

# **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 Services Plan  
2013 Annual Progress and Services Report**

**State of Missouri**

**Department of Social Services**

**Children's Division**

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Link to 2013 Annual Progress and Services Report found at:  
<http://dss.mo.gov/cd/cfsplan/>

## Table of Contents

<b>Introduction</b>	<b>4</b>
Five Year Plan Progress	4
<b>Service Description</b>	<b>12</b>
Stephanie Tubbs Jones Child Welfare Services Program	12
Child Abuse and Neglect Hotline Unit	12
Non-Child Abuse & Neglect Referrals	15
Child Abuse and Neglect Reports	18
CA/N Investigation Conclusions and Family Assessment Determinations	21
Other CA/N Related Programs and Contracts	39
Greatest Risk of Maltreatment	44
Promoting Safe and Stable Families Program	51
Prevention	51
Permanency	61
<b>Collaborations</b>	<b>91</b>
<b>Program Support</b>	<b>116</b>
Training Plan	119
Technical Assistance	159
<b>Consultation and Coordination Between Tribes and States</b>	<b>167</b>
<b>Health Care Services</b>	<b>171</b>
<b>Disaster Plans</b>	<b>180</b>
<b>Foster and Adoptive Parent Recruitment</b>	<b>181</b>
<b>Monthly Caseworker Visit Formula Grants</b>	<b>187</b>
<b>Adoption Incentive Payments</b>	<b>187</b>
<b>Child Welfare Waiver Demonstration Activities</b>	<b>188</b>
<b>Quality Assurance System</b>	<b>188</b>
<b>Services for Children Under the Age of Five</b>	<b>208</b>
<b>Child Maltreatment Deaths</b>	<b>214</b>
<b>Chafee Foster Care Independence and Education and Training Vouchers Programs</b>	<b>216</b>
Chafee Foster Care Independence Program	216
Education and Training Voucher Program	232
<b>Statistical and Supporting Information</b>	<b>236</b>
Education and Training Vouchers	236
Inter-Country Adoptions	236
Monthly Caseworker Visit Data	238
<b>Financial Information</b>	<b>241</b>

## INTRODUCTION

In the 2012 Annual Progress and Services Report, Missouri merged the Program Improvement Plan (PIP) with the five-year plan, developed in 2009. This merging was an effort to streamline improvement efforts and reflect a renewed focus and alignment.

Missouri's first year of the PIP concluded on September 30, 2012. An annual meeting with Region VII partners was held on October 30, 2012 to review progress. Several external stakeholders from the CFSR/PIP Advisory Committee participated in the annual meeting. In addition to stakeholders, several Quality Assurance (QA) and Quality Improvement (QI) Specialists attended and shared details about the CQI process Missouri built into the PIP. This CQI process has proven successful in improving outcomes, such as more frequent worker visits with children and improved initial timely contact for hotline reports. Additionally the coaching provided by QA/QI Specialists to field staff has been essential in furthering support and training to improve practice in other key areas.

### Five Year Plan Progress

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

##### Key Concerns:

- The State did not initiate a response to a maltreatment report within the timeframes established by State policy.
- There was a lack of initial and ongoing safety and risk assessments.
- There were safety concerns in the child's home that were not addressed by the agency.

##### Progress:

#### Item 1: Initial Timely Contact Baseline: 83.1% (Apr09-Mar10)

- PIP Goal: 83.5%
- Qtr 2 (Jan – Mar 2012) Result: 85%
- Qtr 3 (Apr – June 2012) Result: 89%

Missouri satisfactorily achieved this item as of PIP Quarter 3.

#### Item 3: Services to Prevent Removal: CFSR: 86%

- PIP Goal: Not yet established
- Q Case Reviews (PIP Quarters 3-6): Intact – 92% Strength, Foster Care – 90% Strength

Missouri will be holding a call with Federal partners in June 2013 in order to establish the baseline for this item using "Q" case review results from PIP Quarters 3 through 6, and to set incremental targets for improvement as necessary.

Item 4: Risk and Safety Management: CFSR: 69%

- PIP Goal: Not yet established
- Q Case Reviews (PIP Quarters 3 - 6): Intact – 37% Strength, Foster Care – 80% Strength

Missouri will be holding a call with Federal partners in June 2013 in order to establish the baseline for this item using “Q” case review results from PIP Quarters 3 through 6, and to set incremental targets for improvement as necessary.

***Strategy 2: Increase Accountability and Oversight to Align Practice with Policy***

**Key Concerns:**

- The State was not consistent with regard to ensuring placement stability for children in foster care.
- The child’s permanency goal was either not appropriate or not established in a timely manner.
- The State had not sought TPR in accordance with the requirements of ASFA.
- There was a lack of concerted effort to achieve reunification or guardianship in a timely manner.
- There were delays in achieving adoptions in a timely manner.
- The State was not consistent with regard to ensuring that children with a goal of OPPLA had a permanent placement and/or were receiving services to ensure a successful transition from foster care to independent living.
- The educational needs of children in foster care were being appropriately assessed and addressed (91% Strength). However, in several of the applicable in-home services cases, educational needs were not assessed or addressed, although education-related concerns were apparent and a reason for agency contact (80% Strength).

**Progress:**

Item 6: Placement Stability: CFSR: 70%

- PIP Goal: Not yet established
- Q Case Reviews (PIP Quarters 3 – 6): 78% Strength

Missouri will be holding a call with Federal partners in June 2013 in order to establish the baseline for this item using “Q” case review results from PIP Quarters 3 through 6, and to set incremental targets for improvement as necessary.

Placement Stability National Standard 101.5 or higher

- PIP Goal: 70.8

- FY2010: 73.1
- FY2011: 77.0
- FY2012: 85.7

Missouri will not be required to set a baseline or goal for this National Standard. At the time of the CFSR, the data available at that time met the National Standard, therefore, this item was considered to be passing at the time of the drafting of the final report. Upon data quality corrections, the data changed, however, the Children’s Bureau agreed at the time of the CFSR to use the data available at the time of the CFSR despite the quality issues.

Item 7: Appropriate Permanency Goals: CFSR: 72.5%

- PIP Goal: Not yet established
- Q Case Reviews (PIP Quarters 3 - 6): 80% Strength

Missouri will be holding a call with Federal partners in June 2013 in order to establish the baseline for this item using “Q” case review results from PIP Quarters 3 through 6, and to set incremental targets for improvement as necessary.

Item 8: Reunification, Guardianship, Relative Care: CFSR: 59%

- PIP Goal: Not yet established
- Q Case Reviews (PIP Quarters 3 - 6): 73% Strength

Missouri will be holding a call with Federal partners in June 2013 in order to establish the baseline for this item using “Q” case review results from PIP Quarters 3 through 6, and to set incremental targets for improvement as necessary.

Timely Reunification National Standard: 122.6 or higher

- PIP Goal: 108.8
- FY2010: 108.8
- FY2011: 117.7
- FY2012: 118.0

Data quality issues prevented early establishment of the baseline. The data quality issues have been satisfactorily resolved through the AFCARS Improvement Plan. Missouri will be holding a call with Federal partners in June 2013 in order to establish the baseline and goals for improvement as necessary.

Item 9: Adoptions: CFSR: 75%

- PIP Goal: Not yet established
- Q Case Reviews (PIP Quarters 3 - 6): 75% Strength

Missouri will be holding a call with Federal partners in June 2013 in order to establish the baseline for this item using “Q” case review results from PIP Quarters 3 through 6, and to set incremental targets for improvement as necessary.

Timely Adoption National Standard: 106.4 or higher

- PIP Goal: NA
- FY2010: 129.7
- FY2011: 132.9
- FY2012: 127.7

Missouri was found to be in substantial compliance for the Timely Adoption National Standard at the time of the on-site review.

Item 10: Another Planned Living Arrangement: CFRS: 75%

- PIP Goal: Not yet established
- Q Case Reviews (PIP Quarters 3 - 6): 36% Strength

Missouri will be holding a call with Federal partners in June 2013 in order to establish the baseline for this item using “Q” case review results from PIP Quarters 3 through 6, and to set incremental targets for improvement as necessary.

Permanency for Children and Youth for Extended Time National Standard: 121.7 or higher

- PIP Goal: To Be Determined
- FY2010: 111.5
- FY2011: 115.3
- FY2012: 117.2

Data quality issues prevented early establishment of the baseline. The data quality issues have been satisfactorily resolved through the AFCARS Improvement Plan. Missouri will be holding a call with Federal partners in June 2013 in order to establish the baseline and goals for improvement as necessary.

***Strategy 3: Support Staff with enhanced training, tools, guides and educational materials using case consultations, coaching and mentoring***

**Key Concerns:**

- The frequency and quality of visitation between children in foster care and their parents were insufficient to meet the needs of the children and families.
- The State was not consistent with regard to concerted efforts to preserve connections of children in foster care to extended families, school, and community.
- The State had not consistently made concerted efforts to search for either maternal or paternal relatives as potential placement resources.
- The State had not consistently made concerted efforts to support the child’s relationship with the mother or father while the child was in foster care.

- The State was not consistent in assessing and meeting the needs of children receiving in-home services, foster parents, mothers, and fathers, or in addressing the needs of children receiving foster care services.
- The State did not make concerted efforts to involve children receiving in-home services or mothers and fathers in both the foster care and in-home services cases in case planning.
- The frequency and quality of caseworker visits with children in the in-home services cases were not sufficient to ensure the child’s safety and well-being.
- The frequency and quality of caseworker visits with parents were not sufficient to monitor the safety and well-being of the child or promote attainment of case goals.

**Progress:**

Item 17: Needs of Children, Parents, Foster Parents: CFSR: 53%%

- PIP Goal: Not yet established
- Q Case Reviews (PIP Quarters 3 - 6): Intact – 45% Strength, Foster Care – 77% Strength

Missouri will be holding a call with Federal partners in June 2013 in order to establish the baseline for this item using “Q” case review results from PIP Quarters 3 through 6, and to set incremental targets for improvement as necessary.

Item 18: Case Planning Involvement: CFSR: 52%

- PIP Goal: Not yet established
- Q Case Reviews (PIP Quarters 3 - 6): Intact – 45% Strength, Foster Care – 89% Strength

Missouri will be holding a call with Federal partners in June 2013 in order to establish the baseline for this item using “Q” case review results from PIP Quarters 3 through 6, and to set incremental targets for improvement as necessary.

Item 19: Face-to-Face Visits--Children: CFSR: 83%

- PIP Goal: Not yet established
- Q Case Reviews (PIP Quarters 3 - 6): Intact – 47% Strength, Foster Care – 68% Strength

Missouri will be holding a call with Federal partners in June 2013 in order to establish the baseline for this item using “Q” case review results from PIP Quarters 3 through 6, and to set incremental targets for improvement as necessary.

Item 20: Face-to-Face Visits--Parents: CFSR: 41%

- PIP Goal: Not yet established
- Q Case Reviews (PIP Quarters 3 - 6): Intact – 43% Strength, Foster Care – 37% Strength

Missouri will be holding a call with Federal partners in June 2013 in order to establish the baseline for this item using “Q” case review results from PIP Quarters 3 through 6, and to set incremental targets for improvement as necessary.

***Strategy 4: Collaborate with other Agencies to Improve Practice***

**Key Concerns:**

- The physical and dental needs of children in foster care and in the in-home cases were not consistently assessed or addressed.
- Mental health needs of children in foster care and in the in-home services cases, educational needs were not assessed or addressed, although education-related concerns were apparent and a reason for agency contact
- Parents are not consistently involved in the development of the case plan.
- Although the State has a process in place to conduct 6-month periodic reviews of the status of each child, the 6-month reviews do not occur consistently.
- State statute provides a process for TPR in accordance with ASFA; however, this process is not consistently implemented as intended across the State.
- Findings of the onsite CFSR case review indicate that ASFA requirements for filing TPR were met in 61 percent of the 18 applicable cases.
- Although there is a process in place for notification of hearings and the opportunity for caregivers to be heard, the process is not being implemented consistently, particularly with regard to the opportunity for caregivers to be heard.
- Many of the services in the State’s service array are not accessible to families and children in all jurisdictions.
- There are waiting lists for such key services as affordable housing, dental services, substance abuse treatment, psychiatric services, and other behavioral and mental health services.
- A lack of transportation in some areas is a barrier to accessing services.
- Although Missouri has the assessment and planning tools to identify individualized service needs to meet the unique needs of children and families, the State does not have the capacity to provide these services consistently to families statewide due to the lack of accessibility and availability of many of the key services in some parts of the State.

**Progress:**

*Service Array*

As stated in last year's update, a service array project was established (PIP action step 4.3) to develop a process to increase service array capacity, accessibility and individualization of services. Technical assistance was provided by National Resource Center (NRC) for Organizational Improvement and Child Welfare Data and Technology to support this project.

Twelve circuits from two Missouri areas participated in the pilot project. From the two areas, liaisons were selected to attend the CFSR/PIP Advisory Committee each quarter and provide updates and progress for the pilot projects.

Members from the CFSR/PIP Advisory Committee volunteered to form a sub-committee and assist the two NRCs in developing a Service Array model to meet Missouri's needs. This model became known as the six-step model. Following are the six steps each circuit was to implement:

1. First, select an outcome, preferably a CFSR outcome, where both external and internal stakeholders want to improve.
2. Next, using a participatory process, determine an eco-map for stakeholder relations, then assess (using data) the reason children and families are being brought to the attention of the Division.
3. Brainstorm with external partners the following:
  - a. What services are critical to achieving improvements in the one selected outcome?
  - b. What practices are critical to achieving improvements in the one selected outcome?
  - c. What leadership qualities and service culture are critical to achieving improvements in the one selected outcome?
4. Assess:
  - a. Existing services
  - b. Needed services to impact outcome
  - c. Existing practice
  - d. Needed practices to impact outcome
  - e. Current leadership and culture
  - f. Needed changes for leaderships and culture to impact outcome
5. Develop a Plan of Action or Work Plan

## 6. Implement Plan (Repeat as necessary)

All of the work plans were in place by December 31, 2011. However, three circuits struggled and needed additional TA support. The NRCs provided TA in the form of conference calls, webinars and finally a face-to-face visit.

In December 2012, the TA work plan was expanded to include an evaluation of the six step process and the implementation fidelity of the process. The expanded plan was approved by Region VII. In February, 2013, a survey was sent to all 12 circuits. The survey can be found in *Attachment A Service Array Survey*.

Preliminary findings from the surveys include:

- Eight of the 12 circuits improved the selected outcome, some significantly
- Two circuits made “partial” improvements
- One circuit made no improvement
- One circuit who struggled with selecting an outcome, is just beginning the implementation

A formal evaluation has been drafted and will be distributed by early summer to all the twelve pilot projects and management. The evaluation will have an analysis of all the data collected as well as recommendations for the Children’s Division (CD) Executive Team to consider for improvement strategies. Preliminary recommendations for next steps include:

- Ensure the sites understand the time commitment needed to make change
- Train and coach circuit leadership on the value, skills, and strategies of successful external stakeholder involvement
- Bring up one site at a time or in smaller clusters
- Build state and regional capacity to provide internal support

### Permanency Summits

As discussed in the 2012 APSR, Permanency Summits were held in June 2012 in Kansas City and 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. The teams consisted of juvenile judges, juvenile officers, CD, contracted agencies, GALs, CASA, agency attorneys and parent attorneys.

Each circuit prepared an improvement plan addressing identified barriers. The plans were sent to the Office of State Court Administrators, who partnered with CD in July 2012 to review and provide feedback. Updated improvement plans were to be submitted in February 2013. As of this writing, 40 of the 45 circuits have returned their 6-month improvement plans. OSCA and CD has once again partnered to review and evaluate the plans. Casey Family Programs is currently collaborating with the Children’s Division by providing assistance to review the plans and connect Judiciary supports (such as technical assistance and coaching from retired Judges) to circuits whose outcomes may indicate improvement regarding timely filing of termination of parental rights or other processes impacting timely permanency are needed. Quality Assurance and Quality Improvement Specialists are reviewing permanency summit plans to ensure the strategies are on target according to the data, and will be communicating with Circuit Managers as they identify strategies which need to be adjusted.

*Incarcerated Parents*

In 2012, a new policy was implemented regarding working with incarcerated parents. In the policy, each county with a prison was required to identify a staff person to serve as the liaison between the agency and the prison. This liaison works closely with the prison on barriers to contact and additional services needed. This collaboration has been helpful in ensuring staff are able to engage incarcerated parents in permanency planning and visitation when needed.

