Why in the Heck Do They Do That? Successful Tactics in Collaboration with CD	1 hour *	Statewide	65	Law enforcement, prosecutor, JO attorneys, CD, DJOs, CAC, OCA	At the request of the Family Violence Resource Prosecutor, Missouri Office of Prosecutorial Services (MOPS) at their state-wide conference explaining the hotline system for successful collaboration with MDT members
May 30	The Ins and Outs of CA/N	2 hours *	41 <sup>st</sup> Circuit	Est. 37	Law enforcement, prosecutors, JO attorney, JO, DJOs, CAC, Judge, CD	At the request of the circuit manager for Multidisciplinary Team Training as part of circuit training to improve MDT practice.
	GAL/CLE TRAININGS AND OTHER CIRCUIT SPECIFIC TRAININGS					
Nov 10	Preponderance of the Evidence: Tipping the	2 hours **	19 <sup>th</sup> Circuit	10	CD, FCCM, JO attorney, OSCA,	Requested by the Circuit Judge for hotline training; FCI site.

Date	Training	Length	Location (Setting/Venue)	No. of Attendees	Child Welfare Professionals	Description
	Scales				GAL, Judge, Ct Admin.	
Nov 15	Legal Aspects in Child Welfare Cases	4 hours **	11 <sup>th</sup> Circuit St. Charles	30	CD, FCCM, JO, JO attorney, DJOs, GALs, parent's attorneys, Judge, CASA	Requested by GALs/Ct. Admin. to include basic permanency planning training on timeframes for hearings, FSTs and PPRTs; FCI site.
Dec 6	Courtroom Skills	2 hours **	19 <sup>th</sup> Circuit Cole County	Est. 30	CD, FCCM, DJOs	GAL and parent's attorney requested it and helped train it. FCI site.
Feb 23 Feb 24	Legal Aspects of TPR and Special Issues Working with Incarcerated Parent	4 hours **	31 <sup>st</sup> Circuit Greene Co	33 33 66 total	CD, DJOs, GAL, FCCM	Requested by CDJO; FCI site; different group each day. Materials included TPR, barriers to TPR and adoption, and working with incarcerated parents.
April 19	Legal Aspects of Permanency Planning and Concurrent Planning	6 hours *	41 <sup>st</sup> Circuit Macon and Shelby Counties	26	Judge, prosecutor, GALs, parent's attorneys, JOs, DJOs, CD, CASA	At the request of the JO to help resolve differing views on permanency planning and concurrent planning issues.
April 23	Legal Aspects of Permanency Planning and Concurrent Planning	3 hours **	26 <sup>th</sup> Circuit All 5 counties	30	GAL, CDJO, DJOs, CD, FCCM	At the request of FSM and CDJO; FCI site; to help resolve concurrent planning differences.
May 11	Pathways to Preponderance of the Evidence: CA/N Hotline System; Permanency Planning and Concurrent Planning	2 hours  1 hour *	11 Circuit Platte Co.; 7 <sup>th</sup> Circuit Clay Co.	33	GALs, parent's attorneys, Judge, JO, CD-CM	At the request of the JO for their GAL/CLE training for very basic concepts for new GALs on permanency planning and concurrent planning and training on the hotline system.
May 16	Pathways to Preponderance of the Evidence: CA/N	1 hour	17 <sup>th</sup> Circuit Cass Co.	Est. 45	GALs, parent's attorneys, Judge, JO, CD-	At the request of the JO attorney for GAL/CLE training on basic permanency planning issues and on

Date	Training	Length	Location (Setting/Venue)	No. of Attendees	Child Welfare Professionals	Description
	Hotline System; Permanency Planning and Concurrent Planning	1 hour *			RM	the hotline system.
June 15 x	Legal Aspects of Non-offending Parents, Relative Placements and Incarcerated Parents	2.25 hours *	42 <sup>nd</sup> Circuit	Est. 30	GALs, Judges, parent's attorneys, JO	At the request of the JO for GAL/CLE training on non-residential/non-custodial fathers, relative placements and the need for working with incarcerated parents.
June 18 x	CA/N Hotline System	1.5 hours **	45 <sup>th</sup> Circuit	Est. 20	CD, School administrators,	At the request of the CD circuit manager for school administrators on the legal underpinnings of the hotline system as an explanation for how and why CD provides services and keeps children safe in the manner they do.

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All training provided are by the Legal Issues Training Coordinator with an attorney co-trainer for each of the courtroom skills. Some of the DVDS/web-based trainings and include a CD trainer or other CD staff as a guest presenter. Hotline training topics usually include other CD staff.

Duration category of training activity:

\* full time; \*\* part time; \*\*\* short term

# Allowable Title IV-E administrative function training activity addresses: concurrent planning, introduction to termination of parental rights, 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

x future trainings within SFY12.

The trainings were held in agency training rooms, meeting rooms or contracted facilities, unless otherwise noted.

### **Proposed CASA Training**

In July 2010, CD received a proposal from the Missouri Court Appointed Special Advocate (CASA) Association to inquire about possible Title IV-E funding to cover training costs for CASA volunteers. The training curricula were sent to the federal Department of Health and Human Services (DHSS) to determine statutory allowability per the Social Security Act. From this determination, it was concluded that parts of the curricula were excluded from Title IVE allowable claiming.

At the current time a draft contract is being developed and will be proposed to Missouri CASA with a potential begin date of July 1, 2012. The contract will contain specific allowable criteria as identified by the DHSS based on statutory provisions at section 474(a)(3) of the Social Security Act, regulatory provisions at 1356.60(b), and the Child Welfare Policy Manual section 8.1H.

Below are the training plan requirements for the upcoming CASA training:

- A brief, one-paragraph syllabus of the training activity  
*Missouri's CASA programs provide 30 hours of training to pre-screened volunteers using the National CASA/GAL Association Volunteer Training Curriculum. This curriculum provides a base of knowledge and skills so that volunteers may advocate for the best interests of abused and neglected children. Specifically, the training addresses the role of the CASA volunteer, how to recognize child abuse and neglect, the relevant laws and court procedures, understanding families, developing cultural competence and communicating with courts and others as a CASA volunteer.*
- Indication of the specifically allowable title IV-E administrative functions the training activity addresses  
*The National CASA volunteer training curricula is an allowable Title IVE expense with the exception of "Introducing the CASA/GAL Volunteer Role" and "Pulling it All Together" which are partially allowable. Allowable expenses are pending approval through an upcoming detailed contract.*
- Description of the setting/venue for the training activity  
*There are 22 local CASA programs in Missouri. Each local program will be providing the CASA volunteer training to their prospective volunteers. Many of the local programs are able to provide the training in conference rooms that are part of their office space. Other programs must rent conference rooms to provide the training.*
- Indication of the duration category of the training activity (i.e., short-term, long-term, part-time, full-time);  
*The CASA volunteer training is a 30-hour short-term training program.*
- Description of the proposed provider of the training activity  
*As noted above, each of the 22 local CASA programs provide the CASA volunteer training. In most programs, the training is provided by a staff member of the CASA program. This staff member is usually the program director or the volunteer coordinator. Some programs hire consultants to provide some portions of the training.*

- Specification of the approximate number of days/hours of the training activity  
*As noted above, each of the 22 local CASA programs provide the CASA volunteer training. The training takes a total of 30 hours. The programs each determine their own schedule for the training. For example, some programs may offer 3-hour training sessions for 10 weeks. Other programs offer longer training sessions on Saturdays.*
- Description of the audience to receive the training  
*CASA volunteer training is provided to pre-screened volunteers. Each prospective volunteer must complete an application, an interview with CASA program staff and a background check. Each CASA program conducts this screening process for their volunteers.*
- Description of the estimated total cost  
*It costs approximately \$431.75 to train a new CASA volunteer in Missouri. The Missouri CASA Association asked the local CASA programs to provide them with their training costs for one year and calculated this average per volunteer cost based on the responses they received. In 2011, 425 new volunteers were trained in Missouri. The estimated total cost for training in 2011 was \$183,493.75*
- Cost allocation methodology applied to training costs.  
*In 2007, the Missouri CASA Association began receiving a state appropriation. Each local CASA program has received at least \$5,000 of the appropriation each year. In order to receive this funding, the Missouri CASA Association requires the local CASA programs to complete an annual application. In this application, each program will be required to use the \$5,000 from the state appropriation for volunteer training costs and include details of their plans in a proposed budget. These expenses will include salary for staff for the portion of their time spent on training activities, salary for outside consultants to provide CASA volunteer training, training space rental fees, costs to print training manuals and other training supplies.*

*The Missouri CASA Association will collect documentation from each program detailing when volunteer sessions were held and the names of volunteers who completed the training. Based on the documentation collected, the Missouri CASA Association would submit the training expenses on a per volunteer basis for Title IV-E reimbursement. As noted above, the Missouri CASA Association would request reimbursement for \$431.75 for each trained volunteer. The total expenses submitted will not exceed the match funding of \$110,000 (\$5,000 x 22 programs).*

### **Technical Assistance**

#### **Technical Assistance for Greene County**

Staff from Central Office conducted a sequence of written correspondence, telephone conferences and face to face consultations with field administration in Greene County. This resulted in the compilation of core implementation components specific to Greene County utilizing the theoretical constructs of implementation science, specifically implementation fidelity. These findings were disseminated with the county's field administration, while also integrating the practical application of Learning Curve theory. Central Office staff worked with the local Field Administration to complete basic logic models to construct Specific, Measureable, Action-Oriented, Realistic and Time-Limited (SMART) goals, objectives and action steps related to the circuit's local strategic plan to address the areas of identified need related primarily to workforce retention and development. Staff from Central Office then completed an external, mixed-

method research design (including interviews and focus groups) with every Greene County Children's Service worker and supervisor in the Child Abuse/Neglect (CA/N) Investigation and Family Assessment Unit per the circuit's request. The research design was intended to uncover the circuit's challenges with workforce retention and development specific to that unit, in order for the local field administration to become better informed to address the presenting concerns and strengths and be empowered to improve retention and development of their workforce.

According to the Greene County Circuit Manager, events which have taken place thus far include:

Qualitative survey data was presented to CA/N staff.

- Workers were given an opportunity to share their opinions on ways to improve their work environment and how management could increase their satisfaction level.

The following worker recommendations that were directly related to survey data have been/are being implemented.

- Shift work (10 hour days and weekend shifts).
- Development of more generalized workers (CA/N & FCS generalized positions).
- Individualized OJT provided by designated CA/N specialist.
- Additional CA/N allocations.
- Exploration of developing specific "CA/N trainers" for new staff.

#### Technical Assistance for SACWIS Resource and Financials

Resources and Financials SACWIS data converted to a new FACES data structure on August 1, 2010. Beginning in SFY11 and continuing to date, the Program Development Specialist over the resource licensing program area went to circuits in every region of the state addressing those workers who enter the data for licensing and renewals in FACES in order to provide hands-on instruction and troubleshooting guidance to utilize FACES to support child welfare policy and improve outcomes of safety, permanency, and well-being for foster youth and foster families.

#### Technical Assistance for FACES Data Entry related to MoHealthnet

Training for MO HealthNet/Managed Care related issues was provided to eighteen St. Louis County adoption/guardianship specialists and supervisors, licensing workers and one program manager on February 16, 2012. Training addressed the impact of how timely and accurate data entry into FACES affects other systems and a child's medical coverage.

#### Technical Assistance from QA/QI Specialists to Field Staff

Missouri is using QA and QI Specialists to assure inter-rate reliability for case review when determining progress for the PIP. After the review is completed, a post review coaching session is held by the specialists with the assigned supervisor to compare results and provide feedback and guidance. This feedback and guidance is one of many aspects of technical assistance provided to field staff through coaching and mentoring.