**SERVICE DESCRIPTION**

**Stephanie Tubbs Jones Child Welfare Services Program (Title IV-B, subpart 1)**

Missouri strives to integrate programs serving children and families, regardless of funding streams, into a fluid continuum of services. This continuum is best illustrated in an at-a-glance view of practice found on page 48.

**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 2008-2012:

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)

<b>2010</b>	131,418	20,178	111,240	52% (58,077)	33% (36,510)	15% (16,653)
<b>2011</b>	131,666	21,730	109,936	60% (66,003)	15% (16,607)	25% (27,326)
<b>2012</b>	138,582	22,685	115,897	60% (69,102)	16% (18,402)	24% (28,393)

Source: FACES Report

Administrative Functions are defined as:

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

As the chart above illustrates, the total number of calls received at the CA/N Hotline Unit is continuing to increase. From 2008 to 2009, there was a 1.33% increase and from 2009 to 2010, a 2.27% increase. In spite of an increase in calls from 2008 to 2010, the percentage of calls falling into three classifications remained 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 which eliminated the category of mandated reporter referrals. In 2012, total call volume increased by 6,916 calls over 2011, but the classifications remained relatively unchanged from 2011.

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

### Child Abuse and Neglect Call Management System Technology

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

**Calls Answered Table**

<b>Year</b>	<b>Total Calls</b>	<b>Percent Answered</b>	<b>Avg # Busy Signals Monthly</b>
<b>2008</b>	126,825	94%	314
<b>2009</b>	128,507	96%	120
<b>2010</b>	131,418	95%	140
<b>2011</b>	131,666	95%	213
<b>2012</b>	138,582	90%	1785

Source: Information extracted from the Call Management System Technology Reports

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. In 2012, the significant increase in call volume (increase of 6,916 calls over 2011), along with high staff turnover, resulted in a significant increase in the average monthly busy signals and the decrease in the percentage of calls answered from 95% to 90%. Factors impacting turnover include the stress of high call volume, lack of variety in work assignments, desire to work directly with families, and a non-traditional work schedule (evening and weekend shift). Primarily, staff leave to take positions with another agency or transfer to a Children’s Division field office. This has been addressed by the CD Director’s decision to over-allocate CANHU staff with two extra Children’s Service Worker positions to help offset the high staff turnover.

### 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, 6,553 calls were reviewed, an increase of 473 reviewed calls. The 2011 results for the six items on the chart below remained the same except for track assignment outcome decreased slightly to 98%. In 2012, 6,419 calls were reviewed with the same results as 2010—a slight improvement over 2011 on question #5. The number of calls selected quarterly is based on a percentage of total

number of calls received and classified as CA/N reports. These reviews are randomly selected by Research and Evaluation. The following chart is PRR review results from 2008 forward:

<b>Question:</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>
<b><i>Was the answer to ENTRY question #11 summarized clearly?</i></b>	99%	100%	100%	100%	100%
<b><i>Were all correct PATHWAYS chosen based on the answer to ENTRY question #11?</i></b>	98%	99%	99%	99%	99%
<b><i>Was the call correctly classified as a CA/N Report?</i></b>	99%	99%	99%	99%	99%
<b><i>Was the correct Response Priority chosen?</i></b>	99%	99%	99%	99%	99%
<b><i>Was the correct Track assignment chosen?</i></b>	98%	98%	99%	98%	99%
<b><i>Was the county of assignment correct?</i></b>	100%	100%	100%	100%	100%

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.

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

Non-Child Abuse and Neglect (CA/N) Referrals include calls made to the CANHU which do not meet the statutory requirement for a CA/N Investigation or Family Assessment response, yet present a concern which requires a policy-based response by field personnel. A Children’s Service Worker’s response to a referral may involve varied contacts and responses. These responses range from a single contact with the reporter to the actual removal of a child. Supervisory consultation is obtained as needed.

Non-CA/N referrals alerted to the field include:

- Newborn Crisis Assessment Referrals - received on a child less than one year old
- Non-Caretaker (N) Referrals
- Non-CA/N Fatality Referrals
- Preventative Services Referrals

Children’s Division completed Non-CA/N Referrals in 13.7% of all calls processed by CANHU staff during CY12. Non-Caretaker Referrals (39.9%) were the most common of the Non-CA/N Referrals itemized

above, followed by Preventive Service Referrals (33.4%), Newborn Crisis Assessment Referrals (20.7%), and Non-CA/N Fatality Referrals (6.0%).

### 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-CA/N 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 determine the safety and well-being of the infant child. There may be situations in which CD is unable to ensure the safety of children, and when necessary, a request for assistance from law enforcement or the juvenile court will be pursued.

In CY12, the hotline received 3,533 calls for newborn crisis assessments compared to 3,317 for CY11 and 2,996 in CY10. There is fluctuation in the total newborn crisis assessments year-to-year, and the highest was experienced in CY12.

### Non-Caretaker Referrals

Children's Division 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 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.

### Preventive Service Referrals

All Preventive Service Referrals (“P” Referrals) involve concerns related to the safety or well-being of children. “P” referrals are screened by CANHU and alerted to the county office. “P” Referrals are not considered a CA/N report, and do not result in a determination of child abuse or neglect.

The following is a list of “P” referrals that will be alerted to field personnel:

- A child is 18 years and older and is in the custody of CD;
- Request for placement of a newborn as outlined in the "Safe Place for Newborns Act";
- A child has no caretaker due to caretaker’s incarceration, illness, hospitalization or death, and no other appropriate childcare plan is in place;
- A person other than child’s parent has the child in his/her care and is requesting immediate removal of the child;
- A parent is requesting immediate placement of child solely because child is in need of mental health services the parent can't access or afford, and parent is not threatening to harm or abandon child (Voluntary Placement Agreement per House Bill 1453);
- There is an open Family-Centered Service (FCS) or Family-Centered Out-of-Home Care (FCOOHC) case and the Division receives a call of concern involving a child in the case that does not meet the statutory guidelines to constitute a child abuse/neglect report; or
- Any call regarding a child placed in a residential facility licensed by CD.

### 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. The increase in documented calls for 2011 and continuing in 2012 is directly related to the July 2010 policy change eliminating mandated reporter referrals.

Following 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 Reports

Over the past year, the Children’s Division completed 62,463 reports of child abuse/neglect, involving 92,612 children which is an increase from the last five years. The continued increase in total reports screened in as a Child Abuse/Neglect (CA/N) Investigation or Family Assessment may be due in part to the following:

- Ongoing efforts to make mandated reporter guidelines and training available to all mandated reporters, who constitute approximately 59.6% of all reporters;
- Continued media coverage at the local, state, and national levels following high profile CA/N related matters and subsequent attempts by the Missouri General Assembly to make every adult citizen a mandated reporter;
- Increased number of reported concerns being screened in on the basis of the reported safety concerns within the context of the Framework for Safety model; and,
- Ongoing environmental and economic factors within the state.

**Incidents and Children Reported to the Child Abuse/Neglect Hotline  
and Annual Percent Change, 2008-2012**

Year	Total Reports	Annual Change	Total Children	Annual Change
2008	50,565		75,781	
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%
2012	62,463	2.3%	92,612	2.1%

Source: Children’s Division Child Abuse and Neglect Annual Report, CY12, Page 1

Note: All counts of children are duplicated because a child may be reported more than once during the year. The numbers above are preliminary numbers only. Child Abuse and Neglect Annual Report data is at this time unofficial and therefore subject to change.

The CD utilizes protocols based on Structured Decision Making (SDM) principles to classify all CA/N hotline reports received by CD’s centralized Child Abuse/Neglect Hotline Unit (CANHU). The protocols

provide a mechanism by which CANHU obtains and organizes information while giving priority to ensuring the safety and well-being of the child(ren) involved in hotline reports. The following tables depict from whom CANHU received hotline calls, and how those calls were both classified and completed during CY12.

CA/N Hotline Reporters

The CANHU receives reported concerns from both “mandated” and “permissive” reporters. Mandated reporters are required by state statute (RSMo 210.115) to report abuse/neglect when they have reasonable cause to suspect a child has been or 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 CY12, 60% of the reports were made by mandated reporters, compared to 59% in CY11 and 58% in CY10. The table below illustrates the breakdown, by reporter type, for CY12.

Reporter Type	Percent	Reporter Type	Percent
Permissive	37.6%	Other health practitioner	0.5%
Principal or other school official	15.0%	Other hospital/clinic personnel	0.5%
Social Worker	12.2%	Foster parents	0.3%
Peace officer or law enforcement official	12.0%	Minister	0.2%
Nurse	4.9%	Probation or parole officer	0.2%
Mental health professional	4.7%	Intern	0.2%
Unknown	2.8%	Medical examiner	0.1%
Other person with responsibility for the care of children	2.8%	Coroner	0.0%
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	0.8%	Chiropractor	0.0%
Psychologist	0.7%	Optometrist	0.0%

Source: Children’s Division Child Abuse and Neglect Annual Report, CY12, Page 9

Note: The numbers above are percentages based on preliminary numbers only.

As this table shows, the most common mandated reporters were school officials (principals, school counselors and teachers), followed by social workers and law enforcement officers. Children’s Division administration is better able to provide relevant and effective multi-disciplinary and mandated reporter trainings by knowing the primary reporters of CA/N hotlines.

CA/N Investigations and Family Assessments remain a top priority for CD. Technical assistance is continually made available to local offices from central office staff to train, assist, and support the completion of CA/N Investigation and Family Assessment duties during periods of staff and/or supervisor shortage.

Classification of Hotline Calls

SACWIS Data Table #482 was accessed on March 1, 2013 to illustrate how the calls received by CANHU were classified during CY12. Documented Calls are the only call type that is not alerted to the field.

Hotline Calls Received by Call Type, CY12	
Call Type	Percent
D = Documented Call	20.9%
I = Incident (CA/N Investigation or Family Assessment)	49.6%
O = Other (Unable to Locate, Located Out of State, Inappropriate Report and/or Home Schooling)	15.8%
R = Referral (Newborn Crisis Assessment Referral, Non-CA/N Fatality Referral, Non-Caretaker Referral, Preventive Referral)	13.7%

Hotline Calls Received by Subtype	
Call Type	Percent
AD = Administrative Call	1.4%
AR = Newborn Crisis Assessment Referral	2.6%
AS = Family Assessment	22.4%
DO = Documented Call	20.9%
FR = Non-CA/N Fatality Referral	0.7%
IN = Investigation	27.2%

NR = Non-Caretaker Referral	4.9%
OT = Other	14.3%
PC = Prior Check	1.5%
PR = Preventive Referral	4.1%
WC = Well-Child	0.01%

Note: The numbers above are percentages based on preliminary numbers only.

### **CA/N Investigation Conclusions and Family Assessment Determinations**

As illustrated above, CD completed a Child Abuse/Neglect (CA/N) Investigation and/or a Family Assessment in 49.6% of all calls processed by CANHU staff during CY12. Of that percentage, 54.8% were completed as CA/N Investigations and 45.2% as Family Assessments. The illustration on page 26 below depicts the percentage of findings by age.

#### ***CA/N Investigations***

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

- the reported safety, risk and injury to the child; or,
- where the acts of the alleged perpetrator, which if true would constitute a suspected violation of any of the following criminal violations:

<b>Statute Number</b>	<b>Description</b>
<a href="#">565.020</a>	1 <sup>st</sup> degree murder
<a href="#">565.021</a>	2 <sup>nd</sup> degree murder
<a href="#">565.023</a>	Voluntary manslaughter
<a href="#">565.024</a>	Involuntary manslaughter
<a href="#">565.050</a>	Assault 1 <sup>st</sup>
<a href="#">566.030</a>	Forcible rape (attempted forcible rape)
<a href="#">566.060</a>	Forcible sodomy (attempted forcible sodomy)

<a href="#">566.032</a>	Statutory rape 1 <sup>st</sup>
<a href="#">566.034</a>	Statutory rape 2 <sup>nd</sup>
<a href="#">566.040</a>	Sexual assault
<a href="#">566.062</a>	Statutory sodomy 1 <sup>st</sup>
<a href="#">566.064</a>	Statutory sodomy 2 <sup>nd</sup>
<a href="#">566.067</a>	Child molestation 1 <sup>st</sup>
<a href="#">566.068</a>	Child molestation 2 <sup>nd</sup>
<a href="#">566.070</a>	Deviate sexual assault
<a href="#">566.083</a>	Sexual misconduct involving a child
<a href="#">566.086</a>	Sexual contact with a student
<a href="#">566.090</a>	Sexual misconduct 1 <sup>st</sup>
<a href="#">566.093</a>	Sexual misconduct 2 <sup>nd</sup>
<a href="#">566.095</a>	Sexual misconduct 3 <sup>rd</sup>
<a href="#">566.100</a>	Sexual abuse
<a href="#">567.050</a>	Promoting prostitution 1 <sup>st</sup> degree
<a href="#">568.020</a>	Incest
<a href="#">568.030</a>	Abandonment of a child 1 <sup>st</sup>
<a href="#">568.045</a>	Child endangerment 1 <sup>st</sup>
<a href="#">568.050</a>	Child endangerment 2 <sup>nd</sup>
<a href="#">568.060</a>	Abuse and neglect of a child
<a href="#">568.080</a>	Child used in sexual performance
<a href="#">568.090</a>	Promoting sexual performance by a child
<a href="#">573.025</a>	Promoting child pornography 1 <sup>st</sup>
<a href="#">573.035</a>	Promoting child pornography 2 <sup>nd</sup>
<a href="#">573.037</a>	Possession of child pornography
<a href="#">573.040</a>	Furnishing pornographic materials to minors

When a Children’s Service Worker determines a CA/N Investigation contains weighted evidence which supports a preliminary finding of child abuse/neglect by a preponderance of evidence (POE), each child is assigned an individualized conclusion specific to the alleged perpetrator and category or multiple

categories of child abuse/neglect. When the weighted evidence does not support a finding of child abuse/neglect by a POE, staff may determine the matter to be unsubstantiated, or unsubstantiated – preventive services indicated when the family presents a need for services. Other findings which may occur include accounting for reports in which the children are located out of state, unable to be located, found to be home-schooled, or determined an inappropriate report.

### CA/N Investigative Conclusions

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

- **Preponderance of Evidence** - There are four general categories which CD may reach a determination of child abuse or neglect by a POE in accordance with the law (Physical Abuse, Sexual Abuse, Emotional Abuse, and Neglect).
- **Unsubstantiated-Preventive Services Indicated** - This investigative conclusion is appropriate when there is insufficient evidence to make a determination that child abuse or neglect has occurred by a POE; however, the worker has identified risk factors through observations, interviews, and collaterals, which if unresolved, could potentially contribute to future concerns of child abuse/neglect or result in the accumulation of harm as it would pertain to issues of chronic maltreatment. This determination requires preventive services to be provided to the family.
- **Unsubstantiated** - This investigative conclusion is appropriate in the absence of sufficient evidence to determine that child abuse/neglect has occurred, and the family does not present significant risk factors or other indicators which pose a specific threat to the child.
- **Unable to locate** - The "Unable to Locate" conclusion may be used only after all three of the following criteria have been met:
  - When no single child or any parent/caretaker included in the report is located;
  - The Children's Service Worker has searched all available resources which can help to locate the family and children;
  - The supervisor agrees that sufficient attempts have been made and the Children's Service Worker has exhausted all available resources to locate the family.
- **Located out of state** – The "Located out of State" conclusion may be used only after the Children's Service Worker has verified the location of the alleged victim child(ren) as residing in another state.
- **Home Schooling** – This investigative conclusion is appropriate when the parent has stated to the investigator that he/she is providing for his/her child's education, and the Division has sent the report to the Superintendent of Schools of the appropriate school district.

- **Inappropriate report** – An “Inappropriate Report” is defined as any report received for investigation which does not contain allegations of abuse or neglect specified in Missouri State Child Abuse and Neglect statute (Section 210, RSMo.). If during an Investigation the worker discovers the report does not fall within the state statute, it must be concluded as an Inappropriate Report.

The total percent of substantiations are illustrated in the table below. Additional tables are provided below to offer demographic information specific to alleged victim children.

**Substantiated CA/N by Category**

Category	2012	2011	2010	2009	2008	2007
Neglect	57.8%	58.1%	55.5%	51.8%	43.8%	50.0%
Physical Abuse	30.2%	27.6%	27.8%	31.8%	26.0%	29.1%
Sexual Abuse	22.0%	21.4%	24.5%	26.4%	23.1%	26.6%
Emotional Abuse	3.3%	3.9%	3.9%	4.0%	5.2%	6.1%
Medical Neglect	3.1%	2.8%	3.3%	2.4%	3.0%	2.8%
Educational Neglect	1.5%	1.3%	1.5%	0.8%	1.4%	2.2%

Source: Children’s Division Child and Abuse Annual Report, CY12, Page 10

Note: Percent is the percentage of total substantiated children. Percent total is greater than 100, because a child may be concomitantly substantiated for up to six categories of abuse/neglect. The numbers above are preliminary numbers only.

Neglect accounted for the highest percentage of total substantiated reports. The category of neglect encompasses concerns such as abandonment, lack of compulsory education, lack of supervision, non-sexual exploitation, and other concerns related to inadequate basic care (e.g., food, clothing, shelter, medical, dental, mental health, etc.). The identified omission of parent/caretaker responsibility to provide the necessary care or support for his/her child often represents a surface level symptom related to deeper individual, familial or environmental contributing factors. The table above illustrates a relatively stable substantiation rate over the last six years. The categories of neglect, physical and sexual abuse show some slight fluctuations which can be attributed to additional training provided over the last few years. Staff has a better understanding of the evidence required to make a preponderance of evidence (substantiated) finding.

### Alleged Victim Children Demographics

The CA/N Program is the portal through which most of the agency’s continuum of care begins. As such, efforts are continually made to remain cognizant of and improve upon the service array at the point of intake. Child-specific, family-centered engagement used to ensure both children’s safety and well-being is enhanced and improved by reviewing the demographics of identified alleged victim children and/or those children otherwise determined to present a need for services.

The context of subsequent sections which reflect Family-Centered Services, Family-Centered Out-of-Home, Disparity and Disproportionality, etc. are enriched when viewed in light of the connectivity of factors present during intake. The following tables are derived from the Children’s Division Child Abuse and Neglect Annual Report, CY12.

**Alleged Victim Child Demographics by Conclusion/Determination**

Race	Type of Conclusion					Total
	Sub.	Unsub. PSI	Unsub.	Other	Family Assessment	
Unable to Determine	139	142	926	868	842	2,917
White	5,062	5,755	22,857	2,385	33,829	69,888
Black / African American	895	968	6,415	1,601	7,873	17,752
American Indian / Alaska Native	17	19	65	5	113	219
Asian	13	12	128	15	144	312
Native Hawaiian / Pacific Islander	6	7	45	4	54	116
Multi-Racial	115	122	469	64	638	1,408
Total	6,247	7,025	30,905	4,942	43,493	92,612

Source: Children’s Division Child Abuse and Neglect Annual Report, CY 12, Page 12

Note: The numbers above are based on preliminary data.

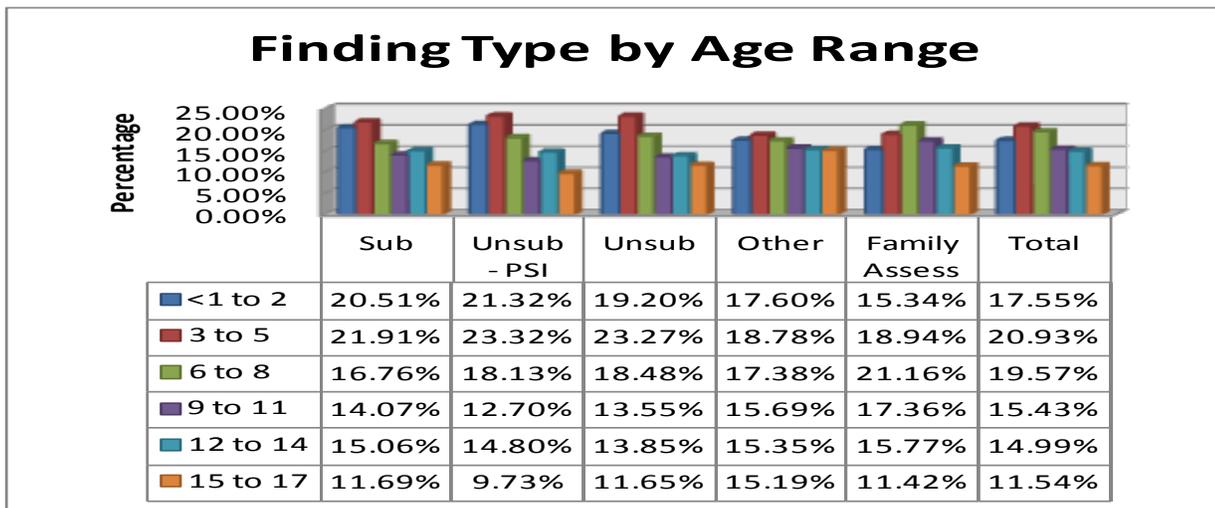
As discussed in the Workgroup for Racial Equity section of the report, the workgroup is reviewing data and looking for ways to reduce the disproportionality and disparity in the child welfare system. When reviewing the race table above and comparing it to the 2010 census ([2010 Census Interactive Population Search](http://2010.census.gov/interactive/population-search) and Missouri Quick Facts located at <http://quickfacts.census.gov/qfd/states/29000.html>), African Americans constituted 11.5% of the general population. However, African-American children

constituted 18.7% of the child population involved in an investigation and 14.3% of all substantiated victim children were African American. In contrast, approximately 83.9 % of the general population was white, while white children constituted 76.2% of all children involved in an investigation, and 81.0% of all substantiated victim children.

The St. Louis region has had a regional workgroup for racial equity for many years. Their workgroup includes several members of the community and they collaborate on a regular basis to conduct work around disproportionality/disparity at the local level. In 2012, the region created a video regarding disproportionality/disparity. The region was invited to present their video at the Mayor’s commission meeting. In addition, the St. Louis region partners with graduate students from Washington University to review our policy and offer suggestions. As a result, the students developed an informational report called “Reducing Racial Disproportionality in St. Louis through Children’s Division through Increasing Guardianships”. The intent is to distribute the guide to staff and to the community to increase awareness about the benefits of children being placed with family.

A strategic planning session was held in November 2012 to determine next steps to be explored during CY13. The following tasks were identified:

1. Develop a statewide training team by partnering with a contracted provider to ensure all new staff are trained on racial awareness.
2. Infuse policy with equity and cultural competence. The Children’s Division is in communication with the Black Administrators in Child Welfare (BACW) as well as Casey Family Programs to request assistance with a policy review. BACW and Casey Family Programs have helped other states conduct a policy review to determine how to improve their policy.
3. Incorporate racial equity topics in the Supervisor Learning Labs in order to impact front-line staff. The workgroup will begin work on this task July 1, 2013 as the current learning lab contract will expire on June 30, 2013.



Source: Children’s Division Child Abuse and Neglect Annual Report, CY 12, Page 12

**Substantiated Categories by Alleged Victim Age Range**

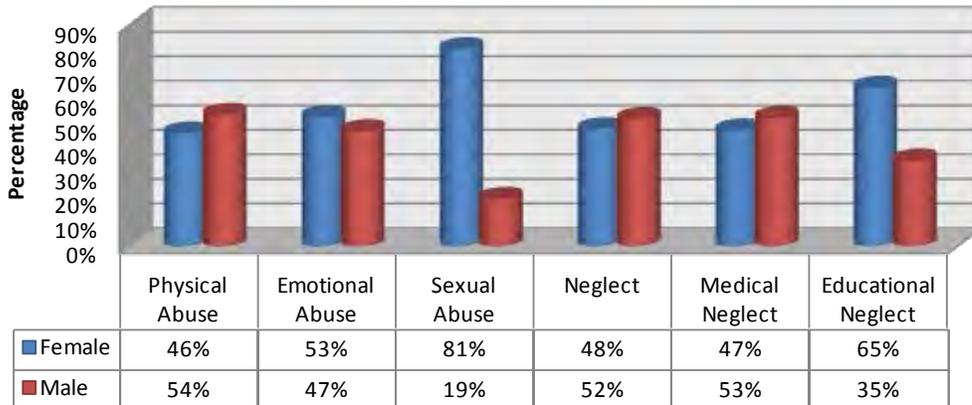
Age Range	Type of Conclusion					
	Physical Abuse	Emotional Abuse	Sexual Abuse	Neglect	Medical Neglect	Educational Neglect
<1 to 2	21.9%	10.1%	1.5%	26.9%	37.6%	0.0%
3 to 5	18.5%	15.9%	13.5%	26.3%	16.5%	1.1%
6 to 8	15.8%	13.5%	17.4%	17.2%	11.3%	15.4%
9 to 11	14.1%	17.8%	18.0%	12.1%	10.8%	22.0%
12 to 14	15.9%	23.6%	27.2%	10.3%	14.4%	33.0%
15 to 17	13.8%	19.2%	22.4%	7.1%	9.3%	28.6%

Based on the charts and graphs above:

- Children birth to 5 years-old were represented more frequently in CA/N Investigations than all other age groups
- Children birth to 5 years-old constituted 42.4% of all substantiated victims
- Physical abuse was found more often in children birth to 5 years-old
- Emotional abuse was found more often in children 12 to 17 years-old
- Almost half of all sexual abuse findings involved children 12 to 17 years-old
- Over half of the neglect and medical neglect findings involved children birth to 5 years-old
- Children 12 to 17 years-old represented 61.6% of all educational neglect findings

The Children’s Division is in the beginning stages of developing awareness of the above data. This data was presented to the CFSR Advisory Group in May 2013. Portions of it are being presented through a multi-state differential response recurrence webinar series. The data is being incorporated into the division’s CA/N Workgroup, which may have policy and program development implications.

## Substantiated Categories by Alleged Victim Sex



Source: Children’s Division Child Abuse and Neglect Annual Report, CY 12, Page 12

Note: The percentages above are based on preliminary data.

The chart above demonstrates areas of sex-based disparity such that:

- Female children represent:
  - 4 out of every 5 substantiated victims of sexual abuse
  - Almost 2 out every 3 victims of educational neglect
  - Increased likelihood of being a victim of emotional abuse
- Male children were more likely to be victims of:
  - Physical abuse
  - Medical neglect and other forms of neglect

### Characteristics of Families Involved in Substantiated Incidents, CY12

Observed Family Characteristic	Frequency	Percentage
Amenable to Services (A)	1,502	10.2%
Stable Family Relationships/Household (B)	190	1.3%
Appropriate Parenting Skills (C)	523	3.5%
Adequate Living Conditions (D)	1,959	13.2%
Single Parent Household (E)	1,146	7.8%

Teen Parent(s) (F)	50	0.3%
Lack of Parenting Skills (G)	1,227	8.3%
Role Reversal (H)	56	0.4%
Recent Loss/Addition to Household Members (I)	302	2.0%
Domestic Violence (J)	452	3.1%
New Baby in Home/Pregnancy (K)	208	1.4%
Heavy Continuous Childcare Responsibility (L)	348	2.4%
Marital Problems (M)	206	1.4%
Loss of Employment (N)	250	1.7%
Insufficient/Misuse of Income (O)	373	2.5%
Social Isolation (P)	60	0.4%
Recent/Frequent Relocation (Q)	351	2.4%
Crowded Living Conditions (R)	271	1.8%
Lack of Utilities (S)	72	0.5%
Homelessness (T)	111	0.8%
Incapacity due to Physical Handicap (U)	19	0.1%
Illness (V)	29	0.2%
Mental Retardation (W)	26	0.2%
Alcohol Related Problem(s) (X)	250	1.7%
Other Drug Related Problem(s) (Y)	826	5.6%
Dangerous Living Conditions (Z)	432	2.9%
Manages Finances Well (1)	67	0.5%
No History of Violence (2)	89	0.6%
Appropriate Child Development Knowledge (3)	387	2.6%

Stable Marriage (4)	78	0.5%
Community/Cultural Support (5)	753	5.1%
Good Physical/Mental Health (6)	167	1.1%
Positive Childhood Experiences (7)	28	0.2%
Extended Family Support System (8)	1,769	11.9%
Problem Solving Skills (9)	215	1.5%

Source: Children’s Division Child Abuse and Neglect Annual Report, CY12, Page 11

Note: Percent is the percentage of total substantiated incidents. Percent total is greater than 100 because up to four family characteristics may be reported for each incident. The numbers above are preliminary data. They are unofficial and subject to change.

Family Characteristics are gathered during the completion of CA/N Investigations and Family Assessments. Children’s Service Workers may designate up to four observed family characteristics for each report. These factors, in addition to the completion of a thorough assessment of the family’s strengths, needs and risk could help guide the provision of preventive and/or family preservation-based services to reduce the reoccurrence of abuse/neglect. It is important to note that these are not absolute counts. For instance, a problem with alcohol or other drugs may be difficult to detect during the course of an investigation.

**Family Assessments**

A Family Assessment is a classification of response by CD to provide for a prompt assessment of a child who has been reported to CD as a victim of abuse or neglect by a person responsible for that child's care, custody or control and of that child's family, including assessment for risk of abuse and neglect. If necessary, community-based services are provided to reduce the risk and support the family. Family Assessment reports will generally include:

- Mild, moderate or first-time non-criminal reports of physical abuse or neglect (including medical neglect)
- Mild or moderate reports of emotional abuse
- Educational neglect reports

Although CD’s response to a Family Assessment approach may appear similar in the efforts made to assure children’s safety and well-being, it is distinctly different from an investigation in many ways. Family Assessments do not typically involve the use of law enforcement, other than for safe keeping based upon reported or known safety concerns specific to a family. Family Assessments do not involve a co-investigation with law enforcement, and the collection of information obtained by CD is not utilized to make a preliminary finding of child abuse/neglect and/or to place an alleged perpetrator’s name on

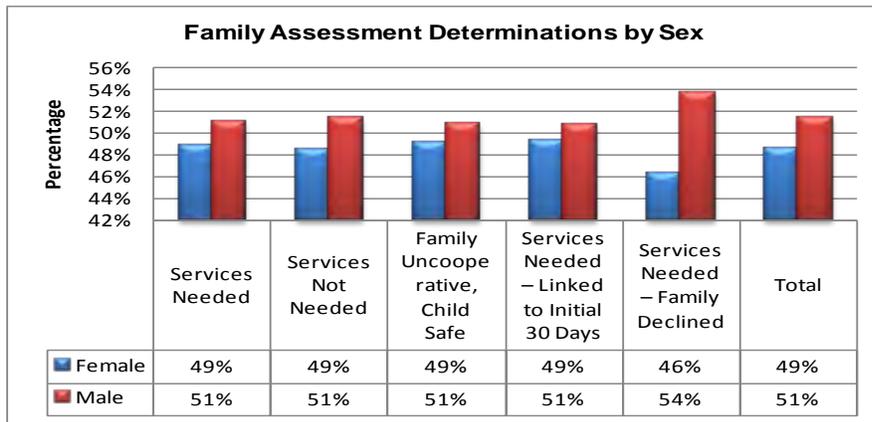
the Central Registry. Instead, information obtained through the completion of a Family Assessment, is used to make a determination of service need with the family, and where necessary, link families to services within the community or provide direct case management on a voluntary basis by way of CD's Family Centered Services program.

#### Family Assessment Determinations

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

- **Family Assessment-Services Needed** - The family needs Family-Centered Services beyond the 30 day assessment period.
- **Family Assessment-No Services Needed** - The family does not need Family-Centered Services from CD or the community.
- **Family Assessment-Family Uncooperative- Child Safe** - The family refused to cooperate during the Family Assessment process. The worker has been able to document that the child is safe, therefore a case will not be opened for Family-Centered Services.
- **Family Assessment-Services Needed-Linked to Initial 30 days** - The family received services during the thirty (30) day assessment period (either by the Division's Children's Service Worker or by a community resource/support system), and the family no longer needs services provided by CD.
- **Family Assessment-Services Needed-Family Declined** – CD offered to provide Family-Centered Services, but the family refused services. The worker has been able to document that the child is safe.
- **Unable to locate** - The "Unable to Locate" conclusion may be used only after all three of the following criteria have been met:
  - When no single child or any parent/caretaker included in the report is located;
  - The Children's Service Worker has searched all available resources that can help to locate the family and children;
  - The supervisor agrees that sufficient attempts have been made and the Children's Service Worker has exhausted all available resources to locate the family.
- **Located out of state** - The "Located out of State" conclusion may be used only after the Children's Service Worker has verified the location of the alleged victim child(ren) as residing in another state.

- **Home Schooling** - This investigative conclusion is appropriate when the parent has stated to the investigator that he/she is providing for his/her child's education, and CD has sent the report to the Superintendent of Schools of the appropriate school district.
- **Inappropriate report** - An "Inappropriate Report" is defined as any report received for investigation which does not contain allegations of abuse or neglect specified in Missouri State Child Abuse and Neglect statute (Section 210, RSMo.). If during a Family Assessment the worker discovers the report does not fall within the state statute, it must be concluded as an Inappropriate Report.