Coaching has become a priority focus for QA and QI as a result of feedback from the Children's Bureau. While using the data for developing strategies has been included in the CD structure from the beginning, coaching was not specifically emphasized until now. Coaching is a process which provides the link from data to improved practice. Coaching was built into the "Q-review" process which was discussed previously and is now an expectation across the board. Coaching is a category the specialists can select on the outlook calendar, which provides the unit managers the ability to more closely monitor routine coaching activities and the opportunity to provide feedback on the coaching. With specific coaching activities tracked, the unit managers

will have the ability to link coaching efforts to improved outcomes through monitoring data for specific areas of practice. If coaching efforts can be directly linked to improved practice, the unit managers would expect to see increased buy in and improved coaching efforts by QA and QI staff. This has already begun through feedback on QA and QI performance measures during the first two quarters of CY12. According to the outlook calendar monitoring log, QA and QI specialists held 117 coaching events since the PIP started on October 1, 2011.

### ***NRC Technical Assistance***

#### *NRC for Organizational Improvements and NRC for Data and Technology*

For the second round of the CFSR, CD did not reach substantial conformity for the Service Array Systemic Factor, specifically for service individualization and accessibility. In an effort to improve service array, technical assistance (TA) was sought from the National Resource Center for Organizational Improvements NRCOI and the National Resource Center for Data and Technology (NRCDT) to develop improvement strategies.

One of the strategies recommended by the NRCOI was to build service array capacity through a prescribed model. Partnerships are found in every Missouri circuit, however CD does not have a specific model for building partnerships nor do they focus on impacting outcomes while building service capacity. Two Missouri regions were selected as pilot sites to begin the Service Array work. The pilot sites are composed of ten circuits in the southwest corner of the state and the St. Louis region, both the city and county.

In addition to selecting two sites, the service array model required a state-level committee or workgroup to assist in overcoming service barriers not resolvable at the local level. The CFSR Advisory Committee was identified as the best-fit for this responsibility and the committee accepted the challenge.

#### *Initial Activities*

On May 17, 2011, the two NRCs met with the Southwest circuit managers to introduce the model for building service array capacity through community partners and connect impact to outcomes. Additionally, the Southwest would need to nominate a liaison to report progress to the CFSR Advisory group. This will keep the lines of communication open.

On May 18, 2011, the NRCs met with the CFSR Advisory Committee to propose expanding their scope of work. This responsibility was to address service array issues not resolvable at a local level. The committee wholeheartedly assumed responsibility for this task and was willing to form a sub-committee to assist in preparing a toolkit to step pilot sites through the service array model. The toolkit was released on June 30, 2011 to the three regional directors over the selected service array project sites.

On May 19, 2011, the NRCs met with the St. Louis region's Directors, Program Managers, Quality Assurance and Quality Improvement Specialist and supervisors. The NRCs repeated the introduction to the concept of building service array capacity and the connection to outcomes. Since combining St. Louis City and County, there were unique challenges to consider. The Regional Directors needed time to discuss steps to connect this project and key community stakeholders. As in the Southwest, the St. Louis Regional Directors needed to nominate a liaison to report progress to the CFSR Advisory group.

#### *Service Array TA Workplan*

A workplan was developed and split tasks into two tracks. Track one focused on the state-level committee (CFSR Advisory Committee) to: 1) develop supports for circuit managers 2)

monitor/oversee service array improvements state-wide, and 3) address and overcome barriers to improve the service array issues which cannot be resolved at the local level. Track two focused on Circuit Managers/Regional Directors as change agents to improve service array in using data to monitor progress and the community to assist and support families.

Thus far, the NRC has held two webinars and several conference calls (began monthly, now quarterly) to assess sites' progress.

Currently, all sites have selected an outcome they want to impact through increased service array. Most sites have built or are in the process of building a jointly prepared work plan, with internal and external key stakeholders. All sites are in agreement this process has taken longer to achieve than predicted due to the challenges of bringing all key players to the table at the same time. When some community people are not able to make a scheduled meeting, the next meeting is devoted to recapping the last. Therefore the movement within the project sites is slower than expected. All sites have been able to overcome this issue but it has been time consuming and progress has been hindered.

Using the six step abbreviated service array capacity building method kept the sites focused on one event or accomplishment at a time. However, currently circuits are struggling keeping the momentum. The CFSR sub-committee has discussed some ideas to help keep the interest of the community, thus protect circuit investment in this process. The sub-committee will be formalizing these ideas and sharing with project sites in the near future. Some of their ideas include: using personal stories of children in foster care relating to the identified service or outcome, tying in cost savings to the outcome impact, and providing community members assignments and asking, "What can we do for this child?" and, using hypothetical scenarios. Another idea was preparing a charter for the community so they will have ownership for the process.

One of the goals of the service array project was to form a community of practice. While this idea had not been presented to either of the pilot sites, there is a natural formation taking shape, both internally and externally. More exploration into this goal will be forthcoming.

#### *NRC for Judicial and Legal Issues*

Through the CFSR findings, court barriers to achieving best practice were identified. These barriers varied from circuit to circuit yet some specific barriers were occurring in multiple circuits. Partnering with the Office of State Courts Administrators (OSCA), specifically the Juvenile Court Improvement project was necessary to remedy these issues. Exploration of other states processes assisted in the planning process. The plan was to bring as many judges, juvenile officers, CD circuit managers, attorneys, Guardian ad litem, court appointed special advocates, etc. in one place to brainstorm strategies to overcome barriers to timely permanency and notification to caregivers. The meetings were called Permanency Summits and were held in the eastern and western side of the state. From the beginning of the planning process the desire was to mandate each of the 45 circuit team's attendance. On April 4, 2012, Chief Justice, Richard B. Teitelman wrote a letter to each presiding judge in all 45 circuits to "require" all judges and commissioners to attend. Following this, OSCA sent registration information which asks for "teams" of eight to ten people to attend. While at the summit, Judge Stephen Rubin from the National Resource Center for Judicial and Legal Issues, a renowned national speaker, discuss the federal requirements and how decisions in court rooms affect children and the child welfare system.

The Permanency Summits were held in the Kansas City area on June 4, 2012 and in St. Louis on June 6, 2012. There were over 450 attendees. At the summits each circuit team identified barriers and developed improvement strategies. Some of this work was accomplished at the summit with some follow-up needed. The strategic plans from each circuit are due to OSCA on July 23, 2012.

#### *NRC for Child Protective Services*

Greene County, Circuit 31, requested assistance from an expert to train the Framework for Safety model and philosophy. The reason for the request was due to a significant increase of children coming into foster care. Management from Circuit 31 felt the need to increase their safety decision making foundation so decisions about children entering and exiting care could be achieved. There were about 100 participants involved and the Fostering Court Improvement Grant from OSCA paid for training. Missouri's goal is to implement the Framework for Safety model, which is applicable across all programs and among all child welfare professionals and incorporates safety and risk into critical decisions reducing child maltreatment and increasing safety of children.

#### **Technical Assistance Needed**

Currently, Missouri has requested assistance from the NRC for In-Home services is an effort to strengthen family engagement throughout all program areas. In addition, technical assistance is being sought from NRC for Judicial and Legal Issues and Child Protective Services to create a curriculum on Framework for Safety for Judges and Attorneys. Planning to develop a system-wide structure supporting the Framework for Safety philosophy is occurring.

#### **Research Committee**

The Children's Division permits research and release of data involving persons served. In doing so, however, CD 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 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 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. 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*

1. University of Missouri Columbia-Missouri Institute of Mental Health  
Circle of Hope: Keeping Children Safe and Families Together

The purpose of this project is to increase the well-being of and improve the permanency outcomes for children affected by methamphetamine or other substance abuse within Missouri's

Southwestern Region. Specifically, Kids Hope United-Circle of Hope (COH), the federal recipient, will augment the current regional interagency service delivery infrastructure by using the Strengthening Families Approach to provide seamless, integrated, family-centered services. The intended results are to create an improved framework of support at the state and regional level, develop a service delivery system beyond inpatient/outpatient (CSTAR) services for this target population who are at risk of losing their children, and to increase client well-being through long-term stabilization and positive behavioral changes.

## **2. 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 necessary 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 CD on all youth participants. A Memorandum of Agreement was enacted between CD 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 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.

An 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 NSCAW I and II.

By participating in NSCAW, states and agencies, including CD, have contributed to this 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 uses 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 will 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 on 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.

### 5. 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, and prevent 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 CD staff. 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.

### 6. 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.

### 7. Washington University: Violence Prevention for Adolescent Girls with Prior Maltreatment

The goal of the Violence Prevention for Adolescent Girls with Prior Maltreatment project is to address a critical gap in the theoretical and empirical literature by adapting an evidence-based trauma treatment program for adolescent girls who have experienced maltreatment which targets prevention of later violence. Information will be obtained through a randomized controlled evaluation of a trauma focused cognitive behavioral therapy (TF-CBT) intervention for girls in the child welfare system. The study will test whether an evidence-based group format of TF-CBT, used in community settings, is effective in reducing trauma symptoms in adolescent

girls in the child welfare system, replacing maladaptive coping strategies, reducing aggressive/violent behaviors, intentions and beliefs, and increasing self efficacy and social problem solving skills.

**8. St. Louis University, Washington University: Vanguard Phase of the National Children's Study (NCS)**

The National Children's Study (NCS) is a planned observational longitudinal study that will enroll and follow a nationally representative sample of approximately 100,000 children born in the U.S. to participating women from before birth through their 21<sup>st</sup> birthday. The goal of the NCS is to provide information which will ultimately lead to improvements in health, development, and well-being of children. The primary aim of the NCS is to investigate the separate and combined effects of environmental exposures (chemical, biological, physical, and psychosocial) as well as gene-environment interactions on pregnancy outcomes, child health and development, and precursors of adult disease. The NCS Vanguard Study is designed to determine the feasibility, acceptability, and cost of the elements that will form the main study.

**9. Washington University: The SPOT**

A Memorandum of Understanding between St. Louis City and St. Louis County Children's Division and Washington University: The SPOT supports the achievement of the objectives of the Teen Pregnancy Prevention Initiative which will provide pregnancy prevention interventions and medical care services to youth in the foster care system.

Washington University—The SPOT—agrees to provide a 30 day comprehensive medical assessment and follow up care consistent with a medical home model, implement evidence-based pregnancy prevention intervention and booster sessions, provide a multi-disciplinary team approach to meet the needs of foster care youth, participate in the multi-disciplinary Family Support Team meetings to assist with establishing care plans and health care goals, and provide additional resources to participate in the initiative and offer case management services to coordinate and link youth to additional community resources.

## **Consultation and Coordination Between Tribes and States**

### **Consultation**

Missouri does not have federally recognized Indian tribes in the state. However, there are two Missouri Indian Centers-- Kansas City Native American Indian Center and the Springfield 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 developments.

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

Missouri increased efforts to ensure that Chafee services were received by Native American youth in SFY12 by monitoring this from biannually to quarterly. The Independent Living Coordinator receives an excel spreadsheet of all youth in care and creates new spreadsheets for each region of Native American youth and sends it to the Older Youth Transition Specialist (OYTS) in the respective region. The OYTS follow up with the Children's Service Workers of each of the youth. The Children's Service Workers report back on whether the youth is referred for Chafee services, and if not, the reason and anticipated date of referral, other older youth program services the youth is receiving, such as ETV, and if the youth is involved in the local leadership board or State Youth Advisory Board. If a youth is not referred, follow up continues until the youth is referred. As of February, 2012 all Native American eligible youth were receiving Chafee services per policy. In SFY13, quarterly monitoring will continue to ensure that Native American youth receive services.

In SFY12, there were approximately 22 older youth identified as Native American. Of these 22, one youth became a member of the State Youth Advisory Board. Two other Native American youth came to a meeting for potential election as representatives from their local board but opted not to join at the state level. Missouri is pleased to have a youth of Native American descent on the State Youth Advisory Board for SFY13.

### **Collaboration**

The Children's Division continues to work on developing a written notice specifically outlining Federal Regulations in any involuntary court proceeding where the identity and location of the child's Indian parents, custodians or tribe is known. Notice would be sent prior to pending proceedings and include their right to intervene with copies sent to the Eastern Regional Office, Bureau of Indian Affairs (BIA). In those cases where the parents cannot be located or the tribe is not known, notice of the proceedings will be sent to the Eastern Regional Director in Nashville, TN. A judicial notice, under development, which includes all Federal Regulations, would be sent to the BIA, Juvenile Office and Judge in cases where the child is eligible for tribal membership. Judicial notice would be taken in the first 90 days and would apply for the duration of the case.

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 takes jurisdiction. In any juvenile court proceedings, the Native American custodian or tribe for 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 Native American youth recruitment for local and the state youth advisory board (SYAB). Strengthening both local and SYAB recruitment continues to be a focus area for the CD. In SFY12, there were approximately 22 older youth with Native American Heritage. Of these 22, one youth became a member of the State Youth Advisory Board. Two other Native American youth came to a meeting for potential election as representatives from their local board but opted not to join at the state level.

All benefits, services and programs are made available to Indian youth in the state on the same basis as other youth. Missouri increased efforts to ensure that Chafee services were received by Native American youth in SFY12 by monitoring this from biannually to quarterly. The Independent Living Coordinator receives an excel spreadsheet of all youth in care and creates new spreadsheets for each region of Native American youth and sends it to the Older Youth Transition Specialist (OYTS) in the respective region. The OYTS follow up with the Children's Service Workers of each of the youth. The Children's Service Workers report back on whether the youth is referred for Chafee services, and if not, the reason and anticipated date of referral, other older youth program services the youth is receiving, such as ETV, and if the youth is involved in the local leadership board or State Youth Advisory Board. If a youth is not referred, follow up continues until the youth is referred. As of February, 2012 all Native American eligible youth were receiving Chafee services per policy. In SFY13, quarterly monitoring will continue to ensure that Native American youth receive services.

The CD continues to seek input and feedback from two Missouri Indian Centers, Kansas City Native American Indian Center and the Springfield Indian Center. A CD 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's representatives participate in the CFSR Advisory Committee to provide feedback on the CFSP.

In the FACES system, a Family Support Team screen requires the case manager to select a "yes" or "no" as to whether the child has Native American heritage. This information may come from self-disclosure by family, family member or if applicable, the child. When the worker checks the "yes" box, a text box appears for the case manager to report how this information was obtained and through what source. A specialist in Central Office requests a report, twice per year, from Research and Evaluation on all cases indicating Native American Heritage. The specialist reviews the case contacts and narratives to ensure Indian Child Welfare Act (ICWA) compliance. If compliance is not met, the specialist contacts the case manager and works together to move the case towards ICWA compliance. As of March 31, 2012, there were 82 foster children in Missouri with self identified Native American heritage. Twenty-six of those children are registered tribe members .

### **Health Care Services**

*Early Periodic Screening, Diagnosis, and Treatment (EPSDT)* screenings are known in Missouri as Healthy Children and Youth (HCY) screenings, or well-child checkups. Missouri currently utilizes the EPSDT guidelines to ensure children in care have developmental assessments as well as vision, dental, and hearing services as outlined below. However, children in CD custody from birth to age 10 are required by Missouri Statute to receive physical, developmental, and mental health screenings every 6 months following the initial health examination. This statute requires some children to have screenings more frequently than the EPSDT guidelines require. Recently, the Division has encountered challenges with the MO HealthNet Division (MHD) refusing to cover the cost of these additional screenings unless a physician determines they are medically necessary. The MHD and CD are currently working on an agreement to ensure children are being assessed as required by law.

The initial health examination should occur within 24 hours of a child coming into care. If a provider is not readily accessible, the initial health examination must occur within 72 hours of the initial placement. The purpose of the initial examination is to identify the need for immediate medical or mental health care and assess for infectious and communicable diseases however, the initial exam does not need to be a complete HCY exam. The complete initial HCY health exam must be conducted within 30 days of the child's entry into care.

The recommended frequency for HCY screenings is as follows:

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 (HCY) 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 and mental health screening
- Fine motor/gross motor skills screening
- Hearing, vision, and dental screening

The Children's Service Worker initiates services to address any immediate needs identified by parents, child, and/or resource provider. It is the Children's Service Worker's responsibility to ensure that children in CD custody receive the appropriate screening, assessment, and follow-up services as necessary. If health needs are identified through the initial screening or assessment, including trauma, treatment will be sought immediately.

#### *Trauma Informed Practice*

Research suggests that exposure to trauma can impact children's physical health, emotional health, learning, behavior, and social skills. As an agency which provides child welfare services, CD and their contractors should be aware of the impact of trauma on children and families and should educate partners about the impact of trauma. Two groups in Missouri are currently exploring the use of trauma informed practice. Great Circle, a stakeholder of CD has been selected as a participant in the National Council for Community Behavioral Health's Trauma-Informed Practices Learning Community. In partnership with CD, this group will explore:

- Early assessment and screening
- Expansion of consumer involvement and empowerment
- Developing workforce awareness, knowledge and skills
- Implementation of trauma-informed evidence based practices and services
- Creating safe and secure physical and social environments
- Providing community outreach and partnership building
- Ongoing performance improvement and evaluation/sustainability

The second group based in St. Louis, Missouri is focused on bringing Trauma Informed Care to the child welfare staff and resource families of St. Louis. This group was developed under a training initiative sponsored by the Leadership Academy for Middle Managers in June, 2011 to establish a joint plan for piloting a program in St. Louis which would develop training opportunities, select a screening tool, and assess for policy or practice challenges. Goals of the initiative include:

- Increasing staff and resource provider awareness of recent research regarding the effects of trauma on emotional and psychological development and inform that most of the children in foster care are directly affected by some form of trauma
- Increase effectiveness of worker and caregiver abilities to discern the difference between trauma symptoms/behaviors and those which require psychiatric interventions
- Effectively seek appropriate therapeutic and psychiatric treatment for trauma symptoms

Therapists in the St. Louis region are currently being trained on trauma informed practice. The tools these therapists utilize in assessment are from the National Child Traumatic Stress Network (NCTSN). There are merits to using the NCTSN training curriculum and screening tool as it was developed specifically to assist child welfare staff in meeting the federal outcomes associated with the CFSR. Based on the findings from this pilot, recommendations will be made to management to bring trauma informed practice to staff and stakeholders statewide. The Division is in the development phase for utilizing trauma informed practice. As a result, some of the items in the program instruction will need to be developed.

#### *Transition Planning*

The goal of transition planning is to identify and arrange for anticipated service needs for older youth who will soon be exiting from foster care. Youth who have a comprehensive plan are better equipped to transition successfully from foster care to self-sufficiency. To prepare youth for their exit from the foster care system, the case manager or service worker meet with the youth to complete exit planning 90 days prior to release from custody. Youth need to be 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. This can be done by a health care power of attorney, health care proxy, or other similar document recognized by state law and youth should be educated as to how to execute such a document if the youth wants to do so. An exit packet is given to youth prior to exiting from care. The exit packet must contain information regarding eligibility for extended MO HealthNet coverage, durable power of attorney for health care and health care directive, and additional resources pertinent to their own geographic areas such as services for disabilities, childcare, and welfare services.

#### *Documentation*

Copies of the screenings and assessments are maintained in the child section of the case record. Medical documentation including the screenings and assessments are obtained prior to FST meetings for the purpose of sharing information. Staff also discuss any changes in the child's medical status with the FST. All medical needs identified are discussed with the team. The date of the initial physical examination and the date of the last physical examination are entered on the Medical Information screen in FACES. The Children's Service Worker must ensure that all initial medical information is given to the resource provider within 72 hours of the child coming into care if possible, but no later than 30 days following placement.

#### *Coordination*

The Children Division is coordinating with DMH and MO HealthNet Division to provide consistent comprehensive care to each child in a foster care placement. The work, ongoing with both of these departments, is designed to meet physical and mental health and dental care needs for children in the foster care system. It is proposed 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.

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 CyberAccess. The Division has been in communication with MO HealthNet to explore ways to expand access to health information for children in foster care. Currently, select CD staff have access to CyberAccess, a web-based tool which allows staff to track the medical history of children in foster care. CyberAccess provides the user with the medical and drug claim history of the child including procedures and diagnoses, the names of professionals who have prescribed medicine, and the pharmacies which have filled prescriptions. This tool is currently being discussed with CD management to determine if all staff statewide can be provided access to this program. Currently, the selected staff with access provide copies of each foster child's electronic record to the case manager.

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 who can assist in assuring best medical planning and follow through for children in foster care.

The Children's Division is collaborating with the MO HealthNet Division to co-facilitate a Healthcare Coordination Committee (HCC). The HCC is comprised of physicians, pediatricians, dentists, therapists, health care professionals, foster youth, private case management contracted staff, and representatives from CD, MHD, and DMH. The Committee has been meeting since March, 2010, to discuss oversight and coordination of health care services to foster youth, including physical, mental health, and dental care, as outlined in P.L. 110-351. It is proposed this coordination can be achieved by utilizing an electronic data system and a review of foster child health records by medical staff for every child as a part of routine reviews and case planning. The Committee plans to educate healthcare professionals and case management staff on the importance of collaboration and continuity of care for foster youth.

#### *Psychotropic Medications*

Properly prescribing and monitoring psychotropic medication among children in foster care is an important component to health care coordination. The Children's Division in conjunction with DMH is exploring the use of psychotropic medications among children in foster care. While medication can be an important component of treatment, oversight is necessary when addressing the needs of children who have experienced maltreatment. This work is in the early stages of discovery. The Children's Division has met with DMH to discuss this issue and identify a protocol for monitoring the utilization of psychotropic medication. The examination consisted of exploring age counts, medication counts and costs, diagnosis counts and costs, and prescriber information. The next steps will be to determine which combination of medications is most problematic and make practice decisions as a result of the findings.

DMH utilizes a Behavioral Pharmacy Management Program (BPM), which provides feedback to Missouri prescribers of psychiatric medication to help doctors make the best possible decisions in treating patients with psychiatric medications. DMH is currently revitalizing their BPM program. The work began in November of 2011 and efforts are ongoing.

Because the Division is still in the exploration phase for psychotropic medications, some of the items requested in the program instruction (PI) cannot be answered, but the PI will be used as a guide when developing protocols.

### *Health Homes*

In January of 2012, the health home model was introduced to staff, foster parents, and treatment providers. A health home employs a wrap around approach to the delivery of health care services by utilizing a network of healthcare professionals, who work collaboratively to assist in identifying health and mental health needs and to provide services to parents and children to meet those needs. The components of a health home are: comprehensive care management, care coordination, transitional care, patient and family support, and referrals to community and support services. The first phase of the model, the community mental health phase, was implemented in January 2012. The primary care health home phase was implemented in February 2012. Some eligible children and parents were automatically enrolled. Others who may qualify may enroll at anytime.

### *Personal Responsibility Education Program (PREP)*

Section 2953 of the Patient Protection and Affordable Care Act of 2010, Pub. L. No. 111-148, which adds Section 513 to Title V of the Social Security Act and is codified at 42 U.S.C. § 713, authorizes the Personal Responsibility Education Program (PREP). In 2010, Missouri Governor Jay Nixon named DHSS as the designated state agency to administer and coordinate PREP, including DHSS and DSS collaborative efforts to serve youth in and aging out of foster care.

PREP funds must be used to educate adolescents on both abstinence and contraception to prevent pregnancy and sexually transmitted infections (STIs) including HIV/AIDS, and at least three of six adulthood preparation subjects. These subjects include: healthy relationships, adolescent development, parent-child communication, healthy life skills, financial literacy, and education and career success. Missouri's approved PREP State Plan allocates funding to provide evidence-based teen pregnancy prevention education programs to adolescents ages 14-18 receiving Chafee Foster Care Independence Program (CFCIP) services which address many of the adulthood preparation subjects.

In 2012, DSS, Children's Division entered into a Memorandum of Understanding (MOU) agreement with the DHSS for the purpose of providing PREP program services, specifically the Making Proud Choices (MPC) program (see program description in paragraph below) to selected foster care youth. The Children's Division, through contract amendments with Chafee providers (The Community Partnership and the Local Investment Commission [LINC]), began implementing the MPC program to serve youth and meet the program requirements of the PREP grant. Thus far, the Community Partnership and LINC staff designated to implement the program has been able to complete the MPC training curriculum and has just begun serving youth. The Community Partnership has provided the MPC program to eight youth otherwise being served through the CFCIP and plans to present the program to a total of approximately 40 selected youth. LINC is presently in the planning phase of presenting the MPC program to approximately 50 selected youth also receiving services through the CFCIP.