**Source:** Children's Division Child Abuse and Neglect Annual Report, CY12, Page 23

Note: The percentages are based on preliminary data.

**Family Assessment Determinations by Race**

Race	Type of Conclusion					Total
	Services Needed	Services Not Needed	Family Uncooperative, Child Safe	Services Needed - Linked to Initial 30 Days	Services Needed - Family Declined	
Unable to Determine	94	653	26	49	20	842
White	5,024	24,131	693	2,912	1,069	33,829
Black / African American	1,015	5,703	349	595	211	7,873
American Indian / Alaska Native	14	77	3	15	4	113
Asian	15	108	9	9	3	144
Native Hawaiian / Pacific Islander	1	42	3	8	0	54
Multi-Racial	89	454	19	56	20	638
<b>Total</b>	<b>6,252</b>	<b>31,168</b>	<b>1,102</b>	<b>3,644</b>	<b>1,327</b>	<b>43,493</b>

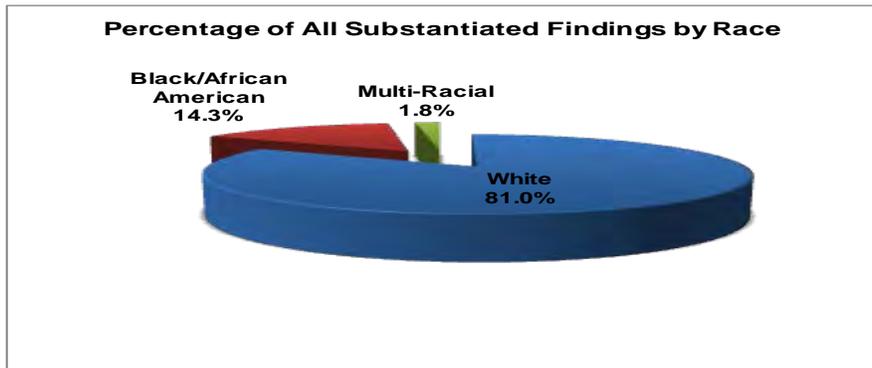
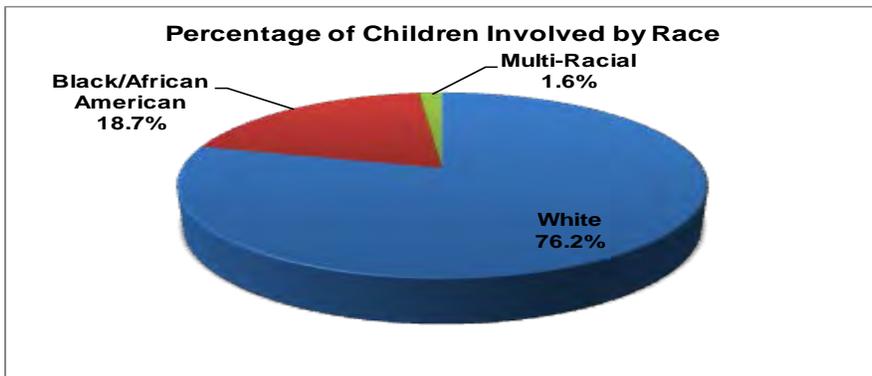
Source: Children's Division Child Abuse and Neglect Annual Report, CY12, Page 23

Note: The numbers above are based on preliminary numbers only.

The illustrations above establish the following percentages specific to all children involved in a hotline report during CY12, based on the Children’s Division Child Abuse and Neglect Annual Report, CY 12:

- 48.7% were female, 50.3% male and 1.0% unknown
- 75.5% were White, 19.2% Black/African American, 1.5% Multi-Racial
- 47.7% were involved in a CA/N Investigation; 52.3% in an Assessment

**Percentage of children involved in a concluded CA/N Investigation by race:**



**Substantiated Findings by Category of Abuse/Neglect by Race**

Type of Conclusion	White	Black/African American	Multi-Racial
Physical Abuse	78.5%	16.6%	1.8%
Emotional Abuse	80.2%	14.4%	1.9%
Sexual Abuse	84.4%	11.6%	1.4%
Neglect	84.2%	11.5%	1.8%
Medical Neglect	81.4%	14.4%	1.0%
Educational Neglect	75.8%	24.2%	0.0%

Type of Conclusion	Percent of All Family Assessment Determinations
Services Needed	14.4%
Services Not Needed	71.7%
Family Uncooperative-Child Safe	2.5%
Services Linked to Initial 30 Days	8.4%
Services Needed-Family Declined	3.1%

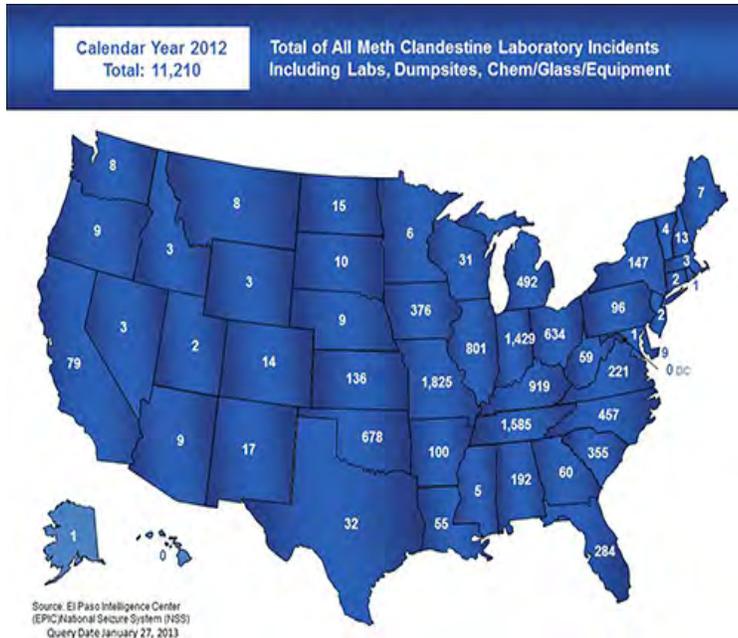
**Family Assessment Determinations by Race**

Type of Conclusion	White	Black/African American	Multi-Racial
Services Needed	80.4%	16.2%	1.4%
Services Not Needed	77.4%	18.3%	1.5%
Family Uncooperative-Child Safe	62.9%	31.7%	1.7%
Services Linked to Initial 30 Days	80.0%	16.3%	1.5%
Services Needed-Family Declined	80.1%	16.0%	1.5%

**Environmental Considerations**

Missouri averaged a 7.2% unemployment rate during CY12, according to the United States Department of Labor - Bureau of Labor Statistics, (<http://data.bls.gov/timeseries/LASST29000003>). The Alternative Measures of Labor Underutilization for States, 2012 Annual Averages, indicated a statewide average of 7.3-12.5% underemployment on 3 of 6 measures (<http://www.bls.gov/lau/stalt12q4.htm>).

As of April 30, 2011, 39% of the children in the care and custody of CD had conditions of parental drug and alcohol issues, not necessarily the sole reason for removal.



To put the drug use issue into perspective, Missouri ranks as the highest state at 16.2% of all Meth Clandestine Laboratory Incidents in the nation, followed by Tennessee and Indiana. The prevalence of drug related incidents has remained a significant factor in Missouri for several years.

See <http://www.justice.gov/dea/resource-center/meth-lab-maps.shtml> for more information.

The Missouri Office of Social and Economic Data Analysis (OSED) provides an additional means to view ecological factors through Missouri Kids Count’s

Dynamic Reports Generator Menu, which offers ecologic and child specific indicators. Based on a review of Missouri Kids Count Data Book Online, the following statewide indicators were identified as recent as 2011:

Percent of children eligible for free & reduced price lunch	47.7%
Percent of births to mothers with less than 12 years education	15.8%
Dropout Rate Grades 9-12	3.5%
Births to teenage mothers 15-19 (Per 1,000)	34.4
Population under 18	1,412,121
Population under 18 as a percent of the total population	23.4%
Minority under 18	337,685

Minority under 18 as pct of total pop under 18	25.5%
Adult unemployment rate	8.6%
Percent of public system child support cases paying	54.6%
Children in subsidized child care	49,564
Licensed child care capacity	152,750
Accredited child care providers	531
Percent of children receiving cash assistance	4.8%
Percent under 18 receiving food stamps	37.8%
Percent under 18 receiving Medicaid	37.4%
Children receiving services for serious emotional disorders	26,755

***CA/N Program Related Policy Development in CY12***

Children’s Division launched a CA/N program-based Workgroup in CY12. The workgroup includes representatives from Central Office, Regional and/or Local Offices, CANHU, Out-of-Home Investigation Unit, Training and Workforce Development, and the Department’s Division of Legal Services. The CA/N workgroup has focused efforts to engage and receive input from multiple levels and program lines within CD to affect positive advances in policy and programmatic development.

The following are highlighted policies published throughout CY12. Some have a direct impact on the CA/N program only, while others touch multiple program lines. It may be worthwhile to note, though not necessarily quantifiable, many of these policy and programmatic advancements play a significant role in supporting the implementation, assurance and improvement of best practice in vital areas such as children’s safety (e.g., CD12-08, CD12-68 and CD12-103).

<b>Memorandum Number</b>	<b>Subject</b>	<b>Primary Staff Affected</b>	<b>Summary</b>
<a href="#">CD12-08</a>	FREQUENTLY ASKED QUESTIONS (FAQ) FOR CHILD SAFETY ASSESSMENT AND PLANNING POLICY	Managers and All Field Staff	Introduces a new Intranet webpage containing Safety Assessment and Planning frequently asked questions (FAQs).

<a href="#">CD12-22</a>	AUTOMATED DELETION OF CA/N INVESTIGATIONS FOUND TO BE HARASSMENT	Managers and All Field Staff	<p>Informs staff the Child Welfare Manual has been revised to clarify the automated process by which Child Abuse/Neglect (CA/N)</p> <p>Investigations are expunged in FACES following a determination of harassment.</p>
<a href="#">CD12-37</a>	UPDATED CA/N CHIEF INVESTIGATOR CONSULTATION PROCESS	Managers and All Field Staff	Informs staff of revisions made to the Child Welfare Manual regarding the CA/N Chief Investigator Consultation Process. Effective immediately, staff are no longer required to complete the CA/N Chief Investigator Log, CD-154.
<a href="#">CD12-38</a>	RELEASE OF CHILD ABUSE/NEGLECT (CA/N) RECORDS	Managers and All Field Staff	Clarifies the guidelines for disclosure of information pertaining to a CA/N Investigation, Family Assessment or Non-Caretaker Referral, specifically regarding the release of the reporter's identity.
<a href="#">CD12-54</a>	INTRODUCTION OF THE INDIVIDUAL CONCLUSION SCREEN IN FACES	Managers and All Field Staff	Introduces to staff the new Individual Conclusion screen for use with Child Abuse/Neglect (CA/N) Investigations in FACES, and informs staff that revisions have been made to the Child Welfare Manual related to its use.
<a href="#">CD12-68</a>	FACES SAFETY ASSESSMENT REVISIONS	Managers and All Field Staff	Advises staff of modifications to the FACES safety assessment screens, as well as revisions to the child safety policy, tools, and procedure.
<a href="#">CD12-73</a>	PARENTAL NOTICE AND INTERVIEWING IN	Managers and	Informs staff revisions have been made to the Child Welfare

	CHILD ABUSE/NEGLECT INVESTIGATIONS	All Field Staff	Manual to further clarify the process staff should adhere to when providing parental notice and completing interviews in a CA/N Investigation.
<a href="#">CD12-76</a>	BEST PRACTICE REVIEW (BPR)—REVISED PROCESS AND TOOLS	Managers and All Field Staff	Introduces to staff the newly revised and standardized Best Practice Review (BPR) process which formally began on July 1, 2012.
<a href="#">CD12-80</a>	SUPERVISORY CASE REVIEW PROCESS	Managers and All Field Staff	Introduces the revised Supervisory Case Review (SCR) process and review tool (SCRT).
<a href="#">CD12-86</a>	CANHU RESUBMITTING HOTLINE CALLS TO FIELD OFFICES	Managers and All Field Staff	Informs staff an update has been made to FACES allowing the Child Abuse/Neglect Hotline Unit to correct errors within 72 hours. This change is the result of a Change Control Board prioritized Systems Change Request.
<a href="#">CD12-90</a>	REVISED AUTHORIZATION TO PROVIDE ALTERNATIVE CARE, CS-33, FORM	Managers and All Field Staff	Informs staff of revisions made to the <i>Authorization to Provide Alternative Care (CS-33)</i> form and instructions.
<a href="#">CD12-102</a>	2012 LEGISLATIVE UPDATE AND RELATED POLICY REVISIONS	Managers and All Field Staff	Communicates with staff information on legislative bills passed in the 2012 legislative session which have an impact on CD or are of interest to staff in the work we do. These bills became effective August 28, 2012.

[CD12-103](#)

QUARTERLY CQI  
NEWSLETTER, *IN*  
*FOCUS*

Managers and  
All Field Staff

This quarter's Continuous Quality Improvement, *In Focus*, newsletter discusses safety for children in multiple program areas. The newsletter highlights Domestic Violence Awareness Month and National Adoption Month.

## Other CA/N Related Programs and Contracts

### ***The Child Abuse and Neglect Review Board(s)***

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

The alleged perpetrator can seek administrative review if:

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

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

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

**Outcome of CANRB Reviews 2009-2012**

<b>CANRB REVIEWS</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>
UPHELD	188	263	273	272
REVERSED	145	142	143	142
TOTAL	333	405	416	414
PERCENTAGE UPHELD	56%	65%	66%	66%

Source: CANRB CY09-CY12 Reports Produced by the Child Abuse/Neglect Hotline Unit

As illustrated above, CD’s preliminary findings of child abuse/neglect by a preponderance of evidence have been upheld in approximately 2 out of every 3 CANRB reviews since CY10. Children’s Division’s effort to provide Legal Aspects for Investigations training to front-line staff and supervisors, as well as management coaching, practice points, policy changes and memo instructions, has contributed to this improved outcome. The division does not have specific data regarding the reversed findings, as each Board’s reason for reversal is case-specific. On each reversed finding, the Board chair is asked to document the Board’s reason for reversal for direct feedback to the Children’s Division investigator/circuit manager/regional office. This written feedback is attached to the notification letter of the Board’s decision to reverse.

***Background Screening and Investigation Unit***

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

During 2010, BSIU processed 108,484 screenings which is slightly less than during 2009, with 110,422 screenings. In 2011, BSIU processed 102,697 screenings. During 2012, BSIU processed 106,766 screenings, an increase over 2011. The 2011 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.

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

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

Child Assessment Centers 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, Desoto, Wentzville, Cape Girardeau, Doniphan, Columbia, Parkville, Osage Beach, and Branson West. Satellite offices are also located in: Sullivan, Nevada, Pierce City, Butler, St. Robert, Farmington, and Hannibal. In total, CAC services are provided in 22 locations around the state.

According to data collected by Missouri KidsFirst from the CACs, during FY2012, 6,409 children received full forensic services compared to 6,213 children in FY2011.

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

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

According to Department of Health and Senior Services (DHSS) in SFY12, Sexual Assault Forensic Examination-Child Abuse Resource and Education Network (SAFE-CARE) exams were conducted by 54 participating providers with a total of 1,391 exams completed, compared to 1,902 exams in SFY11. Reporting of exams to DHSS is voluntary, and fewer facilities are reporting. Several providers were removed from the list as they did not attend training.

SAFE-CARE exams can be conducted at the physician's medical office or the Child Assessment Center (CAC). The SAFE-CARE exam process allows for a one-time interview of the victim, with the opportunity for the physical examination to occur in the same location, preventing unnecessary stress and trauma to the child victim and their family. CACs often facilitate scheduling the exams and interviews to further assist in the investigation process.

In SFY12, 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 SFY12, a new training curriculum was introduced, and online training modules were utilized.

### ***Children's Treatment Services (CTS) Contracts***

Children's Treatment Services (CTS) contracts are used in order to provide services across the Division's continuum of care. All children and families served through CTS must have open involvement with the Division, such as an active CA/N Investigation, Family Assessment, Family-Centered Services case, foster care case, adoption, or guardianship. Children's Treatment Services is used, as a payer of last resort, with children and families to prevent CA/N and to treat the negative consequences of CA/N occurrence. These services are administered by third party providers, which may include the provision of counseling and therapy; parent aide and education services; family reunification; and/or, intensive in-home services (family preservation). Services are provided in order to keep children from entering foster care, to return children safely to their homes, or to achieve another permanency plan.