"Making Proud Choices: A Safer-Sex Approach to Reducing STDs, HIV, and Pregnancy", is an eight-module curriculum designed to empower adolescents to change their behavior in ways that will reduce their risk of becoming infected with HIV, other STDs, and significantly decrease their chances of being involved in unintended pregnancies. The curriculum acknowledges that abstinence is the most effective way to eliminate these risks. However, realizing that

abstinence is not the path that many young people will choose, the curriculum spends a great deal of time encouraging the practice of safer sex and condom use. The curriculum also addresses the underlying attitudes and beliefs that many young people have about condoms, provides information and exercises which teach adolescents how to use condoms correctly and give them the confidence they need to choose and negotiate safer-sex practices.

## ***Disaster Plans***

2011 brought several disasters of historic proportions to the State of Missouri:

- A blizzard that began January 31 dumped as much as 20 inches of snow across the state, closing Interstate 44 and, for the first time ever, Interstate 70, from Kansas City to St. Louis. In this incident, families were forewarned of the coming storm and told to refrain from travel. The majority did. While many state offices were closed across the state, CD staff followed pre-established disaster response procedures and checked on the well-being of all foster children. All were determined to be fine.
- Heavy spring rains caused flooding on the Mississippi and Ohio rivers, along with tributaries in Missouri's Bootheel area. Residents of southeast Missouri fought rising water in several counties along the Mississippi. Children's Division staff continually checked on foster children and families to ensure all were safe from harm.

There were impacts to staff, however. Flooded roads made regular child welfare duties more difficult, causing staff to have to drive many extra miles for investigations and family visits, as well as lengthening commutes to offices in flooded areas. In addition, one CD office was packed up and moved temporarily to higher ground in a nearby county for a weekend. While the office was not flooded, CD wanted to ensure the protection of critical files and equipment to ensure uninterrupted service to clients.

In addition to their regular duties, CD staff offered assistance to families in shelters, especially a large shelter in Poplar Bluff, as part of the DSS emergency management mission of providing mass care services in concert with non-governmental organizations like the American Red Cross and The Salvation Army.

When downstream towns in Illinois and other states were threatened, the Army Corps of Engineers intentionally breached the Bird's Point Levee allowing the activation of the 35 mile floodway and inundating more than 130,000 acres of farmland. The last time the levee was breached was nearly 75 years earlier in 1937. Thankfully, no foster care providers resided in the floodway, so there was no direct impact on the state child welfare system.

- From May through August, families in Northwest Missouri watched -- along with families from Montana, the Dakotas, Nebraska and Iowa -- as heavy spring rains and snow melt in the Rockies caused the Missouri River to overflow its banks, covering acres of land and leaving huge amounts of damage to property in its wake by summer's end.

A handful of Missouri foster families were displaced briefly during the peak of the flooding. They implemented their emergency plans by relocating temporarily to the homes of friends and relatives, in all cases taking their foster children with them. According to plan, the Children's Division was notified of the moves and surveyed the temporary homes, ensuring the safety of the children in the state's custody during their relocation.

- Most destructive of all of Missouri's 2011 disasters was the May 22 EF-5 tornado which tore a path a mile wide and 6 miles long through Joplin and impacted some surrounding communities, as well. The tornado struck at 5:41 p.m. on Sunday. By Tuesday, May 24, all of the 271 children in state custody in Jasper County had been located by CD staff. Thankfully, none of the 162 deceased were foster children, though virtually all of

the staff in Jasper County, and in those surrounding it, were impacted directly by the storm or by the loss of friends or loved ones. Offers of assistance poured in from CD staff members and contracted providers around the state but, to a large extent, it was the staff from Jasper County and those immediately surrounding it who carried out the necessary duties.

Because of the timing of the storm, only three temporary emergency placements were made for young people who had been separated from their families. They were reunified within 48 hours. However, 19 child care centers and eight schools were destroyed or severely damaged. Children's Division staff, especially those in the Office of Early Childhood, worked diligently with federal, state, and private partners to ensure child care services were available to Joplin families. Child care was made available to families as they cleaned up, applied for post-disaster assistance and, of course, as they returned to work and school activities. Mental health services were also made available in child care centers to help reduce trauma of children whose lives were affected by the tornado.

Child care and overall child well-being issues were the topics of conference calls with local, state, federal and private sector partners. Initially, the calls were held bi-weekly and still continue to be held now, nearly a year after the tornado, though the frequency has dropped to monthly.

As the anniversary of the tornado approaches, CD staff continues to work to heal their community – assuring the safety of children living in temporary housing, focusing on the mental health of children and continuing child welfare services to protect children whose parents may still be coping with the stress of life circumstances changed by the tornado

Missouri has been looking for several years at the disaster-related services provided to children and families and is determine not to lose the lessons learned from the Joplin response. The National Commission on Children and Disasters, convened by Pres. Barack Obama in 2008, shone a spotlight on the need for comprehensive all-hazards plans for children. For this reason, a Children and Youth in Disasters Summit is planned for July 2012 to bring to the table the state's child-serving organizations and agencies. The summit is designed to: capture the efforts currently occurring by the various entities to serve children before, during and after disasters, review the recommendations presented by the National Commission in their 2010 report to the president, identify gaps and redundancies in services, and, eventually, to integrate the needs of children and youth into all emergency planning occurring in the state.

Attachments [C](#), [D](#) and [E](#) are Missouri's Emergency Response Plans (Available in the Table of Contents Section).

### ***Foster and Adoptive Parent Recruitment***

Missouri utilizes a diligent recruitment model for potential foster and adoptive families which reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed. Circuits are required to develop and implement annual recruitment plans which reflect the characteristics of available children needing placement and strategies for recruiting specific to the circuit. The Children's Division modified the current informal monitoring of circuit plans to a more formal process. FY12 recruitment and retention policy revision incorporates a template for each circuit to use to ensure consistency in outcome measures reported. The division utilizes the internet link [Submit an Adoption Foster Care Event/Activity](#) for circuits to post specific recruitment activities and events in their areas and to inform the state of efforts to increase the number of resource homes. A recent survey of Missouri's 45 Circuits revealed responses from five circuits maintaining written recruitment plans outlining the following activities and events (posting of circuits activities in local newsletters, posting recruitment materials in community centers, informational meetings held at public school open houses, and utilizing the divisions Internet page to list activities and events) which are consistent with multifaceted approach listed below:

- Person to person contacts by foster/adoptive parents which has proven to be the single best method for recruitment
- Utilization of bus and grocery store checkout ads in locations consistent with the ethnic and racial make-up of children in foster care for a specific area
- Recruitment of distinct individuals based on a child's special need,
- Community informational meetings and events to educate about foster care and adoption (shopping malls, fairs, libraries, bookstores)
- The news media (newspapers, radio station, television station, cable network station, special interest bulletins)
- Displaying flyers, pamphlets, posters, handouts, bumper stickers, pencils, bags, electronic notices
- Foster Parent Recognition Month which honors and recognizes foster parents and provides an opportunity to recruit foster/adoptive parents
- Coordination with faith-based partners in communities throughout the state to showcase the photos and profiles of children currently waiting for adoption. These children are also representative of the population of children being recruited for in foster care.

In FY12 Adoption Incentive Funds were utilized to develop a new recruitment campaign entitled "Life is Better with Kids Around" which included television advertisements that were featured in the major Missouri markets of St. Louis and Kansas City metropolitan areas. Additionally, the ads were available and distributed through You Tube to be featured on Division sponsored web pages as well as the web pages of CD stakeholders and partners. As a result of the ads airing, calls to the 800 recruitment number were up 65% over the same period the previous year.

The Division is mindful when developing promotional materials for the foster adopt program focusing on children's characteristics (race, ethnicity, age, etc.) which comprise the foster care and waiting adoption population.

The Children's Division has devised several strategies in an effort to continue meeting the national standard of 32% 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 SFY09 was 1089, in SFY10 was 1,131 and in SFY11 there were 1,168. Finalized adoptions have increased by 1% over the past three year fiscal years. Source for this information was from the CD Research and Evaluation Unit.

As of April 1, 2011, there are approximately 603 homes approved by CD as adoptive homes that do not have adoptive children placed at this time. As of 4/1/12 there were 1,301 children who have a goal of adoption and awaiting adoptive placement or finalization of adoption. Of those 1301 children, 389 are legally free for adoption. Source for this information was from the CD Research and Evaluation Unit.

The Children's Division 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 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](http://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 including 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 County 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 County 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 and Cherish Kids Adoption Events

FY11 legislation created the Recruitment and Retention of Foster and Adoptive Parents Task Force. The task force members were appointed by Interim Director of the Department of Social

Services, Brian Kinkade. Members included representatives from foster/adoptive parents, private agencies and contractors, the faith based community, and CD staff. The task force convened for five meetings beginning in September 2011. The group reviewed data, policy, and practices related to children in foster care and foster, relative, kinship, and adoptive parents.

The [Task Force for Recruitment, Licensing, and Retention of Foster and Adoptive Parents final report](#) is posted on the CD Internet.

The recommendations of the task force are divided into four categories: near-term items requiring CD policy and practice changes, long-term options with CD policy and practice impact requiring additional research and planning, policy recommendations which would involve statutory or regulation changes, and long-term process improvement to research innovative and evidence based practices. Workgroups have been assigned to each of these four categories and specific tasks and action steps accompanying the tasks. Each of these workgroups has been assigned a team lead from the Children's Division who is responsible for scheduling meetings with the workgroups, bringing policy and practice recommendations forth to the executive team at the Children's Division for immediate change and gathering any suggestions for long term change to be made to the CD executive team as well as the workgroup.

The overarching theme of the recommendations centers on respect for foster and adoptive parents as professional members of the team. The Children's Division recognizes that resource providers are critical players and provide valuable insight and expertise into the child's overall wellbeing.

Many recommendations from the task force pertain to increasing supports, enhanced or revised training and professional development, and improved and targeted recruitment efforts. The task force members will continue to meet to further the recommendations in the report. Policy and practice changes will be forthcoming.

### **Monthly Visit Formula Grant**

Missouri spent none of the estimated title IV-B subpart 2, Monthly Caseworker Visit (MCV) funds during 2011. During 2012, Missouri plans to spend MCV funds for training and informational materials specifically pertaining to the significance of visits and improved outcomes in order to continue the awareness and attention on this important area of practice and is exploring technical mobility possibilities as an avenue to improve worker visit quality.

### **Adoption Incentive Payments**

For FY10 Missouri received \$510,180, for FY11 Missouri received \$351,688. These funds are being utilized to support the Missouri Adoption Heart Gallery, Recruitment Materials for Foster and Adoptive Parents including a new media campaign which will premiered in early 2012, financial support to the Adoption Resource Centers and payment for contracted TPR attorneys. The new media campaign entitled *Life is Better with Kids Around* included television commercials which ran in the major media markets of St. Louis and Kansas City as well as web banners. Phase two of the campaign development will include written recruitment materials incorporating the color scheme and artwork from the campaign. Development of these recruitment materials and additional funding will allow CD to expand the audience by featuring the materials in newsletters and on websites of specific targeted groups with a history of success in the adoption of special needs children.

### **Child Welfare Demonstration Activities**

Missouri has no demonstration sites, therefore this section of the Program Instructions is not applicable.

### **Quality Assurance System**

The structure of the Division's QA and QI program remains unchanged. QA and QI specialists continue to receive strategic guidance and assistance in planning from their Central Office and Regional Supervisors. Activities have continued to occur at the state level as well as regional levels as previously described.

### ***Improvements to the QA System***

In order to better assure inter-rater reliability of case review results, QA and QI Specialists now complete a subset of reviews from the larger sample of supervisory case reviews. This process began with training the specialists regarding the new process in March 2012. The initial case reviews were completed during April and May 2012. The specialists conduct interviews with stakeholders to supplement information obtained from the case record. After the review is completed, a post review coaching session is held by the specialists with the assigned supervisor to compare results and provide feedback and guidance. The specialists submit their results to the CFSR Coordinator and QA unit program specialist who then complete a third level review in order to "QA" the results. The review results will be used to measure and report progress with a few of the PIP items which were not able to be measured otherwise. Although this was initiated for the PIP, the plan is for the process to continue on after the PIP is over and become a part of the QA/QI model for Missouri. The QA and QI Unit Managers will evaluate the process to determine the effectiveness of the process and validity of the results. This will not only help determine if any adjustments will be necessary to maximize the value of the new "Q-review" process, but will also provide the ability to compare results and validate other case reviews used in Missouri.

The Supervisory Case Review Tool (SCRT) was revised during FY11 with input from a variety of stakeholders to incorporate questions related to CFSR findings, including engagement of fathers, involvement of both parents in the case plan, diligent searches for family members, quality of visits, and more. Training of all supervisors on the new tool occurred during April and May 2012. The tool will be implemented by July 2012.

A review was completed in FY11 of the various QA case review tools and processes by the QA and QI Unit Manager and CD Administration. As a result, the decision was made to eliminate Peer Record Reviews (PRR) determined to be less valid than comparable tools for the program areas for which a more comprehensive review existed. Peer record reviews were eliminated for Child Abuse/Neglect Investigations and Family Assessments, Family Centered Services and Alternative Care Cases, and Supervisory Case Reviews would be used instead. Peer Record Reviews continue for Intensive In-Home Services, Adoptions and Resource Development program areas.

Analysis, modification and streamlining of the COA maintenance review process and revisions to the various tools also occurred during FY11. Previously, regions were conducting reviews using differing tools, samples and processes. As such, the QI Manager was unable to use the results for central oversight. A decision was made to rename the COA review process the "Best Practice Review" and the process was streamlined in order to have consistency and to be able to obtain and use statewide results. The revised tools were completed in June 2012 and the new tools and process is scheduled to begin on July 1, 2012.

Practice Development Reviews (PDR) was not used by any regions with the exception of Jackson County during FY11. Due to the time constraints and cost, the discretion was left to the Regional Directors regarding their use of the PDR. Jackson County completed a PDR in April 2012 and is currently weighing the benefits and analyzing the use of PDR results. With the

advent of regular data reports regarding aggregate outcome performance and other case review procedures, there does not appear to be greater yield or return on investment with the PDR process. Stakeholder involvement and capacity to participate in reviews has diminished across reviews. Jackson County is exploring using existing tools to engage stakeholders in continuous performance review of data and qualitative results.

### ***Use of data from Quality Assurance and other systems***

Data is used in a multitude of ways within the CD and by contracted partners.

QA Specialists routinely provide data to the circuits for their local improvement plans. A composite spreadsheet was recently developed for use by the QA Specialists after the QA Unit Manager determined that QA Specialists were providing different types of data. The QA Unit manager monitors the types of data provided through a new oversight spreadsheet maintained monthly by QA notices posted to an outlook calendar.

In addition to PIP data, QA Specialists have used data for a variety of targeted focus areas including: to identify and reduce the number of children in residential care, to assess Family-centered Services practice related to potential safety risks, to create circuit dashboard data, to provide FCI teams data for monitoring permanency efforts including timeliness of TPR and adoption information .

The Survey of Employee Engagement (SEE) data was incorporated as a standing item in the structured CQI process in Missouri. This begins by featuring two SEE issues in each quarterly In Focus newsletter; one high scoring item from which to learn about and one lower scoring item in which improvement is needed. Each CQI team (level one through state level teams) is to discuss the issues and identify strategies for improvement. Strategies can be remedied at any given level or taken to state level as necessary. The Survey of Employee Engagement data is particularly important as it relates to employee satisfaction which impacts turnover.

While the QA and QI units do not have responsibility for racial equity training efforts in Missouri, the QA and QI central office managers and regional specialists are key participants in the racial equity awareness and training efforts. QA and QI Specialists conducted the data overviews and discussions in training sessions around the state during FY11 as requested. The unit managers are standing members of the Racial Equity Workgroup as well. As a result of feedback from workgroup members, a day-long training session has been scheduled for QA and QI specialists and others who are used in explaining data during training scheduled for July 9, 2012. The trainer is a contracted provider from the University of Missouri. The expectation of the training is that QA and QI Specialists will increase their skill level in compiling data for increased areas of practice, increase their comfort explaining the data and in developing strategies for improvement.

Department and Division Administration continue to routinely review, discuss and identify strategies for dashboard measures which include key outcomes during monthly management meetings.

A major change in how the state is using data has been the incorporation of PERforM outcome measures for CY12. Each program area has two measures by which staff will be measured for their annual performance appraisal. Many of the measures are included in PIP monitoring or are related to child safety. Significant improvement has been seen in more than one area of practice since the new measures were developed. The measures are based on staff level performance, providing the ability to create targeted strategies for improvement for identified

staff or units not meeting the goals. PERforM measures are not only used for field staff and manager performance, but policy staff and administration are also held accountable for their respective measures continuing to bridge policy and oversight to practice.

Circuits are finding creative ways to use data for improving practice. In April 2012, Circuit Manager Shawn Boyd challenged her circuit to improve practice with worker visits with children by agreeing to dye her hair pink if the circuit could reach 90% frequency by the following month. As a result, the circuit improved their performance by 4% (achieving 92%) the following month. In September 2011, Circuit Manager Heather Ford provided a presentation to the Mayors Commission on Child Abuse in Greene County explaining trends from the data. Another example was the use of the central office unit manager to provide TA to the St. Louis County Management and Supervision Team to build an understanding and increase buy in of the new PERforM measures. Stakeholders from the community and other agencies have joined with CD to use data, such as Division of Youth Services using zip code data to create maps for recognizing areas where collaborative efforts could be strengthened around high substantiation rates, DMH applying for a grant using data from CD related to the number of families having children removed due to alcohol or drug related issues, and the Department of Corrections joining with CD to identify parents within circuits who are incarcerated.

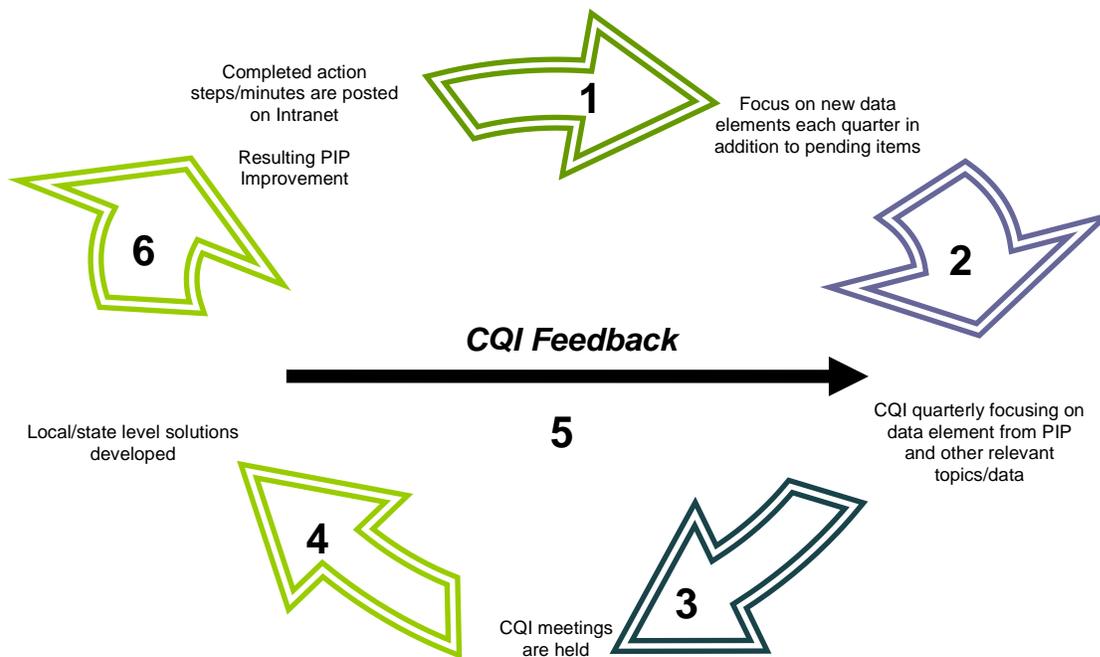
Data has been used to drive some major initiatives at CD during FY11. First, a CA/N workgroup convened to address challenges experienced with overdue reports. Circuit level performance including turnover information including survey information was used to identify targeted strategies and best practices from circuits not experiencing difficulty in this area. Secondly, after the state's initial analysis of data, Casey Family Programs was requested to facilitate a case review and stakeholder interview process to supplement and validate a comprehensive data analysis of factors contributing to a rise in the foster care population which has led to the beginning of a statewide improvement effort to stabilize the foster care population. A third example is the use of data to analyze and initiate a targeted statewide work plan regarding foster/adoptive parent resource recruitment and retention efforts. The workgroup has developed a subcommittee to identify barriers with obtaining or using data for resource recruitment and retention.

### ***Feedback Loop for CQI***

The CQI process involves teams of administrative staff, service delivery staff and community partners. Four Levels of CQI Teams consist of First, Second, Third, and State Teams. The four levels provide all staff the opportunity to evaluate and impact agency performance and outcomes.

The multi-level process allows the development and implementation of solutions by all levels. First Level Teams consist of peer groups (including Management and Central Office). First Level Teams share CQI meeting information with other First Level Teams located within the same Circuit or office. Any issues needing further discussion or action which cannot be accomplished at any level proceed to the next level. The process ensures a commitment to problem solving and feedback. Recommendations from each team are address through policy and program changes as appropriate. The State Level Team provides an opportunity to address statewide issues and consolidate information from all other levels of teams.

At every level, CQI teams use a CQI Activity Log for their agenda and for recording minutes. The meeting minutes are shared within the four levels of CQI teams and provide updates including state of completion. The regional and state level minutes are posted on the CD intranet on both Regional and the statewide web pages and a link to the minutes is included in each quarterly In Focus CQI newsletter. Here is a diagram of the flow of feedback flow.



The quarterly CQI In-Focus newsletter continues to be a primary method of focusing staff on key issues and always includes data. The newsletter directs staff on the issues to focus on during their quarterly CQI meetings. The newsletters are well received by staff and effectively aid in guiding the CQI meeting discussions. The newsletters are theme based and bridge PIP issues with COA standards, related practice outcomes, SEE results, updates from the Supervision Advisory Committee and provide a link to the state level CQI minutes from the prior quarter. Issues featured during FY11 included: worker visits with children and improved permanency outcomes, racial equity, factors related to the rise in the foster care population, teamwork and collaboration for improving outcomes and using supervisors as change agents. For example, the newsletter issue about supervisors as change agents discussed the importance and featured data on the average number of days for supervisor approval of CA/N reports and SEE scores on the two areas of “My supervisor gives me the opportunity to do my best work” and “There is basic trust among employees and supervisors”.

See Attachment F for the complete CQI process.

***Challenges the State has identified with the QA system itself and/or as a result of the QA system and the steps the State is taking to address identified challenges***

Coding changes necessary to improve AFCARS data were delayed in FY11 which prevented timely establishment of a baseline and targets for the PIP. The state was able to negotiate the use of case review data and extending measurement of progress for two additional PIP quarters in order to work around the delay.

As AFCARS data is used for feeding data in the Results Oriented Management (ROM) report, early buy-in of use of the ROM by supervisors who were first introduced to the report has been

slightly hindered due to data inaccuracy which resulted in a purposeful delay of the report being made available to workers. With the AFCARS mapping changes expected to be completed by the end of June 2012, the ROM is expected to be made available to workers in July 2012.

Publications which were held up during FY09-10 due to SACWIS conversion issues were finally caught up and maintained timely during FY11. While the publications are once again current, staff and managers got out of the habit of regularly accessing and using the reports due to the long period of time when the reports weren't available. QA staff have needed to continually remind and direct staff to the reports as data needs have arisen.