### ***Mental Health Services Contract***

The Mental Health Services Contract is primarily intended to provide mental health assessments, psychological testing, and treatment to children and families not otherwise eligible, covered, or receiving the specific mental health services by another entity.

Mental Health Services include the following:

- Mental Health Assessment - Assessment services to identify the treatment needs of the individual or family for the purpose of assisting the Division to develop and implement a treatment plan to correct or minimize those needs.
- Psychological Testing - Testing services which shall include: 1) the administration and interpretation of an individual battery of tests; 2) the submission of a written report stating the result of the tests; and 3) a recommendation for treatment.
- Individual Therapy - Individual therapy in the form of guidance and instruction.
- Family Therapy - Intensive family therapy treatment services to families at the contractor's facility or in the home of the family.
- Group Therapy - Guidance and instruction provided through therapeutic interaction between the contractor and a group consisting of two or more individuals.

### ***Supplemental Services Contract***

The Supplemental Services Contract is intended to provide a way for the Division to offer a variety of services as needed based on the identified needs of children and families. The client or group of clients served through supplemental services must have active/open CA/N, case management or adoption involvement with the Division. Services provided through the supplemental contract are intended to prevent further incidents of child abuse and neglect, to meet the case specific needs of children and families with open/active involvement with the Division.

The following is a listing of the types of services under the Supplemental Services Contract:

- Day Treatment - Therapeutic day treatment program for emotionally disturbed, developmentally disadvantaged, and abused or neglected children also providing therapy for members of the child's family.
- Family Assistance – Placement of an aide to assist a child, or his/her family, with normal daily living activities, assessing community resources, and providing one-on-one temporary supervision. This service is for individuals with mental or other developmental disabilities.
- Respite Care - The provision of 24 hour per day placement services for children who are living outside their own homes and who need short term placement.
- Parent Aide - Placement of a trained parent aide in the home of a family as part of the family/client's case treatment plan. The aide assists the parent(s) in developing parenting and homemaking skills.
- Tutoring - Provisions of services to children enrolled in and attending school for educational enhancement.
- Mentoring - One-on-one services provided directly to a child to meet identified goals in the areas of problem solving, peer pressure, and socially acceptable behavior.
- Service Delivery Coordination - The provision of activities related to the coordination of the delivery of services, or the development, identification, and acquisition of resources for clients in need of a variety of services.
- Resource Coordination - Identifying and accessing community resources on behalf of a specific child or family.
- Parent Education Program - The contractor provides an instructional program in the form of appropriate parenting techniques for a group consisting of five or more individuals.
- Parent Training Program - Provisions of an instructional program that is competency based to demonstrate appropriate parenting techniques

## Greatest Risk of Maltreatment

The Division utilizes an evidence-based Structured Decision Making risk assessment (illustrated below) 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 a family will maltreat 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.

The risk assessment is based on research which examined the relationship between family characteristics and the outcomes of subsequent substantiated abuse and neglect. The risk assessments completed within the CA/N and FCS programs respectively do not predict recurrence, but assess whether a family is more or less likely to have another incident without intervention by the agency.

The risk assessment 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.

The primary caretaker is the adult living in the household where the allegation occurs who assumes the most responsibility for childcare. When two adult caretakers are present and the worker questions which one assumes the most child care responsibility, the adult with legal responsibility for the child(ren) involved in the report is selected as the primary caretaker. The secondary caretaker is defined as an adult living in the household who has routine responsibility for childcare, but less responsibility than the primary caretaker. A partner may be a secondary caretaker even though he/she has minimal responsibility for care of the child.

### Structured Decision Making Risk Assessment

#### Neglect

N1. Current report is for neglect

- a. No (0)
- b. Yes (1)

N2. Prior CA/N Investigations/Family Assessments (assign highest score that applies)

- a. None (0)
- b. One or more, neglect only (1)

#### Abuse

A1. Current report is for abuse

- a. No (0)
- b. Yes (1)

A2. Number of prior abuse CA/N Investigations/Family Assessments (assign highest score that applies)

- a. None (0)

c. One or two for neglect (2)

b. One (1)

c. Two, or more (2)

N3. Household has previously received services as the result of a CA/N Investigation/Family Assessment

A3. Household has previously received services as a result of a CA/N Investigation/Family Assessment

a. No (0)

a. No (0)

b. Yes (1)

b. Yes (1)

N4. Number of children involved in the CA/N Incident

A4. Prior injury to a child as a determined by prior CA/N Investigation/Family Assessment

a. One, two or three (0)

a. No (0)

b. Four or more (1)

b. Yes (1)

N5. Age of the youngest child in the household

A5. Primary caretaker's assessment of incident (check applicable items and score).

a. Two or older

a. Not applicable (0)

b. Under two

b. Blames child (1)

c. Justifies maltreatment of a child (2)

N6. Primary caretaker provides physical care inconsistent with child needs

A6. Domestic Violence (two or more incidents) in the household in the past year

a. No (0)

a. No (0)

b. Yes (1)

b. Yes (2)

N7. Primary Caretaker has a past or current mental health problem

A7. Primary caretaker characteristics (check all applicable items and add for score)

a. No (0)

a. Not applicable (0)

b. Yes (1)

b. Provides insufficient emotional/psychological support (1)

c. Employs excessive/inappropriate discipline (1)

d. Domineering parent (1)

N8. Primary caretaker has a historic or current alcohol or drug problem that interferes with his/her family functioning (check applicable items and add for score)

- a. Not applicable (0)
- b. Alcohol (current or historic) (1)
- c. Drug (current or historic) (1)

N9. Characteristics of children in the household (check applicable items and add for score)

- a. Not applicable (0)
- b. Medically fragile/failure to thrive (1)
- c. Developmental or physical disability (1)
- d. Positive toxicology screen at birth (1)

N10. Housing (check applicable items and add for score)

- a. Not applicable (0)
- b. Current housing is physically unsafe (1)
- c. Homeless at time of investigation (2)

A8. Primary caretaker has history of abuse or neglect as a child

- a. No (0)
- b. Yes (1)

A9. Secondary caretaker has historic or current alcohol or drug problem that interferes with his/her family's functioning

- a. No (0)
- b. Yes, alcohol and/or drug (1)

A10. Characteristics of children in household (check applicable items and add for score)

- a. Not applicable (0)
- b. Delinquency history (1)
- c. Developmental disability (1)
- d. Mental health/behavioral (1)

Overall risk is established by adding the sum of both indices and determining the highest level presented between them. Overall risk may be: Low (0-1); Moderate (2-4); High (5-8); or Very High (9 or more). 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, and have been determined by the agency to warrant a risk level designation of very high regardless of the risk level indicated by the assessment tool. Policy overrides are as follows:

- 1) Sexual abuse case AND the perpetrator is likely to have access to the child victim.
- 2) Non-accidental injury to a child under age two years.
- 3) Severe non-accidental injury (for example, brain damage, skull or bone fracture, subdural hemorrhage or hematoma, dislocations, sprains, internal injury, poisoning, burns, scalds, severe

cuts, or any other physical injury that seriously impairs the health or well-being of the child(ren) which requires medical treatment).

- 4) Parent/caretaker action or inaction resulted in death of a child due to abuse or neglect (previous or current), and other children remain in the home.
- 5) A discretionary Override to increase the overall risk score by one level may occur by supervisor approval.

### Case Opening Criteria

Decisions to open a case for Family-Centered Services are based on a combination of risk level and the conclusion of a CA/N Investigation or Family Assessment determination.

- All cases which are found by a “preponderance of evidence” that physical abuse or neglect exists will be opened for Family-Centered Services unless the victim is otherwise protected from future abuse/neglect.
- “Unsubstantiated” cases will be closed unless the family requests services to improve family functioning and such services are available through the Division or community resources.
- Case opening and services are voluntary for those families where the worker has concluded a report to be “Unsubstantiated-Preventive Services Indicated.” However, as the worker identifies indicators which could contribute to potential abuse/neglect, an effort should be made to encourage the family to accept services by:
  - Asking the family to give their perceptions of problems they may be experiencing and possible solutions;
  - Advising the family of problems which the worker identified during the investigative process;
  - Advising the family of services available through the Division and community resources which will help to alleviate the stated problems;
  - Offering to refer the family for preventive services or community services;
  - Offer the family time to reconsider and contact the worker at a later date if the family is hesitant to accept or resistive to services.

The worker should thoroughly document the family’s response to an offer of services and the basis for the decision to open/close the case. Structured decision making guidelines regarding opening or closing a case, based on risk assessment level, should be adhered to. Any time a decision is made to close a case, the reason must be documented in the case narrative, and a supervisor must sign the narrative to approve the case closing.

<b>Risk-Based Case Open/Close Guidelines</b>			
<b>Risk Level</b>	<b>Investigations</b>		<b>Family Assessments</b>
	<b>Preponderance of Evidence</b>	<b>Unsubstantiated</b>	
Low	Close	Close	Close
Moderate	Open/Close	Close	Open/Close
High	Open	Open/Close w/referral	Open/Close w/referral
Very High	Open	Open/Close w/referral	Open/Close w/referral

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 that have been 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 help 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. It is used to guide monthly contacts while the case is open, and is reviewed at each risk reassessment until the case is closed.

These guidelines apply to families where all children are in the home, and reflect the minimum number of face-to-face and collateral contacts with the family each month. Workers should 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 or with families with children in out-of-home care. Accurate, comprehensive assessments which 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 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 should lead directly to a meaningful treatment plan designed to reduce risk of future child maltreatment and to promote and maintain positive change in family functioning.

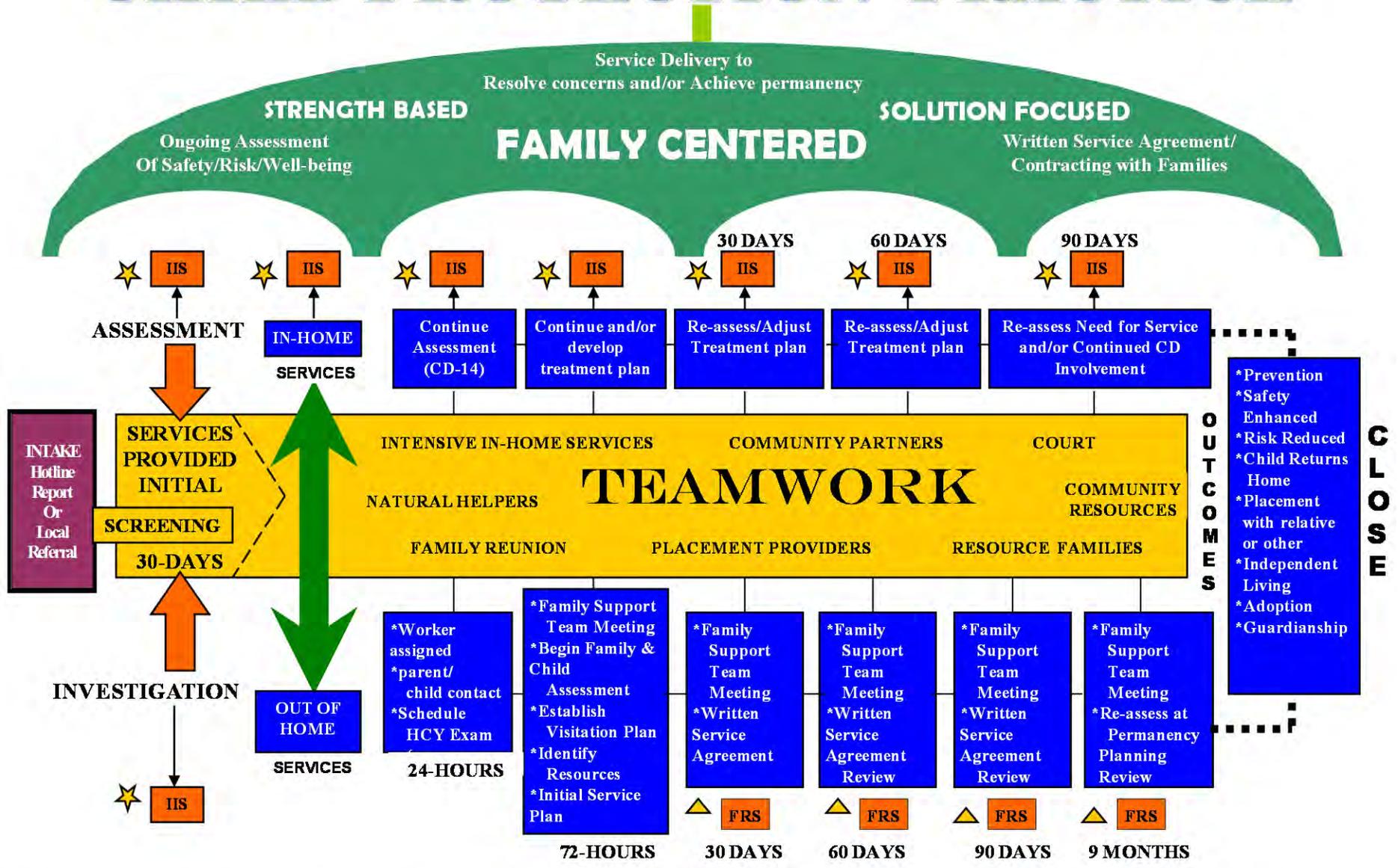
Missouri has sound policy through the Framework for Safety enabling staff to identify vulnerabilities and protective capacities, thus allowing services to be targeted to the most vulnerable children and to caregivers with limited capacities. The division has extensive reference material available to all staff on the Intranet in the Child Welfare Manual, such as information on Chronic Neglect, developmental milestones, domestic violence, substance abuse, Failure to Thrive, and many other issues leading to increased risk for children.

Workers are to visit children in foster care a minimum of one time a month. Policy also prescribes that workers are to plan schedules for visitation in order to take into consideration the specific needs and current situation of each child or youth, which may mean more visits with some children and youth than others.

In addition, as discussed in the Child Abuse/Neglect sections, awareness activities related to demographics of child abuse victims are also occurring.

To this point, Missouri has not analyzed factors specified in the Structured Decision Making risk assessment tool to determine those factors most prevalent. Over the course of the next one to two years, the division will begin analyzing the factors most often identified in the risk assessments. Through coordination of the policy, training, and QA/QI units, an effort will be undertaken to review policy, reference materials, training curriculum, and tools to ensure the most prevalent risk factors are sufficiently addressed.

# CHILD PROTECTION PRACTICE



★ Appropriate time to refer to IIS (IIS is to prevent placement to alternative care)



▲ Appropriate time to refer to FRS (FRS is to return children from alternative care)

## **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). Family-Centered Services may also be provided if the family requests preventive treatment services. Services are available to families, including expectant parents, who request services aimed at preventing child maltreatment or family dysfunction and promoting health and appropriate parenting skills. Family-Centered Services seeks to empower the family and minimize its dependence upon the social service system.

Throughout the provision of treatment services, the Children's Service Worker maintains a focused casework perspective. Contacts with the family are purposeful and goal-oriented. The Children's Service Worker, depending on his/her abilities, provides direct services to the family. Some examples include:

- Teaching the family behavioral techniques for changing undesirable behaviors. An example of this would be introducing the parents to behavior modification methods such as positive reinforcement and "time-out," rather than physical punishment;
- Teaching the family appropriate methods to channel frustrations and manage anger;
- Modeling effective family communication and structuring family activities to enhance communication and family functioning;
- Engaging the family in the treatment process;
- Teaching life skills, such as how to improve self-esteem and how to look for employment;
- Teaching and role modeling household management skills, such as house cleaning, budgeting, and cooking;
- Providing "hard services" to meet 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 uses community providers when he/she assesses that some, or all, of the services cannot be delivered directly; and

- o Encourages and works 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 SFY12, there were 19,721 active FCS cases compared to 18,791 during SFY11, and 17,674 in SFY10 (Source: CD Annual Report, Table #15). This is an increase of 4.95% (930 cases) from SFY11 to SFY12. The number of children in out-of-home care increased by 749 in SFY12 which may contribute to the increase in FCS cases during that same time period. Most often, children in out-of-home care will have had at least one FCS case open as efforts to keep families intact is priority. In addition, the number of hotline reports received by the Division has also increased in the last year which contributes to the increase in the number of FCS cases opened.

The majority of persons served through the FCS program in SFY12 were children, 39,288 out of 74,582 total FCS recipients (Source: CD Annual Report, Table 10). Approximately 9.7% of FCS families were served as a result of substantiated child abuse/neglect reports (982 out of 10,132; Source: CD Annual, Table 11). Families having no substantiated report requesting preventive services made up 19% of the total served. Almost 4% of the families' cases were opened due to court order. The remaining 67% of families were served as a result of an Family Assessment or Newborn Crisis Assessment.

In January 2012, Family-Centered Services performance measures tied to desired practice outcomes were developed for individual staff performance expectations. The performance measure tied to Family-Centered Services evaluates whether workers are visiting with parents (at least one time per month). The Data source for this measure is the Quarterly FCS Analysis Report provided by the Research and Evaluation Unit. One or more visits per month are the "pass" for this measure. The statewide goal for this measure was 80% for 2012 and 2013. The 80% goal was determined by the CD Executive Team after discussion and reviewing the initial baseline during report development. The Executive Team has determined that the goal for 2014 will be increased to 90% (for intact families). This decision was made since staff have had sufficient time to understand the policy requirement and data entry related to this practice and increased attention is needed on family engagement. Policy requires the risk level to determine the number of required visits with the parents each month with a minimum of one visit per month.

During calendar year 2012 progress was made on this measure due to attention paid to practices related to this performance measure. The 2012 statewide performance for this goal is 69%. While that does not meet the 80% statewide goal, an improvement of 9% was realized over the course of the 2012 calendar year.

Performance Measure	Description	Required Goal	Baseline (Statewide)	Current Performance (Statewide)	Prior Qtr Performance (Statewide)	Variance from Initial 2012 Baseline	Variance from Required Goal
FCS Measure 1	Monthly Worker Visits with Intact FCS Parent	80%	60%	69%	67%	9%	-11%

In 2011 - 2012 the Division partnered with Casey Family Programs (CFP) to identify themes related to entries and exits of children in foster care across ten child welfare circuits in Missouri. More information regarding this review, including a summary of strategies developed, is documented in the foster care section on page 64. Children's Division also requested CFP collaborate to identify a set of recommendations. Key themes related to family-centered practice seen during the case review included:

- 1) Centering case practice around the whole family
- 2) Early services to prevent out-of-home placement
- 3) Making family-centered decisions based upon an understanding of safety and risk
- 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. The next steps were to develop strategies to improve practice in these areas. Some of the themes are already being addressed through PIP action steps. Technical assistance was received from the NRC to assess the state's policy, forms, and QA processes around family engagement. National Resource Center recommendations are currently being reviewed in order to prioritize and implement the suggestions. Additional information on this TA is discussed on page 159.

Having good family engagement practice strengthens the Children Division's mission and increases success for the children and families served. In October 2010, the Division implemented a poster campaign to improve worker visits with foster children. This campaign helped heighten awareness and provided an increased focus on visits. Because of the success of the campaign with worker/child visits, as discussed later on page 66, the Division decided to develop a campaign for worker visits with parents. In 2013, staff was asked to craft a slogan by being mindful of activities and actions associated with family engagement, such as parent's visits, parent's involvement, etc.

The slogan selected was Involved Families = Successful Children. The slogan was chosen because it gives credence to the opportunity to support parents through partnering and aligns with the agency's vision statement. Staff should focus on the end result—preventing foster care and reaching permanency. By focusing on a future vision, the statement brings a sense of hope that the division's work does have an impact. In addition, the slogan suggests "team effort" is essential. A strategic plan is currently under development to replicate success brought forth from the "Every Child Every Month" worker visit with child campaign. The strategies will not only address the frequency of visits with parents, but also quality.

In response to feedback from field staff and stakeholders, a new assessment tool will be utilized to improve family engagement and enhance practice. The North Carolina Family Assessment Scale for General Services and Reunification (NCFAS-G+R) was selected by the Written Service Agreement workgroup. The workgroup is comprised of contracted and Children's Division staff from each region of the state. The NCFAS G+R will be implemented in the Fall of 2013. All Alternative Care, Family Centered

Services staff and supervisors will be trained by the end of November 2013. Contracted staff will also be trained on the tool. Once staff are trained on the tool they are to begin utilizing the tool.

Following are highlights of the tool to support why the group chose the NCFAS-G+R as the new assessment tool to be used with FCS and AC cases:

- The NCFAS-G+R is strength based and utilizes a six-point scale which ranges from clear strength to serious problem.
- An overall domain score is assigned to each domain. Staff can easily review the 10 domains to see where the needs are and only develop a WSA based on those domains needing improvement.
- There is a readiness for reunification scale for foster care cases to help workers determine whether a family is ready to be reunified.
- The tool also allows staff to choose whether the item is not applicable or unknown.
- The IIS program utilizes a version of this tool called the NCFAS which is already in FACES. This will allow continuity between programs and allows programmers to have a starting point to put the assessment tool in FACES.

This tool has been found to be valid and reliable. It has been extensively tested with child welfare workers in many different states.

### ***Intensive In-Home Services***

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

After the assessment occurs and 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, which focus on assisting in crisis management and alleviating 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.

The IIS program is delivered in conjunction with Family-Centered Services (FCS). If there is an open IIS case, the local office must have an open FCS case. The FCS case manager works with the IIS specialist during the intervention to ensure the FCS case manager is aware of the service plan and to ensure a seamless transition at the end of the IIS intervention. FCS case managers should attend family support team meetings held by the IIS specialist and communicate with the IIS specialist on a weekly basis to receive updates regarding the family's progress.

This program is provided through purchased services by vendors contracted with the state. 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.

Intensive In-Home Services are available to all 45 circuits within the State of Missouri. According to the CD Annual Report, Table 45, in SFY12, 1,742 families and 3,549 at-risk children were accepted into the IIS program which is a slight decrease from SFY11 when 1,766 families were served. However, the number of at-risk children served increased from SFY11 when 3,351 at-risk children were served. In SFY10, 1,875 families and 3,733 at-risk children were accepted into the IIS program. The increase in the number of children served in the IIS program between SFY11 and SFY12 is related to the increase in CA/N reports and the increased number of children in foster care. Intensive In-Home Services is recognized statewide as being a program which diverts children from entering foster care and allows them to remain safely with family, thus it is important for the program to serve as many children and families as possible.

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. In the review, IIS was cited as an important practice to preventing out-of-home placement. According to the CD Annual Report for SFY12, the two biggest metropolitan areas in Missouri, St. Louis and Kansas City had decreases in referrals. The Southwest region also had a decline in referrals when compared to SFY11. St. Louis City's decreases are due to a declining foster care population which they have experienced since SFY07. The Southwest decrease is attributed to under-utilization. It has been hypothesized that organizational restructuring attributed to under-utilization, however more information is needed to determine the Kansas City decrease. Training has been offered to sites with a decline in referrals. In addition, contractors have been encouraged to attend CD staff meetings to remind staff of the importance of referring families to the program.

The percentage of children age five and under receiving IIS services has remained stable for the last three years. In SFY12 40% of the children served by IIS were five and under. In SFY11 and SFY10, the percentage of children five and under was 41%, and 40% respectively.

The IIS program has successfully diverted a significant number of children from entering alternative care. As referenced in the CD Annual Report, Table 44, in SFY12, 79% of the families remained intact at the end of the IIS intervention and avoided child placement into foster care compared to 78% in SFY11. In addition to monitoring the outcomes discussed within, the Program Development Specialist who oversees the IIS program also participates in the Peer Record Review (PRR) process, which are also used to measure program outcomes. These reviews are conducted quarterly and a sample of cases is reviewed in each region. The Division and the contractors for the region partner to review cases, to ensure contract compliance, and to help identify barriers to providing quality services. The review typically includes, but is not limited to IIS specialists, IIS supervisor(s), site coordinator(s), regional site coordinator, and the Central Office program development specialist. The Division regional site coordinator sends a list of cases to be reviewed to the contractor and a date is set for the review. During this reporting period, CD with assistance of contracted partners revised the IIS Peer Record Review tool. These changes better align the tool with the current contract language. The IIS Annual Report is produced once a year, however CD and contracted staff from each circuit are encouraged to request data for their particular site on an ongoing basis to continuously improve practice. The IIS Annual Report includes various data elements collected at the end of the intervention and at 3, 6, and 12 month intervals following the intervention. Staff interested in reviewing data outside those timeframes may request the data through supervisory channels.

The overarching goal of IIS is to protect children through the enhancement of family capabilities. As a result, the agency tracks the number of substantiated reports three months following the IIS intervention. According to the IIS contract, 85% of families who have received IIS intervention shall not have confirmed child abuse/neglect within the first three months following the completion of IIS intervention. For the last three years, contractors and state staff have exceeded this requirement with only .05% having a substantiated report within 3 months for SFY10, and .12% for SFY11 and SFY12 per the Child Welfare Outcomes Report, Measure #7. The Children's Division has no IIS data that is comparable to FCS intact family data.

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

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

Intensive Family Reunification Services (IFRS) is a short-term, intensive, family-based program 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 is based on the belief families can, through intensive intervention, improve their functioning, learn to meet the needs of their children, and gain support from within their community. The goals of IFRS are to assist the family in removing barriers 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 is 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. The IFRS specialist and the foster care case manager work closely together throughout the intervention. The level of involvement will depend on the local protocol and the needs of each family.

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

- Resolving child abuse/neglect
- Parenting education
- Mentoring and modeling for families
- Child development training
- Counseling
- Communication and negotiation skills
- Home maintenance/housekeeping skills

- Developing linkages with community resources, 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. According to a report produced in September of 2012, there were 243 families and 647 children served in SFY12 compared to SFY11 where 211 families and 451 children were served. In SFY10, 346 families and 949 children were served. The rationale for the significant decrease from SFY10 to SFY11 in the number of children and families served is due to budgetary constraints. The increase from SFY11 to SFY12 is attributed to the foster care case review conducted in several areas during 2011 and 2012 which highlighted the benefits of the program to support families upon a child's return home.

Since conversion to the FACES system, data entry issues have impacted all IFRS data collection, particularly follow-up data which provides insight into the effectiveness of this program. The Division relies on contracted staff to enter the follow up status into FACES for each child served. SFY11 was the first full year follow up data was available, and of the cases closed in SFY11, three months following the intervention, 68% of the children remained with their family and 19% of the children were in foster care. Some of the other follow up statuses include: unable to locate family, child ran away, information not available, and other. The percentages for each of the other exit statuses were insignificant and will not

be listed and compared in this report. 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. In SFY12, three months following the intervention, approximately 68% of the children remained with their family and 22% of the children were in foster care. At six months following the closed intervention, 54% remained intact and 28% of the children served were in foster care. At 12 months following the intervention, 57% of the children remained with the family and 22% of the children were in foster care. Between SFY11 and SFY12, there was a decrease in the percentage of children remaining intact at six months following the intervention. During SFY12, at six months following the intervention, there was an increase in the amount of children in foster care compared to SFY11. When comparing outcomes at 12 months following the intervention, a higher percentage of children remained with family in SFY12 compared to SFY11. Comparing outcome data for this program is difficult as there are many factors which determine whether a child is returned home and the court plays a major role in this decision. In addition, it is important to remember a child placed outside of the home may have a positive outcome depending on the situation. If the child needs to be out of the home due to a mental health reason or to protect the safety of the other children in the home, the intervention may still be considered a success.

In the coming year, CD plans to partner with our contracted providers to rewrite the IFRS contract in a way which would allow more families to be able to access services.

### ***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). Child care subsidies helped support approximately 42,202 low income children with about 5,986 children served through protective services in SFY12. In SFY12 low income children served decreased by 17% while protective children served increased by 12%.

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

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

## ***Crisis Care***

In SFY12 Crisis Nursery and Teen Crisis were combined into one contract entitled Crisis Care. Crisis Care provides temporary care for children whose parents/guardians are experiencing an unexpected and unstable/serious condition requiring immediate short term care, and without this care the children are at risk for abuse and neglect or at risk of entering state custody. Crisis Care serves children age birth through 17 years of age.

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

Care for children age 13 and older is often due to the lack of a safe haven which may lead to participation in risky behaviors in order to survive. As a result, they sometimes fall 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", teens likely require providers to assist in stabilizing the crisis within the family through mediation, referrals for appropriate intervention services, and/or the necessary referrals within the community for permanent supports or living arrangements.

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

In SFY11, 3,501 children ages 0 to 12 years old were served. In SFY12, 3,491 children age 12 and under were served which was a decrease of 1% from SFY11.

In SFY11, 539 children ages 13 to 18 were served in crisis care centers. In SFY12, 497 children ages 13 to 18 were served which is a decrease of 1%.

Admission data has been collected for the past four years. Accuracy of the data is dependent on the crisis care facilities categorizing the reason for admission within the report to the state agency. Prior to SFY12 the data had been reported separately for Crisis Nursery and Teen Crisis. With the merging of the two crisis care contracts into one, the data was merged into one report. SFY11 data was combined to show a comparison with SFY12 data. The primary reason for admission SFY12 was hospitalization of a sibling (55%), followed second by overwhelming parental stress (47%). Hospitalization of a sibling had a significant increase during SFY12 (SFY12 55%; which was a 54% increase from SFY11). At the time of this writing, there is no known reason for the dramatic increase for the hospitalization of a sibling.

Overwhelming parental stress showed an increase from 35% in SFY11 to 47% in SFY12. Hospitalization of a parent has decreased significantly over the past year (18% in 2011; 2% in 2012).

The third highest reason for admission in SFY12 is homeless and unsafe housing (17%), which increased by 2% from SFY11. 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.

## **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 which serves the child's best interest and special needs. Out-of-home placements provide secure, nurturing, and homelike settings for children.

Out-of-home placements include:

- **Emergency care placements**—A foster home which has been specifically licensed to care for six or 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 data illustrates a decrease in the number of children in residential treatment and a significant increase in the use of relative and kinship care which has been a CD focus over the last several years. The Division recognizes the importance of keeping children with family.

#### Foster Care Placements

Placement Type	Coding Categories	SFY10	SFY11	SFY12
<b>Emergency</b>	FHE	294	371	265
<b>Foster Care</b>	FAH, FGB, FGM, FHB, FHE, FHM, FHO	5,537	5,758	5,685
<b>Relative Care</b>	RHB, RHM, RHO, RHU	4,176	4,881	5,508
<b>Kinship Care</b>	KHB, KHM, KHO, KHU	887	1,001	1,194
<b>Elevated Needs</b>	FGB, CFP, FHB, KHB, RHB	865	821	886
<b>Medical Care</b>	KHM, FHM, RHM	212	237	269
<b>Transitional Living</b>	TLA, TLG, TLS	389	347	335
<b>Independent Living</b>	ILA	372	343	331

<b>Residential Treatment</b>	RFA	1,500	1,597	1,527
<b>Total Children</b>		14,776	15,738	16,487

Source: CD Annual Report Table 21; Data based upon last known placement at end of fiscal year

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

Partnering with both formal and informal community organizations to support families involved in child welfare is necessary to build stronger families and stronger neighborhoods. Children’s Division believes child welfare services can best be provided through public/private partnerships. More information regarding collaborative efforts can be found in the Collaboration section.

*Foster Care Population Increase*

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

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

**Children Active in CD Custody SFY07 - 12**

<b>Fiscal Year</b>	<b>Number of Children</b>	<b>Change from Prior Year</b>
<b>SFY07</b>	15,182	
<b>SFY08</b>	14,499	-4.50%
<b>SFY09</b>	14,241	-1.78%
<b>SFY10</b>	14,771	3.72%
<b>SFY11</b>	15,738	6.55%
<b>SFY12</b>	16,487	4.77%

Source: CD Annual Report, Table #36

In addition to the active population as shown above, the CD Annual Report, Table 37 indicates the number of children *entering* care rose by almost 600 children between SFY09 and SFY10. However the number of children entering care has been relatively stable in the last three years increasing slightly from 5,932 entries in SFY10 to 6,273 in SFY12. In addition, contributing to the increase in the foster care population is the reduction in the number of children *exiting* care. According to Table 38 of the CD Annual Report, the number of children exiting foster care declined each year from SFY08 to SFY10, however since SFY10 the number of children exiting foster care has increased. While the number of exits has increased from the prior year, the exit rate has not surpassed the rate of entries. Therefore, the total number of children in care continues to rise.

In an effort to find explanations 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.

As reported last year, information obtained from surveys of circuit managers revealed common trends including: increases in substance abuse including alcohol, methamphetamines, cocaine, heroin and prescription medicine; fewer 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 (CFP) was sought.

One of the key strategies was to conduct an in-depth case review of five 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 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 CFP. 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. Strategies were developed to improve practice in these areas. Some of the themes are being addressed currently through PIP action steps.