Data quality issues (related to conversion) have significantly improved. However, staff attitudes about data continue to present a challenge. Feedback from interviews conducted during the Casey Family Programs' review of the foster care increase cited the focus on data as more important to the state than practice efforts. This has raised awareness by CD administration and the QA Manager and staff of the need to message data differently in order to help staff understand why data is important. This issue has been discussed in executive team meetings, QA/QI Unit meetings and with field administration. One Regional Director has addressed this by requiring outcomes to be called "people measures" instead of outcome measures and used beans as a representation of the number of overdue hotlines to create awareness by field managers on the number of children whose safety was at stake related to their overdue reports. Continued use of creative strategies such as this will be a strong focus for FY12 by the QA/QI unit staff and administration.

The Quality Improvement Unit incorporated a tool called the "Plan of Change" (POC) form in September 2009 to assist in the development of targeted improvement strategies. The POC met some resistance during 2010, which seemed to improve during 2011. However, continued messaging and reinforcement of the use of the POC is an on-going effort by the QI Unit Manager, who recently presented the POC using leadership principles to the Executive Team who recommitted their support for the POC.

***Specific changes and improvements the State has made to programs and procedures since the last APSR based on QA system findings***

QA and QI Unit Managers have increased their oversight of compliance by field QA and QI staff specifically regarding compliance of activities related to the Program Improvement Plan and coaching efforts. The oversight is accomplished in a variety of ways including monthly phone calls with individual QA and QI Specialists, phone conferences with regional QA-QI teams (at a minimum bi-monthly), and postings provided by QA and QI Specialists on an outlook calendar. The outlook calendar postings are especially effective in that attachments can be shared and categories are used to identify the type of activity and specific area of practice addressed during the activity. The calendar allows not only the QA and QI unit managers the ability to monitor routine activities; it also allows the CFSR Coordinator the ability to monitor activities related to the PIP. The QA and QI managers maintain their own respective tracking tools. The QA unit manager maintains a spreadsheet to track QA activities and provides feedback to the QA Specialists which is also used to monitor requirements related to their performance appraisal expectations.

Coaching has become a priority focus for QA and QI as a result of feedback from the Children's Bureau. While using the data for developing strategies has been included in the CD structure from the beginning, coaching was not specifically emphasized until now. Coaching is a process that provides the link from data to improved practice. Coaching has been built into the "Q-review" process which was discussed previously and is now an expectation across the board.

Coaching is a category the specialists can select on the outlook calendar, which provides the unit managers the ability to more closely monitor routine coaching activities and the opportunity to provide feedback on the coaching. With specific coaching activities tracked, the unit managers will have the ability to link coaching efforts to improved outcomes through monitoring data for specific areas of practice. If coaching efforts can be directly linked to improved practice, the unit managers would expect to see increased buy in and improved coaching efforts by QA and QI staff. This has already begun through feedback on QA and QI Performance measures during the first two quarters of CY 2012.

### **Services for Children Under the Age of Five**

In all instances that a “preponderance of evidence” determination is made regarding a child victim less than three (3) years old, a referral is made to the Department of Elementary and Secondary Education (DESE) First Steps Program pursuant to the federal mandate of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5101 et seq.), who provides early intervention services funded under part C of the Individuals with Disabilities Education Act. The [CD-21C](#) (First Steps Cover Letter) with attached **Missouri First Steps Early Intervention System Referral Form** is used for this purpose. The referring worker shall remain available for continued collaboration with the First Steps provider as necessary in order to facilitate the screening process to assist in leading to an adequate level of care for the child.

Treatment services for children who are in home under the age of five should be done by referring the family to any available community resource or any support system identified utilizing all available community resources to assist with identified issues. This may require the use of purchased services. The worker uses community providers when he/she assesses some, or all, of the services cannot be delivered directly. The following services should be considered:

- Infant stimulation/early childhood education
- Specific habilitation and medical services
- Respite care
- Home-based services to provide instructions on infant and child stimulation (i.e., Parents as Teachers Program)
- A special or therapeutic preschool, including day treatment or child care facilities which can meet the child's needs
- Parent aide services for the parents
- Mental Health services for the child or parents

### **Under Age Five Children without Permanent Families**

According to the Child Welfare Outcomes Report, Table 8b, approximately 36% (5,688 out of 15,738) of the children in foster care in SFY11 were age five and under. This percentage is a slight increase from SFY09 and SFY10 in which those children age five and under were 33% (4,716 out of 14,250) and 35% (5,222 out of 14,769) respectively. This increase coincides with the rise in the foster care population as discussed in the foster care section.

The State places a strong emphasis on achieving permanency for all children served including those under the age of five. The data from the last three years (SFY09-11) supports this endeavor. The Child Welfare Outcomes Report shows a higher percentage of children age 0-5 achieving permanency through reunification, guardianship and adoption than any other age group. The percentages below represent the percentage of those exiting who are ages 0-5, 6-12, and 13+. Some strategies for achieving permanency for young children include: increased parent-child visitation when possible, front loading services to get the family engaged early, placement with relatives, concurrent planning, and regular FST meetings to discuss progress.

Concurrent permanency planning is a process of working towards reunification while at the same time, establishing and implementing an alternative permanency plan for a child. Concurrent planning is intended to reduce the length of stay in care. If a child has been in placement for more than one year, and the current permanency plan is not working, the family support team should consider changing the permanency plan to the concurrent permanency plan. If it appears the child will be unable to return to their family of origin, the FST, with the involvement of the child and family, shall develop alternate plans for the child using concurrent planning and meeting the court and ASFA timeframes. This concurrent plan must include placing with relatives unless contrary to the welfare of the child. In addition, staff should provide full disclosure to the parents of problems, changes, possible consequences, timelines, and alternative permanency decision making should be discussed on an ongoing basis. Staff must discuss with parents the negatives effects of placement on children, the urgency for reunification, and the need for a concurrent plan if they do not follow through.

#### Age Groups Exiting to Reunification

Years	0-5	6-12	13+
SFY09	39.04%	31.71%	29.24%
SFY10	37.49%	32.82%	29.68%
SFY11	42.37%	31.15%	26.48%

#### Age Groups Exiting to Guardianship

Years	0-5	6-12	13+
SFY09	36.77%	34.03%	29.19%
SFY10	41.33%	34.24%	24.43%
SFY11	41.89%	32.58%	25.52%

#### Age Groups Exiting to Adoption

Years	0-5	6-12	13+
SFY09	54.17%	33.07%	12.76%
SFY10	55.56%	33.05%	11.39%
SFY11	58.12%	30.14%	11.73%

Source: Child Welfare Outcomes Report, Measure #9b

As of March 31, 2012, an ad hoc report produced by the Research and Evaluation Unit showed 46% (59 out of 127) of the children under age 5 available for adoption (TPR occurred and have a goal of adoption) who are in a pre-adoptive placement. Of the 54% (68 out of 127) of children under age 5 not in pre-adoptive placements, 72% are white, 25% are black, and the remaining children are unable to determine. Additionally, 41% of the children are female and 59% are male and 88% were initially removed as a result of child abuse or neglect. The report also showed 80% of the children under five without pre-adoptive placements are case managed by large counties including: Boone, Greene, Jackson, St. Louis City, St. Louis County, Jefferson, and St. Charles. This information has been shared with a group of adoption specialists who will explore strategies for targeting these areas and further exploring the needs.

For the 54% of children under age five not in a pre-adoptive placement, there are many recruitment activities that should be occurring in an effort to locate pre-adoptive placements. The Heart Gallery showcases children in foster care available for adoption and awaiting

adoptive families. Families who may be interested can search the website or view photographs at the travelling gallery. The display is featured in many public venues where people who have not considered adoption can be exposed to the opportunity. In addition to the Heart Gallery, adoption events from around the state are posted on the CD website. Each circuit has their own strategies for recruitment. Staff also utilizes the AdoptUSKids service whose mission is to raise public awareness about the need for foster and adoptive families for children in foster care; and to assist in recruiting and retaining foster and adoptive families and connect them with children. Beginning January 1, 2012, a new performance requirement was implemented for adoption staff. In an effort to improve recruitment efforts, 75% of children with a goal of adoption must have a profile featured on AdoptUSKids.

When managers begin to complete the employee's annual performance appraisal, this is an item adoption staff's ratings will be based. The report is based on a quarterly point in time comparison of all children having a case goal of adoption (not placed in pre-adoptive placements) listed in AdoptUSKids Data Base. The list of children featured and date the child was added to the database will be provided. The AdoptUSKids Comparison Report will be provided by the Adoption Unit at Central Office.

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

Another strategy being undertaken by the State to reduce the length of time children are in foster care without a permanent family over the next few years is the work being done by the Recruitment and Retention Task Force. This task force comes as a result of House Bill 431 and House Bill 604 which required the Children's Division to convene a task force to review the recruitment, licensing, and retention of foster and adoptive parents statewide. Members of this task force include: foster and adoptive parents, contractors, the faith based community, and CD staff. The charge of the task force was to study the extent to which changes in the system of recruiting, licensing, and retaining foster parents would enhance the effectiveness of the entire system. The legislation required the task force to submit a report of their findings and recommendations to the Governor and General Assembly by December 1, 2011. A crucial component to the plan is remembering foster and adoptive parents are professional members of the team. Many recommendations from the task force pertain to increasing supports, enhanced or revised training and professional development, and improved and targeted recruitment efforts.

It is important to address the developmental needs of all children served including those under the age of five. Staff should discuss the child's development and health history with the parents. If a child seems to be functioning below age level, attention should be paid to what stimulation is being offered the child and suggestions should be made to the parents or caregiver if necessary. Observation should also be made of proper nutrition, sleep habits, and other health

related problems. Staff should also contact teachers and counselors for information on school progress, for school age children and make a referral for a cognitive screening to confirm any delays. If a child seems to be functioning well below age level, a referral should be made to the Regional Diagnostic Center for evaluation. There is a regional center servicing every county in the state. Preschool is highly recommended for any child who is functioning below age level. Some communities have special preschools. The school age child who is developmentally delayed will be evaluated by the school. Any child who is receiving special services in school should have a semi-annual IEP (Individual Educational Program). In addition to the above, the following services should be considered:

- Other services such as infant stimulation/early childhood education, specific habilitation and medical services, and respite care may also be available
- Home-based services to provide instructions on infant and child stimulation (i.e., Parents as Teachers Program)
- A special or therapeutic preschool, including day treatment or child care facilities which can meet the child's needs
- Respite care
- Counseling or parent aide services for the parents

Staff are required to make a referral to the local Department of Elementary and Secondary Education (DESE) First Steps Program in all instances that a “Preponderance of Evidence” determination is made regarding a victim less than three years old. In addition, a referral can be made at time when there are developmental delays or disabilities. **First Steps** is Missouri’s Early Intervention system for infants and toddlers, birth to age three, who have delayed development or diagnosed conditions associated with developmental disabilities. Because families play an integral role in their child’s development, the First Steps system provides families the tools needed to help their child be successful.

The Division also recognizes the importance of foster parent-to-child ratio for young children. Per policy and administrative rule, foster parent(s) shall not provide care for more than two children under age two and no more than four under the age of five unless necessary to accommodate a sibling group on a temporary basis.

### **Child Maltreatment Deaths**

Through Missouri statute, legislation created Missouri State Technical Assistance Team (STAT) to review and assist law enforcement and CD with severe abuse of children. The statute can be found at: <http://www.moga.mo.gov/statutes/C600-699/6600000520.HTM>. Additional information about the STAT team is included in the [collaboration section](#) of this CFSP.

Sources of information currently used for reporting child maltreatment fatalities:

All fatalities are reported in the NCANDS Child File except for fatalities removed due to duplicate reports which are included in the agency file. Missouri Statute requires medical examiners and/or coroners to report all child deaths to the Children’s Division Central Hotline Unit. However, the hotline unit accepts death reports from any reporter, permissive or mandated. Deaths which are due to alleged abuse or suspicious are accepted for investigation, and deaths which are non-suspicious accidental, natural or congenital are screened out as referrals. The SACWIS system captures all fatality reports and screened out referrals. Missouri additionally determines substantiated findings when a death is due to neglect (in addition to abuse) as defined in statute unlike many other states. The FACES system does not obtain a “reporter” description of death review team, however, the system does capture the professional

status of law enforcement, coroners/medical examiners, physicians, nurses, and other professionals who typically comprise the death review teams. While there is not currently an interface between the state's FACES system and the vital statistics data base, the State Technical Assistance Team (STAT) who records all deaths and oversees the state's fatality review panels, has a collaborative process with the state's vital statistics office to routinely compare fatality information. STAT has the capacity to make additional reports of deaths to the hotline to assure all deaths not otherwise reported are captured in FACES. The standard of proof for determining if Child abuse and neglect was a contributing factor in the child's death is based on the "Preponderance of Evidence" evidentiary standard of proof.