Strategies addressing the key themes, and associated action steps which have been completed, are as follows:

1. Expand Family-Centered practices as a way to keep families intact and achieve permanency

- Distributed a policy memorandum to inform staff of the process and requirements for state searches and introduce the Federal Parent Locator Search protocol
  - Coordinated with Office of State Courts Administrator (OSCA) to plan and hold permanency summits to include multi-disciplinary teams
  - Revised Supervisory Case Review Tools (SCRT) based on feedback received from the NRC to include qualitative question around family engagement
  - Implemented staff PERforM measures to ensure staff visits with foster children and visits with parents in intact FCS cases are monitored
  - Convened a placement stability workgroup for providing recommendations on increasing relative/kinship placements
  - Partnered with Department of Corrections to improve support to incarcerated parents and their children
  - Increased monitoring of initial contacts with children during CA/N responses and developed improvement plans
  - Expanded Team Decision Making (TDM) meetings to St Louis County
  - Adopted a Memorandum of Understanding with Head Start to increase engagement with families
2. Improve relationship with the courts and external stakeholders and align goals regarding safety and risk
- Conducted Permanency Summit consisting of multi-disciplinary members
  - Expanded Fostering Court Improvement (FCI) projects to additional circuits
  - Held statewide FCI meetings twice a year
3. Build organizational development capacity with the Children's Division
- Developed a comprehensive strategic plan designed to attend to those areas over which the division has control and which will result in improved recruitment of new staff and retention of existing valuable resources. These primary strategies were drawn from information gathered from the field through case reviews and interviews as well as from field workgroup recommendations. The plan is divided into seven primary strategies:
    - Enhancement of training
    - Leadership development
    - Supervisory support
    - Staffing
    - Reducing administrative burden
    - Staff recruitment
    - Further data analysis
  - Sought input from Supervision Advisory Committee on usability of OJT guide
  - Supervision Advisory Committee reviewed all existing regional tools and provided recommendations for standardized statewide case consultation guide
  - Piloting a case consultation guide for supervisors on how to incorporate outcome data into the case consultation process
  - Implemented a FACES newsletter

- Developed staff PERforM outcome measures to monitor benchmarks and desired outcomes tied to safety, permanency and child well-being
  - Revised SCRT tool using feedback from various workgroups and introduced for use with a memorandum to all staff
  - Supervision Advisory Committee reviewed various data including exit survey information and Survey of Employee Engagement (SEE) results and provided recommendations to the CD Director
4. Increase service delivery capacity and align funding stream for preventative and reunification services
- Sought assistance from NRC to facilitate service array pilot project with St Louis and Southern Region
  - Held interagency collaborative meetings to create new avenues to access health information for children in foster care

### ***Other Foster Care Contributing Data***

#### Worker Visits with Children

The Division continues to show improvements in the frequency of worker visits. Missouri achieved 91% in FFY12 using the previous year's methodology, an improvement of 4% from FFY11. As explained in ACYF-CB-PI-12-01, the reporting methodology was modified to be consistent with the changes in the law (P.L. 112-34). Using the new calculation method, the Division achieved 98% in FFY12. An "Every Child, Every Month" visit poster campaign was put into action during November 2010, complemented with monthly visit frequency reports positioned beside the posters in local offices to focus attention on the importance of visiting children (as discussed more in depth on page 222). In addition, beginning in CY2012, worker visits with children were added to the foster care case managers' performance appraisal which requires staff to be measured on how well they perform for the measure. The measures are specific to each job classification and program area and are intended to strengthen accountability. Staff who wish to have a successful performance appraisal understand they must be proactive in meeting with the children on their caseload each month. The measures are used by supervisors to identify practice issues and develop plans for improvement with staff as needed, as well as to focus on the value of visits with children in achieving permanency.

#### Length of Stay

Since SFY09 the average length of stay for children in the foster care system has decreased from 25.1 months to 22.4 months in SFY12. In addition, according to outcome measure 9c from the Child Welfare Outcomes Report, children who reunified had an average length of stay of 11.71 months whereas children who exited to guardianship stayed in care an average of 19.27 months and children exiting to adoption had an average length of stay of 30.80 months. One strategy to reduce the length of stay is striving for consistent improvement in the frequency of worker visits.

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 with staff, managers, Quality Assurance and Quality Improvement Specialists and the Courts.

### Placement Stability

As a result of the CFSR, the Division has also developed a workgroup to develop strategies to increase placement stability. According to Outcome Measure 13a from the Child Welfare Outcomes Report, the percentage of children with two or fewer placements, regardless of time in care, in the last three years has remained relatively stable with 82.17% in SFY10, 83.18% in SFY11, and 82.60% in SFY12. Case review results and AFCARS composite data, as discussed on page five, indicate outcomes have improved from 2010 to 2013. Some of the strategies being explored and/or implemented 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 uses an intensive process to locate family members for children. A data analysis conducted within this workgroup demonstrated children placed with relatives or kin had greater placement stability when compared to children placed in foster homes.
- **Relative/Kinship Provider Education** - This sub-committee was 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. This sub-committee developed a letter, brochure, and talking points to help educate relative and kinship providers. These are currently in draft form and will be distributed to staff upon completion.
- **Placement Stability Family Support Team (FST) Meetings** - This sub-committee is exploring the utilization of Placement Stability FSTs and determining if the policy can be improved. This sub-committee is also examining the use of training DVDs to teach staff how to conduct a constructive placement stability FST.
- **Seamless Transition between Programs** - The transition from one program to the next has been identified as an important component of placement stability. When a child enters foster care, it is important for the investigator or Family-Centered Services worker to place the child in an appropriate placement which matches their needs. This sub-committee is exploring strategies to enhance communication between the various program lines. The sub-committee is also reviewing the policy on matching children to placements and determining if any enhancements can be made.
- **Expanded Utilization of IIS Consultation** - Currently, the Intensive In-Home Services (IIS) contract has language which allows the contractors to provide consultation services to high-risk families not enrolled in Intensive In-home Services. A Practice Point was posted for staff to

encourage the use of this consultation. The IIS specialists can provide additional support to resource providers and family support team members during times of placement instability by attending team meetings and/or providing strategies to help families.

In addition to monitoring the data provided in the foster care section, the foster care Program Development Specialist (PDS) attends Best Practice Reviews (discussed also on page 197) across the state to compare practice from circuit to circuit and to use the results to inform policy and practice statewide. The PDS also travels to all parts of the state to provide field support to staff when requested. In 2012, the foster care PDS, in collaboration with the legal issues training coordinator, conducted training on working with incarcerated parents for Children’s Division staff, contracted providers, and the courts in Greene County. The training helped educate staff on the rights and responsibilities of incarcerated parents as well as the impact of incarceration on permanency planning. In September 2012, the foster care PDS spoke at a Department of Corrections (DOC) conference regarding the importance of working with incarcerated parents and the benefits of collaborating with DOC on a common goal.

***Kinship and Relative Care***

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

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

**Kin and Relative Placement Statistics**

<b>Fiscal Year</b>	<b>Total Relative Placements</b>	<b>Relative Placement % of Total In Care Population</b>	<b>Total Kinship Placements</b>	<b>Kinship Placement % of Total In Care Population</b>
2009	3735	26.22%	805	5.60%
2010	4176	28.28%	887	6.00%
2011	4881	31.01%	1001	6.36%
2012	5508	33.37%	1194	7.16%

Source: Outcome Measure #17a/b

As the table above illustrates, significant increases in the use of relative and kinship placements have occurred since FY09. In SFY12, 44% of the children exiting care exited from a relative home placement. This is an increase from SFY10 and SFY11 with 37% and 40% respectively exiting from a relative home placement. More children exited from a relative home than any other placement type (adoptive home, foster home, residential). This can also be attributed to the continued emphasis on identifying, locating, and placing with relatives whenever possible. Children's Division is continually exploring new and enhanced ways to expand diligent search capabilities. 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. Central office is also exploring the use of several different search engines to use in locating relatives. A decision has not yet been made as to which tools to purchase.

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

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.

There has been an increase in the percentage of children achieving guardianship since the last fiscal year. According to the CD Child Welfare Outcomes Report, Outcome Measure 9, in SFY12, 13.80% of the children in foster care achieved permanency through guardianship compared to 12.67% in SFY10 and 11.38% in SFY11. One reason for this increase is the expansion of guardianship subsidy to include great-grandparents, great-aunts, and great-uncles. In addition, with the increase in the amount of children placed with relatives and kin, and the increase in the number of children exiting from a relative placement, the percentage of children achieving permanency through guardianship has increased.

#### ***Other Planned Permanent Living Arrangements***

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

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

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

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.

There are questions on the Supervisory Case Review Tool (SCRT) regarding Another Planned Permanent Living Arrangement and the results from each of these questions indicate an area needing improvement. One question asks staff to answer whether there is appropriate documentation in FACES to support the goal of APPLA. In recent years, Central Office and QA/QI staff have focused on educating staff about the appropriate use of the APPLA goal. Emphasis has been placed on using this goal when other options have been ruled out and when the goal is appropriate for the child considering the circumstances of the case. According to an ad hoc report produced by the Research and Evaluation Unit, 95% (1259 out of 1327) of the youth with a goal of APPLA are age 14 and older and only 2% (31 out of 1327) are under the age of ten. These numbers indicate appropriate oversight of APPLA goal usage is being maintained.

Another question asks whether youth fourteen years of age and older are being adequately prepared to leave foster care based on the youth's needs assessment. As discussed in the Older Youth Efforts section, a new assessment was created and Missouri is in the process of incorporating the new

assessment into policy and practice. Training has been provided to help staff with the new tool. Tips sheets for the youth, caregiver, and Children's Service Worker were also developed to help staff complete the tool. Staff use the Life Skills Strengths/Needs Assessment Guideline Questions, CD-96, and Life Skills Strength/Needs Reporting Form, CD-97, to assist in the planning process. The strengths/needs assessment allows staff to develop rapport and engage the youth and develop goals.

One promising practice is the work of Court Appointed Special Advocates (CASA) of Cape Girardeau, Perry, and Bollinger Counties. They are beginning a supplementary program, "Fostering Futures", which will provide advocacy for children age 14 to 18 transitioning out of foster care. Informational meetings are being held in September 2013. CASA works with the Children's Division to pinpoint specific needs of each child and volunteers will serve as mentors to help them transition to independence. CASA staff will be trained to help youth transition to independence.

### ***Workgroup for Racial Equity***

Missouri has a statewide workgroup to address the disproportionality of children of color in the child welfare system. The workgroup meets quarterly and includes representation from each region including representatives from contracted agencies, Office of the State Courts Administrator, and Missouri Juvenile Justice Association. The workgroup reviews data regarding disproportionality at various service points and is looking for ways to reduce it. The group reviews disproportionality data from all program areas to ensure institutionalized racism is not affecting outcomes for children of color and to ensure all families have equal access to services. When the workgroup finds an issue, a plan is developed and implemented in an attempt to affect change. For example, when foster care was identified as a service point which needs attention, the workgroup developed a plan to provide racial awareness training to staff statewide. In addition to the state level workgroup, regional workgroups collaborate to discuss local concerns. These regional groups vary in composition but could include stakeholders from the region including law enforcement and service providers. The regional workgroups also develop plans for change when concerns are identified.

Through the support of Casey Family Programs, all Children's Division employees have attended racial awareness training. The training is intended to assist staff with thinking 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. The continued support and technical assistance from Casey Family programs has helped the Division to achieve the goal of training all Children's Division employees regarding racial awareness. A representative from Casey Family programs continues to be a vital part of this workgroup and the continued partnership will allow the Division to further its goal to address disproportionality of children of color in the child welfare system. Since 2010, the data has reflected a decrease in the disparity index in the statewide foster care population. In 2010, African American children were 1.9 times more likely to be in foster care than white children. In 2012, African American children were 1.69 times more likely to be in foster care than white children. The racial awareness 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 St. Louis region has had a regional workgroup for racial equity for many years. Their workgroup includes several members of the community and they collaborate on a regular basis to conduct work around disproportionality/disparity at the local level. In 2012, the region created a video regarding disproportionality/disparity. The region was invited to present their video at the Mayor's commission meeting. In addition, the St. Louis region partners with graduate students from Washington University to review our policy and offer suggestions. As a result, the students developed an informational report called "Reducing Racial Disproportionality in St. Louis through Children's Division through Increasing Guardianships". The intent is to distribute the guide to staff and to the community to increase awareness about the benefits of children being placed with family.

A strategic planning session was held in November 2012 to determine next steps to be explored during CY13. The following tasks were identified:

4. Develop a statewide training team by partnering with a contracted provider to ensure all new staff are trained on racial awareness.
5. Infuse policy with equity and cultural competence. The Children's Division is in communication with the Black Administrators in Child Welfare (BACW) as well as Casey Family Programs to request assistance with a policy review. BACW and Casey Family Programs have helped other states conduct a policy review to determine how to improve their policy.
6. Incorporate racial equity topics in the Supervisor Learning Labs in order to impact front-line staff. The workgroup will begin work on this task July 1, 2013 as the current learning lab contract will expire on June 30, 2013.

### ***Residential Treatment Services for Children***

Residential treatment provides specialized treatment for children needing more structure and intervention than a foster home can provide. Placement is time limited and treatment focused so the child can transition to a less restrictive setting in family or community-based care. The CD Residential Program Unit (RPU) has the responsibility for licensure, supervision and license renewal for the Residential Child Care Agencies (RCCA) and Child Placing Agencies (CPA). Residential treatment services provided include: individual, group and family counseling, recreational therapy, educational services, medical and psychiatric services, transitional living and life skill training for older youth, family focused reunification services and a closely supervised, structured place to live.

During SFY12, 1,996 children entering the custody of the Children's Division were in a Residential Child Care/Group Home placement. During SFY12, 686 children re-entering the custody of the Children's Division were placed in a Residential Child Care/Group Home placement. Throughout SFY12, 2,682 children in the custody of the Children's Division received service in a Residential Child Care/Group Home placement. This is an increase from SFY11 when 2,004 children received residential treatment services. There has been an effort underway in the state to move younger children out of residential treatment and into a less restrictive setting. There has also been an on-going effort to get older youth into specialized foster care settings.

In CY12, children received services through 71 licensed residential child care agencies operating at 120 separate sites, and 58 CPAs providing foster care and/or adoption services at 87 separate sites. Eighteen RCCAs are dually licensed to provide child placing services. In FY12, there were two initial RCCA or initial CPA licenses awarded. Twenty-nine RCCAs and 37 CPAs renewed their licenses in 2012. In 2012, of the 71 licensed RCCAs, 28 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. No additional RCCAs are actively seeking accreditation at this time. Such accreditation in Missouri serves as prima fascia evidence that an accredited agency meets state licensing standards. Two proposed RCCA's actively sought licensure in CY12. 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.

### ***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 SFY12, new contracts were awarded and service delivery began under this contract on October 1, 2011. This contract will remain in effect until October 31, 2015 with annual renewals.

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 case planning, design life skills instruction specific to the youth's needs with youth input, and offer a variety of methods in which youth can gain competency in life skills.

The Older Youth Program reflects the philosophy of the four core principles as established by the National Resource Center for Youth Development. The program addresses:

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

The Adolescent FST Guide and Individualized Action Plan assist workers and youth in planning for the transition of a youth becoming an adult and leaving foster care. It details the goals of the youth and facilitates the involvement of identified adults in the youth's life. Although transition planning is ongoing, the Adolescent FST Guide is completed within the first four months of a youth turning 14 or coming into care after age 14, is updated every six months and, again 90 days prior to the youth leaving care.

The Casey Life Skills Assessment (CLSA) is an evaluation of a youth's 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 CLSA 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. Missouri is incorporating the new assessment into their policy and practice in CY13. The tool was implemented in FACES June 17, 2013. A two-hour training was placed on the Employee Learning Center to help staff with the new tool. However, the policy memo which includes specific direction to staff regarding requirements to complete the training is still pending. Once that occurs, the training will be monitored. Completion of the CLSA is documented in FACES on the Adolescent FST Guide (CD94). Additionally, tips sheets for the youth, caregiver, and Children's Service Worker were developed and placed on the intranet.

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 communicates a youth's interests and gives 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. All contracted life skill providers must assist the youth with portfolio development. Performance and portfolio items are recorded on the Individual Life Skills Progress form so staff may see the concrete results of instruction.

The Individual Life Skills Progress Form, CD-95, is a form used to record performance of youth in achieving life skills by using a Likert scale of Got It, Working On It, or Needs Assistance. It is completed through direct observation of the youth's work during and just after instruction has taken place and helps the youth appreciate what has just been demonstrated. Together, the youth and the instructor decide where the youth is on the three-point scale. It also provides the agency with historical data on the youth's overall life skill development. This form is completed quarterly by the person teaching life skills, typically a contracted Chafee or TLP provider.