It is noteworthy to mention that since Missouri captures 100% of child abuse and neglect reports and referrals based on the hotline (CPS) agency being the central recipient for fatality reporting combined with the statute which requires medical examiners and coroners to report all fatalities, Missouri could appear worse (ie: a higher number of fatalities) when compared to other states who don't have comprehensive reporting requirements such as Missouri or compared to other states where the CPS agency is not the central recipient of fatality data. Other states may have to obtain fatality information from other agencies and thus have more difficulty with fully reporting fatalities. Therefore, Missouri is able to thoroughly report fatalities as compared to states which do not have similar statutes for reporting child deaths to the Child Welfare Agency.

In Missouri, agencies have a "check and balance" with each other to assure no child is overlooked in reporting of child deaths. The Department of Health and Senior Services, vital statistics unit, alerts STAT when a child's death has been reported. In addition, CD keeps an internal log, maintained by Central Office, and performs a comparison with the STAT unit annually. This process is for Child Fatality Review Annual Report, which can be found at: <http://dss.mo.gov/re/cfrar.htm> . It should be noted that the last annual report posted is for CY10. Another STAT requirement is the Child Fatality Review Panel Form [http://dss.mo.gov/stat/pdf/886-3218\\_10-06.pdf](http://dss.mo.gov/stat/pdf/886-3218_10-06.pdf) which must be completed on every child death. This completed form provides STAT opportunity to analyze information surrounding the child's death.

Missouri has incorporated a critical event/ fatality review protocol whereby designated staff conducts a comprehensive review of fatality cases in order to identify training needs and areas of practice needing improvement.

## **Statistical and Supporting Information**

### ***Education and Training Vouchers***

Missouri uses grants, scholarships, tuition waiver and the Education and Training Voucher (ETV) funding to assist youth with costs of attendance for post-secondary educational and training programs.

Missouri continues to expand and strengthen the ETV program to serve eligible youth. The CD has contracted with Foster Care 2 Success, formerly the Orphan Foundation of America, since 2006 to provide ETV services. The Children's Division, through specific contract requirements, plans to utilize all of the ETV funding received and to continue collaboration with Foster Care 2 Success to provide these services. Missouri has utilized all of its ETV funds for the past five years. The contracting out of services has allowed for a central means of youth to apply as well as providing a database and evaluative reports on services. As part of the contract, Foster Care 2 Success is also required to provide community outreach and awareness to identify eligible youth and the organizations that work with youth such as high schools, colleges, etc. Foster Care 2 Success provides promotional brochures and posters and has a website. They also supplied magnets and drawstring bags for youth participants at the youth conference.

There are no plans to change the eligibility criteria for youth at this time.

Currently, eligible youth access the ETV program through the Foster Care 2 Success website at [www.statevoucher.org](http://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. ETVs are also offered to youth who were adopted or achieved legal guardianship after age 16. Youth who move to Missouri for residence after transitioning out of care from another state are eligible for funding as well.

The application and all record keeping are online and available to appropriate state staff for oversight purposes, and training is provided via teleconferencing. The website allows CD to monitor the youth's application and paperwork at each step of the process. Foster Care 2 Success looks at every ETV applicant individually, assessing their tuition need and cost of daily living, and each student gets the ETV disbursement that best suits these needs. Funds are available on a first come first serve basis and this has not prevented anyone from receiving needed assistance.

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 2010-2011, there were 297 youth funded from ETV. Of those 297, 143 were first time funded. There was a decrease from 2009/2010 to 2010/2011 in the number of first time students by 54 and Missouri discussed this with Foster Care 2 Success and looked at the data for reasons. Although there was a decrease in the number of first time students, there was an increase in the number of returning students by 21. More youth applied overall in 2009/2010 by 43 with 10 of these being ineligible, however, there were 50 fewer freshmen in 2010/2011 by 50. There are eight additional seniors in 2010/2011 which will reflect on this year's report when it is received. Although first time numbers are lower, the overall retention rate is higher. There was a 14% increase from 2008/2009 to 2009/2010. Fewer youth were served in 2010/2011, which enabled each youth to receive an average of \$294.17 more in assistance than in the previous year.

Final information for 2011-2012 is not available at this time. As of April 2012, 536 youth have applied for ETV and 290 youth have been funded. Missouri will continue to monitor fluctuation in our funded youth numbers. If there is a significant change, CD will evaluate with service providers. While Foster Care 2 Success has only funded applicants who enrolled in school, in the last 18 months, they have retooled the way they work with first time applicants and when appropriate agencies and Children's Service Workers. Through closer coordination with care providers, they are able to identify earlier those first time applicants (usually 17 & 18 yrs. old) who after enrolling, did not attend classes and were not eligible for funding.

Foster Care 2 Success also continues to reach out to non-starters and offer suggestions about how they can develop a plan as long as Foster Care 2 Success can contact them. Foster Care 2 Success continues to send care packages, e-mails, and texts to youth who correspond with them, even when no longer receiving assistance.

In the 2009 legislative session, House Bill 481, Section 173.270, Tuition and Fee Waiver for Children who have been in Foster Care, passed. This legislation requires the Coordinating Board for Higher Institutions to make provisions for institutions under the board's jurisdiction to award tuition and fee waivers for undergraduate courses at state institutions of higher education for any incoming freshman beginning in the 2010 fall semester or term. This funding is dependent annually on budget appropriations. Funding appropriations were provided for this program for SFY12 for \$188,000. The Missouri Reach Program was introduced to staff by [CD Memo 11-78](#) in September 2011. Implementation of the program fully began in fall of 2011.

As this is limited funding, and in order for the funding to be best utilized in conjunction with ETV, a priority criteria was established. Priority is given to:

- Those youth not otherwise eligible for Educational Training Vouchers (ETV)
- Students adopted from Children's Division after the age of 14

- Those youth who have at least 60 hours of college credit

In order to apply, youth must go to [www.statevoucher.org](http://www.statevoucher.org) and complete the online application. Older Youth Transition Specialists verify eligibility once application is made. The Missouri Department of Higher Education (MDHE) approves applications based on the priority criteria. Youth eligible and accepted are notified as funding is available on behalf of MDHE. Foster Care 2 Success processes the applications once accepted by reviewing the applicants' transcripts to determine academic standing, confirming the applicants' tuition and fees with the college or university, and working with students to develop a community service action plan.

MDHE has established the following types of community service and public internships that youth may participate in to meet this requirement:

- Volunteering with a non-profit community service organization
- Community service club activities (not meetings)
- Campus coordinated community service projects include unpaid practicum and internships as well as philanthropic activities conducted by student service organizations
- Institutional and community sustainability projects
- Volunteering at a hospital, convalescent home, or group home for youth in foster care
- Unpaid peer mentoring or tutoring programs, both on- and off-campus
- Weekend campus clean-up, beautification activities
- Helping with a community team such as AYSO soccer or Little League (helping with sports events of younger children, refereeing, etc.)
- Volunteering for Habitat for Humanity, locally or abroad
- Unpaid internships with a local, state or federal agencies

The following are not considered appropriate for community service:

- Work often done by office, teacher or library student aides
- Service performed for a profit-making organization
- Service accomplished without obtaining prior approval
- Activities usually considered normal extracurricular (or co-curricular) activities,
- Service performed by a student for a family member or in instances where the family member supervises the service
- Service related to a class, credit for a class or the making of profit, defraying costs of trips, etc.
- Pay is received for the service rendered

Institutions of Higher Education the youth attends will monitor compliance and report it to MDHE. Once a youth is approved for the tuition waiver, continued participation in the program will be determined by academic standing, community service participation, and funding of the program.

Missouri has had some challenges with implementing this program, but will be utilizing all of the funding. Although, the priority criteria was meant to provide for those who could most benefit, the contractor was selecting youth who met the priority criteria only and additional funding was available but the contractor was operating under the SFY11 appropriated amount. Another issue was the interpretation of eligibility determination by the Older Youth Transition Specialists (OYTS). Older Youth Transition Specialists were denying youth eligibility based on if they were receiving ETV funds which was not part of their role in determining. Also, youth were being advised that they could not apply for both programs by the OYTS which was inaccurate. The

screen to determine eligibility did not list the county of residence for the youth at one point, therefore Older Youth Transition Specialists were not determining eligibility if they could not easily identify the youth as being from their region.

As of April 2012, 34 youth have applied for Missouri Reach which is indicative of the challenges with determining eligibility and funding.

In addition to financial assistance, the contracted provider has been able to offer outreach programs, probationary services, individual and group virtual mentoring and three care packages a year to eligible youth. Scholarships and internships are also provided through Foster Care 2 Success. These services will continue as well.

In January 2012, requests for proposals were sought on providing ETV and Missouri Reach services. By incorporating both of these programs within the same contract, this allows for a more efficient means of coordination, use of funds, and accessibility to youth and staff. Foster Care 2 Success was awarded the contract on April 1, 2012. The contract is for one year with two annual renewals. Contract provision changes were minimal but included more detailed language on Missouri Reach such as the priority criteria, which had not been previously established.

Numerous trainings and educational sessions have been held across the state in which information regarding the ETV and Missouri Reach program was shared by the Independent Living Coordinator.

In June 2011, the Independent Living Coordinator presented a workshop on resources for Older Youth including ETV and Missouri Reach at the Alternative Care Conference.

In July 2011, information was shared in the form of a resource workshop as well as a large group activity on education at the Youth Empowerment and Leadership Conference.

In July 2011, a presentation was given to the 19<sup>th</sup> Circuit Foster Parent Association by the Independent Living Coordinator.

In February, 2012 two informational webinars were presented by Foster Care 2 Success for social workers, caseworkers, foster parents, youth, and direct care staff who support youth in foster care.

A brochure for ETV/Missouri Reach is on the CD Internet and Intranet and a description of the ETV/Missouri Reach program is on the internet. The brochure has also been provided to the local CD field offices and providers via the Older Youth Transition Specialists. Information regarding FASFA is on the website as well as PowerPoint presentations on ETV/Missouri Reach 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 as well as resources and information from the Department of Higher Education. Information regarding ETV is also in the Child Welfare Manual. The Missouri Reach brochure has been added to the exit packet information. The Independent Living Coordinator also shares information on Facebook on "Missouri's Older Youth Program." The Department of Elementary and Secondary Education has also provided links for ETV/Missouri Reach on their agency's website.

The Youth Independence Interdepartmental Initiative began April 2010 to work on implementation of a previous task force's recommendations for youth aging out. The task force is comprised of leaders from public and private entities and youth and alumni youth. The goal of the task force is to maximize the use of resources to support young Missourians and their transition to successful adult roles and responsibilities. One of the priority topics is education. Specific recommendations regarding education align with the ETV/Chafee programs purposes of assisting youth obtain an education.

Youth from across the state advocated for continued funding for the tuition waiver program in March 2012 at Child Advocacy Day.

In SFY13, CD plans to continue the program structure in place as funding is utilized and CD is able to meet the needs of youth with the additional funding of Missouri Reach. If funding continues for Missouri Reach, CD will work on improving the understanding of eligibility determination and funding process with the OYTS and Foster Care 2 Success.

The CD will continue outreach and education efforts to youth, staff, and community partners on the ETV and Missouri Reach program and assist in implementing the Youth Independence Interdepartmental Initiatives recommendations.

### ***Inter-country Adoptions***

CD collected information regarding children who are adopted from other countries and who entered into state custody as a result of the disruption of a placement for adoption or the dissolution of an adoption. There were three children. One of the three children was adopted internationally through a Missouri child placing agency and entered state custody as a result of disruption of a placement for adoption or the dissolution of an adoption during FY11.

The three children's information is as follows:

The first child was brought back by the adoptive mother who was in Russia doing mission work. The child placing agency is unknown. The child was placed in care as the child was beyond parental control and causing a danger to herself and others. The case involving this child was closed after she was returned to the custody of his adoptive parents on February 7, 2012. Reunification has been achieved.

The second child was adopted from Russia through Children's Hope International, a licensed Missouri child placing agency. The child was placed in care as a result of being beyond parental control and refusing to return to her parent's home. The plan is reunification with her parents.

The third child was adopted from Russia. The child placing agency was the Adoption Center located in Washington DC. The child was placed in care due to a lack of supervision, and allegation of physical and emotional abuse. The goal is reunification with the parents.

### ***Information on Child Protective Service Workforce***

At the time of this writing, CD has 406 protective workers. There are 67 males and 339 females with this ethnic breakout:

American Indian/Alaskan Native: 5	Hispanic: 16
Asian/Pacific Islander: 1	White: 334
Black: 50	

The protection worker's educational background are:

Associates Degree: 1  
 Bachelor Degree: 335  
 Master Degree: 69  
 Doctoral: 0  
 None: 1

**Training Requirements for Child Protection Workers**

Chapter 210 RSMo states the following:

Division employees to be trained

*210.180. Each employee of the division who is responsible for the investigation or family assessment of reports of suspected child abuse or neglect shall receive not less than forty hours of pre-service training on the identification and treatment of child abuse and neglect. In addition to such pre-service training, such employees shall also receive not less than twenty hours of in-service training each year on the subject of the identification and treatment of child abuse and neglect.*

The 40 hours of pre-service training is met by frontline staff attending Child Welfare Basic Orientation Training (CWPT). The annual 20 hours of required in-service training for investigative/assessment staff can be obtained through identified course offerings through the agency training program as well as external conferences, workshops, seminars and certain local community trainings. Training opportunities sponsored through State Technical Assistance Team (STAT), Child Advocacy Centers, local law enforcement, prosecuting attorneys, hospitals etc. can all be considered as possible credit for in-service training hours.

**Juvenile Justice Transfers**

42 youth exited custody of CD during SFY11 with a Division of Youth Services commitment date within 60 days of the CD custody end date.

**Monthly Caseworker Visit Data**

The state reported FY11 visits as required. Missouri has increased the percent of monthly visits with children by caseworkers every year since the new standard was implemented. In FY11, 87% of children were visited once a month with 99% of those visits occurring in their placement. This was an improvement from FY10 during which 82% of children were visited once per month and FY09 in which 76% were visited once per month. Although the required 90% goal was not achieved in FY11, the 5% increase in the percent of visits from the prior year is significant to note in consideration of the 6% rise in the foster care population the state experienced during the year.

For the second year in a row, several outcomes of children were analyzed in relation to visits held. Permanency and placement stability outcomes were reviewed for children who had a visit each and every month during FFY11 and compared with the outcomes of children who had one or more missed monthly visits. Once again, the outcomes were better for the children who had their monthly visits. Results from the two years were:

FFY10 and FFY11 outcomes based on worker visit performance

Permanency Achieved	Group A	Group B
FFY11	34%	27%
FFY10	30%	24%
Reunification Achieved	Group A	Group B

FFY11	18%	14%
FFY10	13%	10%
Adoption Achieved	Group A	Group B
FFY11	10%	8%
FFY10	8%	4%
Legal Guardianship Achieved	Group A	Group B
FFY11	6%	5%
FFY10	5%	2%
Children Having Two or Fewer Placements in FFY11	Group A	Group B
FFY10	Not measured	
FFY11	75%	66%

Below is a breakout of worker visits by age for children in foster care for FFY11.

Age	% with Visits Each Month during FFY11 by Age	Age	% with Visits Each Month during FFY11 by Age
0	91%	9	90%
1	90%	10	90%
2	89%	11	91%
3	90%	12	88%
4	90%	13	87%
5	88%	14	88%
6	88%	15	88%
7	90%	16	84%
8	88%	17	81%
9	90%	18	77%
		<b>Total</b>	<b>87%</b>

The following activities occurred during FY11 to improve caseworker visits with children:

Continued priority focus by Children's Division and Contracted Case Management Agencies to improve this practice issue

- Frequent discussions during various management meetings to keep administration updated on progress
- Worker visits with children designated as a measure to be used for performance appraisals of foster care staff and managers

Local Program Improvement Plans included strategies to increase frequency of visits

- Increased focus by field staff for planning, scheduling and re-scheduling visits
- Increased supervisory oversight to monitor visits
- Improved data entry

COA accreditation maintenance meetings and case reviews monitor performance on worker visits, providing an opportunity for plan of change forms to be completed as needed for targeted strategies.

Technical assistance, oversight and coaching efforts by Quality Assurance and Quality Improvement Specialists

Multiple reports used to monitor and improve performance at the State, Region, Circuit, Office, Supervisory Unit and Worker Level

- Continued use of the electronic FACES monthly worker visit report
  1. Drills worker visit data down to the case level and is accessible by the case manager, supervisor, QA/QI and Managers
  2. Contracted Case Management Agencies can also access this report
- Continued use of supplemental reports including reports for visits held/missed for children placed out of county assigned to “service” workers who share case responsibility; visits held/missed during a month of transfer between caseworkers; and visits held/missed during a month of transfer between public and private agency. Use of these supplemental reports is included as a strategy in the statewide Program Improvement Plan.

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

- Progress on visits is shared through a variety of communication efforts including:
  1. Featured in CQI In Focus Newsletter periodically
  2. Results are posted locally each quarter next to posters which display quotes from foster youth on the importance of visits.
  3. QA Specialists notify local managers monthly when their performance is below the required goal.
- Local Managers in conjunction with QI Specialists add circuit specific strategies to their local program improvement plans
- QA/QI Specialist coaching efforts (worker visits were addressed 83 times between Oct-Dec 2011-Q1 of the PIP as documented by QA/QI Specialists)
- Local Managers use creative strategies to recognize positive efforts
- Inter-agency QA/QI teams routinely monitor performance on visits and share strategies with each other. (Includes CD and FCCM QA/QI staff according to FCCM coverage areas).

Stakeholders are involved in supporting worker visits in a variety of ways including:

- Collaboration with MU School of Social Work to publish findings related to permanency outcomes improved due to worker visits with children.
- Outcomes are shared with various advisory groups who provide an opportunity to gain feedback from a range of stakeholders including:
  - CFSR Advisory Committee
  - Supervision Advisory Committee
  - JCIP
  - FCCM Executive Directors
- Practice related to visits was included as part of the Casey Family Program foster care growth analysis of ten circuits between October 2011 and February 2012
  - 0/5 circuits in Phase I achieved the 90% goal in FFY11, but 3/5 circuits in Phase II achieved the 90% goal in FFY11. This finding supports that outcomes are better for children who receive regular visits by the workers.

Circuits	AC Worker Visits with Child (90% goal)	Circuits	AC Worker Visits with Child (90% goal)
Phase I (Circuits with Foster Care Growth)		Phase II (Circuits with Stability in the Foster Care Population)	
16 <sup>th</sup>	87%	21 <sup>st</sup>	87%
23 <sup>rd</sup>	89%	22 <sup>nd</sup>	97%
29 <sup>th</sup>	85%	11 <sup>th</sup>	92%
31 <sup>st</sup>	80%	13 <sup>th</sup>	89%
40 <sup>th</sup>	88%	26 <sup>th</sup>	92%

Barriers in reaching the goal included the following:

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

### Newly planned for FY12

A year-to-date progress report was newly implemented for CY12 as an outcome measure to be used for Performance Evaluations of foster care staff and managers.

In addition to continuing efforts to increase the frequency of visits, the Quality Assurance Unit has revised the Supervisory Case Review Tool (SCRT) to include questions which address the quality of the visits. Participants involved in the revision to the tool included workgroups comprised of policy staff, supervisors and managers, QA/QI specialists and the Supervision Advisory Committee. All supervisors received training on the new tool during April and May 2012, and the new tool will be fully implemented in July 2012. Supervisors were trained to self monitor results of their assigned staff. SCRT results will also be regularly used by the Quality Assurance and Quality Improvement staff to evaluate performance and to coach staff to improve the frequency and quality of worker visits with children.

The denominator of children requiring visits will be compared to the AFCARS denominator for the same period prior to submission of the visit data. With all AFCARS improvement plan modifications to be completed by July 2012, the denominators are expected to fall within the acceptable +/- 10% threshold.

FFY12 caseworker visit data using the full population will be submitted by December 17, 2012 as required.

## **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 FFY05 or planned to for FFY12.
- The state did not use any non-Federal funds for foster care maintenance payments that could be used as a match for FFY12.
- This information is contained within the CFS-101 report, parts I and II.

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

- FFY12, the percentage for IV-B, Subpart 2 will change slightly from FFY09 and FFY10 expenditures. Beginning in the fourth quarter of FFY12 (July 1, 2012), the Community Partnership program will no longer be funded from IV-B part II. Other funding will be used to support this program.

IV-B planned expenditures for FFY12 are as follows:

- 54% on Family Preservation
- 5% 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.
- 41% on Community Based Family Support/Adoption Promotion Activities CD mainly provides these services through contracted providers. The Community Partnership program will only be funded from IV-B for the first three quarters of FFY12. They will be funded from other sources after that time. For FFY13, the State of Missouri plans to implement a pilot project for the recruitment and retention of foster and adoptive families through a contract. This contract will be partially funded by IV-B. The division has the equivalent of 95 FTE (\$3.1 million in salaries) devoted to maintaining and supporting current adoption placements. However, since the IV-B grant is fully utilized, these staff are funded from other sources. Additionally, approximately 75 FTE focus (\$2.5 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. For FFY13, there will be a contract as noted above that will also support the recruitment and retention of foster and adoptive homes in addition to these 75 staff. This contract will be partially funded from IV-B funds. See Foster and Adoptive Recruitment in the Annual Permanency Section for more information.

CD estimated that \$0 of IV-B funds would be spent on Administration and Management. Actual expenditures will exceed this amount for Administration and Management.

### 3. FFY 2012 Funding – Revised Budget Request

- The state will be seeking re-allotment for PSSF funds in the amount \$2,328,980.55. Details are on the attached [CFS-101](#) tagged re-allotment.

### 4. FFY 2013 Budget Request – CFS 101 (see CFS 101 attachments)

- In FFY10, the amount estimated for IV-B subpart 1 was \$5,660,315. The amount expended was \$7,530,520.
- In FFY10, \$18,987,138 was spent on IV-B part 2 type activities. \$7,673,695 was spent on Family Preservation, \$1,771,707 on Family Reunification, and \$9,541,711 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 FFY10, were based on past assumptions that the activities in these areas exceed 25% of the grant, therefore it was appropriate to budget the grant funding in this manner. The amounts expended represent what was actually claimed against the grant. Beginning in FFY08, these amounts were allocated according to expected expenditure levels.
- The amount of Chafee grant funds expended in FFY10 was \$2,760,494, the total expenditures including the state match was \$3,450,618.
- The amount of Chafee grant funds expended in FFY11, year to date, is \$3,126,978 the total expenditures including the state match was \$3,908,723.
- In FFY12, the Children's Division expects to fully use this funding. For the FFY11 grant, \$17,103 was used for housing and maintenance payments for staff. FFY12 expenditures will not be available until August 2012. The Children's Division contracts the Chafee Foster Care Independence Program services out with private providers.
- In FFY11, 297 youth received an ETV Grant. In FFY12, a total of 291 youth has received an ETV grant, 149 for the first time in FFY12.
- The CD is in a partnership with a private agency, the Orphan Foundation of America, whose name has changed to Foster Care to Success in order to reach more children who need and qualify for the ETV grant. This is increasing the usage of the grant. The goal is to fully use the ETV grant to help more foster children pursue post secondary education. Based on the maximum grant of \$5,000 the goal is to reach 300 children who are in need of assistance.
- For FFY10, the amount of ETV grant expenditures was \$1,156,825(federal share of \$925,460) and FFY11, year to date, is 1,077,546 (federal share of \$862,037).