The Life Skills Strengths/Needs Assessment Guideline Questions, CD-96, and Life Skills Strength/Needs Reporting Form, CD-97, are interview style tools to assist in the planning process. The strengths/needs assessment uses a holistic approach to develop rapport and engage the youth. The assessment covers nine domains and provides a snapshot in time. This tool is used to assist in determining what a youth wants to work on (needs statement) for immediate goals in the Adolescent FST Guide and Individualized

Action Plan/Learning Plan and is filed in the youth's record. The youth receives a copy of the completed form. This form is completed within the first 60 days of a youth turning 14 or coming into care after the age of 14. The form can also be completed again as the youth achieve their goals and prepare to set additional goals.

In 2008, Chafee Foster Care Independence Program Services were contracted out to community partners and a referral system for youth to receive services was established for case managers. Staff struggled with completing the required paperwork for youth to be referred. Over the past several years, Older Youth Transition Specialists (OYTS) increased monitoring efforts and provided additional training, resulting in progress being made. There are four Older Youth Transition Specialist that are regionally based – Northern, Southern, Kansas City, and St. Louis. 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 March 2012, 75% of eligible youth statewide were referred for services. As of September 2012, 77.2% of eligible youth statewide have been referred and are participating in services. Quarterly reporting out, following up with case managers on youth not referred, and planning specific referral activities have all assisted with this. The monitoring of referrals for eligible youth and efforts to maintain and increase referrals to the Chafee program will continue in SFY14.

The Independent Living Coordinator (ILC) and the Jackson County Older Youth Transition Specialist began meeting with contractors and staff from the Family and Children's Electronic System (FACES) team to develop an electronic referral system for Chafee, Chafee Aftercare, and TLP referrals in May 2012. Many meetings have been held throughout SFY13 for this project. In April 2013 testing began and statewide training in a train-the-trainer format will be held across the state for CD staff, FCCM staff, and Chafee and TLP providers in May 2013. The new system, in addition to automating the referral process, will also capture information being reported from the Chafee and TLP providers. The Adolescent FST Guide and Individualized Action Plan, Life Skills Strengths/Needs Reporting Form, Individual Life Skills Progress Form, and Outcomes Reporting Form will all be fully electronic. The dates of the CLSA and credit checks will also be captured electronically. It is anticipated that the system will go live in June 2013. This will reduce the tracking by OYTS and will aid in monitoring and reporting. However, the new system is designed to drive best practice and this will most likely impact referral numbers as each time a youth moves to another region, paperwork must be current or the youth cannot receive services. The current practice allows a youth to move to another region once referred and still be considered referred. The new system will also allow staff to determine at what stage is the youth's referral.

In 2012, the Department of Health and Senior Services (DHSS) began collaborating with the CD on implementing Missouri's Personal Responsibility Education (PREP) Program. The Department of Social Services (DSS) Children's Division entered into an agreement with the DHSS for the purpose of providing PREP program services, specifically the Making Proud Choices (MPC) and Becoming a Responsible Teen (BART) programs to selected foster care youth. Criteria for selection are that they must have service available in area, the youth must be referred/participating in Chafee, and participation is based on individual needs. MPC is delivered to small groups comprised of no less than 5 and no more than 15

adolescents in a MPC program. Chafee providers are to identify youth to participate but case managers, CASA, GAL, foster parent, etc. can also identify. Youth must consent to participation.

“Making Proud Choices (MPC): A Safer-Sex Approach to Reducing Sexually Transmitted Diseases (STD), Human Immunodeficiency Virus (HIV), and Pregnancy”, is an eight-module curriculum designed to empower adolescents to change their behavior in ways which will reduce their risk of becoming infected with HIV or other STDs, and significantly decrease their chances of being involved in unintended pregnancies. The curriculum acknowledges abstinence is the most effective way to eliminate these risks. However, realizing abstinence is not the path many young people will choose; the curriculum encourages the practice of safer sex and condom use. The curriculum also addresses the underlying attitudes and beliefs many young people have about condoms, provides information and exercises which teach adolescents how to use condoms correctly, and gives them the confidence they need to choose and negotiate safer-sex practices. This is delivered in group classes. Trained MPC facilitators present all eight sessions of the MPC curriculum in sequential order. Lessons can be presented as eight separate one-hour sessions, four two-hour sessions, or two four-hour sessions. Facilitators adhere to the curriculum as it is written; no modifications are allowed. The same facilitators present all eight lessons for each MPC group.

“*Becoming a Responsible Teen*”, is a group-level, education and behavior skills training intervention designed to reduce risky sexual behaviors and improve safer sex skills. The 8 intervention sessions, delivered to groups of 5-15 youth, provide information on HIV and related risk behaviors and the importance of abstinence and risk reduction. The sessions were designed to help participants clarify their own values and teach technical, social, and cognitive skills. Through discussions, games, videos, presentations, demonstrations, role plays, and practice, adolescents learn problem solving, decision-making, communication, condom negotiation, behavioral self-management, and condom use skills. The participants also have a discussion with local, HIV-positive youth to promote risk recognition and improve their perception of vulnerability. In addition, the intervention encourages participants to share the information they learn with their friends and family and to provide support for their peers to reduce risky behaviors.

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

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

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

The funding comes as a result of the Patient Protection and Affordable Care Act which amended Title V of the Social Security Act to include PREP. The Administration on Children, Youth and Families and the Family and Youth Services Bureau (FYSB) jointly oversee the program. Missouri Governor Jeremiah W. (Jay) Nixon named DHSS as the designated state agency to administer and coordinate PREP, including DHSS and DSS collaborative efforts to serve youth in and aging out of foster care.

The Children's Division worked in collaboration with DHSS to amend Chafee contracts with the Community Partnership providers of Chafee services in Jackson County, an urban area and the 25<sup>th</sup> Circuit, a rural area. Three Community Partnership staff persons have become Certified Facilitators for MPC and one staff person has become a Certified Facilitator for Becoming a Responsible Teen (BART). Four Local Investment Commission (LINC) staff persons have become Certified Facilitators for MPC. The Community Partnership and LINC both served youth in FFY12 and continue to serve youth in FFY13 through the use of the MPC program. In FFY12, The Community Partnership has provided the MPC program to 39 youth otherwise being served through the CFCIP and plans to present the program to a total of approximately 20 to 28 selected youth in FFY13. In FFY12, LINC has provided the MPC program to approximately 12 selected youth also receiving services through the CFCIP and plans to present the MPC program to approximately 50 youth in FFY13. Another Chafee provider, on their own, was also awarded a PREP grant. Of the statewide overall PREP grant participants, from 17 contracts, 24% of the 471 participants were in foster care. Two Chafee contractors provide services to youth in foster care ages 14-18 only, whereas the other 15 contractors may provide to youth in foster care or not ages 12-18. The total number of participants in the overall program for the 17 contractors is only a small percentage of the number of youth in foster care. The number of youth ages 14-18 years in September 2012 when the PREP data was reported was 2,840. Based on the 113 youth participating from foster care, about 4% of the total foster care population participated. According to DHSS's contracted researcher with the University of Missouri, overall, PREP participants had a statistically significant increase in their knowledge regarding pregnancy, STD's and HIV. The start-up phase of the program was January-September 2012. October 1, 2012 marked the beginning of the first full implementation year. Continuation of grant funding has been awarded through September 2015.

In November 2012, the Independent Living Coordinator met with staff from the University of Missouri Extension Office and the College of Human Development and Family Studies to assist with a grant proposal for Healthy Relationship and Marriage Education training curriculum designed for working with Older Youth. A similar training is currently being provided to Children's Division staff working with families as part of a federally funded multi-state cooperative agreement with the Administration on Children, Youth and Families Children's Bureau. The project involves developing and pilot testing a marriage and relationship education curriculum as well as in-person and distance education trainings for

child welfare professionals, graduate students and other professionals, including Cooperative Extension educators, working with or preparing to work with adults and families. This curriculum addresses healthy marriage and relationship skills for populations underserved in the general population and overrepresented in the child welfare system.

The Youth Independence Interdepartmental Initiative (YIII) convened in April 2010 and has met the last several years. The charge of the group was 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) has been a member of this task force. The YIII was instrumental for networking, resource sharing and addressing issues legislatively and between state agencies. As a result of the YIII efforts, tuition waiver language was put into statute and appropriations continue to be made. House Bill 1577 was passed in CY12 which supports the provisions of Senate Bill 291, the Foster Care Education Bill of Rights. This legislation requires public school districts and child placing agencies to ensure foster children receive every benefit of a public education. The Department of Insurance, Financial Institutions and Professional Registration in conjunction with the Children's Division through the Youth Independence Interdepartmental Initiative worked with the Automobile Insurance Plan Servicing Organization (AIPSO) and its Governing Board to assist youth in foster care with obtaining auto liability coverage for vehicles they drive but do not own. CD Memo 12-96 introduced the availability of an auto liability insurance policy for older youth ages 18 to 21, in the custody of the Children's Division.

This coverage is available to youth placed away from their parents or guardians and for whom the Missouri Department of Social Services (Children's Division) has legal custody. With this program, a youth may purchase an auto policy in his/her own name which includes a specially developed form titled "Named Non-owner Coverage Youth in State Custody". The policy provides state required limits of liability and uninsured motorist coverage to the insured youth when driving any vehicle he or she does not own. The special endorsement, however, allows the youth's policy to respond to a claim when the youth is driving a caregiver's car differently than when driving a non-caregiver's car.

The YIII has acted in the capacity of stakeholders and reviewed program implementation and reporting information on Educational Training Vouchers (ETV). At the close of the group, CD and its partners are moving toward Older Youth (OY) Summits. Older Youth Summits will be held at the community level and the focus will be on education, employment and job readiness, cross systems collaboration, health and mental health, permanency and life-long connections. The goal of the summit is to develop a common vision of where a community is and where they would like to be in helping older youth transition successfully to adulthood. The summit will allow community members to identify next steps and responsible partners to achieve community vision. It is the intention of the Children's Division and its partners in the YIII to hold two Older Youth Summits in CY13. The first was held in April 2013 with over 80 participants from four Judicial Circuits. The YIII will not continue to meet in SFY14. The second summit has not been finalized but will follow the same format. Missouri was tentatively looking at October in Kansas City but logistics in terms of date and meeting location are still being determined. The plan is to have two a year in various locations until the state has been covered.

In SFY14, the Children's Division would like to incorporate more information into practice and policy on Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) youth. The Independent Living Coordinator attended module 5 of the Human Rights Campaign Foundations All Children-All Families LGBTQ youth training presented by the Downs Consulting Group in February 2013. A proposal was submitted to CD administrative staff on ways LGBTQ information could be implemented in policy and programming. In 2013 a review of policy and programming was completed parallel to the recommendations. This changes to policy are being made as well as a training identified for staff on sensitivity to LGBTQ issues throughout the social work continuum. Staff continues 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 SFY14. An internal workgroup was convened in March 2013 to begin brainstorming work that could be done in this area and a second meeting was held in April 2013. Another meeting has not been scheduled to date but a memo introducing a practice guide has been developed from the workgroup and is in the review process.

In November 2012, Children's Division and Citizens Bank & Trust (CB&T) entered into a Memorandum of Agreement to provide a Student Checking Account Program (SCAP) for youth age 14 and older in foster care, employed, and participating in Chafee. This is a unique collaboration that is not offered anywhere else in the State through the commitment and dedication of CB&T. The program is being piloted in the northwest part of the state, although there are some branches throughout the state. The purpose of the program is to assist with basic banking skills while having an account for hands on learning and asset development.

The youth is the sole owner of the account. A debit card specific to SCAP is provided and paper checks are not issued. There is a \$100.00 daily spending limit on the account. Direct deposit, electronic banking, and electronic-mail account alerts are available and recommended for youth participating in the program. Citizens Bank and Trust ensures that technical and electronic safeguards are in place to prevent youth from exceeding the minimum balance (\$25.00) or the maximum daily spending limit (\$100.00) on the account. However, in the event of an overdraft, no fees are assessed to the youth nor will the youth be turned over to collections. The account will be suspended or closed as a result and the youth and Older Youth Transition Specialist will be notified in writing of permanent closures.

If a youth would like to participate in the program, a referral is made to the OYTS by sending an email with a verification letter and the youth's CD94, Individualized Action Plan (IAP). The verification letter includes the youth's date of custody, date of birth, social security number, legal name, Children's Service Worker and Children's Service Supervisor. The IAP should include a goal of SCAP participation in order for the Chafee program provider to further assist the youth with class scheduling, account management and banking skills. The youth needs photo identification. The OYTS evaluates, with the Children's Service Worker, the youth's readiness for participation in the program. Youth must be able to perform mathematical calculations and be able to assume the responsibility of managing a bank account. The youth should not have committed acts or been adjudicated for an offense such as fraud that would indicate lack of responsibility. If a youth is determined ineligible based on responsibility, they can be referred at a later date. If eligible, the OYTS will send an e-mail to Citizens Bank and Trust.

Prior to an account being opened, youth must successfully complete a Banking Basics Class facilitated by Citizens Bank and Trust. At least four youth must be in attendance for a class to be held. Classes are to be held in various locations and at various times, depending on the need.

Although this is collaboration, it is not a service provided by the Children's Division and participation in SCAP can be denied by Citizens Bank and Trust for any reason. This program is slowly being implemented and the first education class was held in March 2013. One class has been conducted, with six youth in attendance. Another class is being formed for this early fall. Youth are being tracked for class attendance, account opened or not. Of the initial class of six, two opened an account, two did not want to open an account after attending the class, one did not have the money to open the account and is still planning to open the account, and one exited custody the week after the class so did not open an account.

The progress of participation in the program is discussed at Family Support Team meetings and the bank is to notify CD if participant is having problems with the account.

The ILC participates in the Missouri Asset Development Coalition which discusses asset-building efforts in Missouri. In June 2012, the ILC attended Fostering Financial Connections for Youth Aging Out of Care sponsored by Region VII in Kansas City.

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. Recent topics were suicide prevention and teen pregnancy prevention.

The ILC is a member of the CFSR 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 improve transition education and services. The MITT is working on consolidating resources via a website.

The ILC recently became a member of the Healthy Transitions Initiatives State Transition Team with Department of Mental Health and will attend a meeting in SFY13.

The Jackson County OYTS is a member of:

- The Healthy Transitional Initiatives/Uniting Pathways Coordinating Council. The Council oversees the implementation of 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 Jackson County OYTS is a subcommittee member in the Community Life Functioning group.

- The Coalition of Homeless Youth Providers of Services (CHYPS). This group is comprised of various agencies that work with youth who 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.
- Family Support Team (FST) Member. The OYTS attends FST's for youth over the age of 14 in the Jackson County area and participates in service plan meetings for youth in the Transitional Living Program.
- The FACES OY implementation workgroup. Assists with the development of the OYP referral process and forms into the state's SACWIS system.

The Jackson County OYTS trainings in SFY13:

- Provided training on the National Youth In Transition Database (NYTD), Casey Life Skills Assessment, and exit planning to CD workers, Foster Care Case Management workers, Chafee workers, and Transitional Living Program workers.
- Provided training on the Older Youth Program to the Midwest Foster Care and Adoption Association, the Juvenile Law Committee, residential facilities, Guardian Ad Litem's office, and prospective foster parents through the STARS classes.
- Provided training to adults interested in becoming Transitional Living Advocates.

The Jackson County OYTS provides assistance to community members on resources available for youth that are not in the custody of the Children's Division.

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.

The Southern Region OYTS also attends 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, and presented a Chafee informational meeting to Division of Youth Services in regard to youth in dual custody placements.

The Northern Region OYTS conducted Older Youth Program (OYP) trainings and refresher meetings in SFY13:

- The 12<sup>th</sup>, 13<sup>th</sup>, 17<sup>th</sup>, and 43<sup>rd</sup> Circuits from July 2012 to February 2013
- Northern Region Circuit Manager and Supervisors meeting in November 2012
- Field Support Manager Sub-Region (12<sup>th</sup>, 19<sup>th</sup>, and 45<sup>th</sup> Circuits) in January 2013
- Boone County Foster Parent Support Group in July 2012
- Central Missouri Foster Care and Adoption Association in July 2012

A meeting is scheduled in the 14<sup>th</sup> Circuit for SFY13 and other circuits will be offered the training for the remainder of SFY13 and for SFY14.

The Northern Region OYTS met with the Pregnancy Resource Director of Missouri Baptist Children's Home in January 2013 to discuss and review services for pregnant/parenting teens in the Northeast Region. The OYTS presented a Ready, Set, Fly! Train-the-Trainer session for a Foster Care Case Management agency in January 2013.

In February, the OYTS became a member of a regional workgroup comprised of persons from Missouri State Highway Patrol, Central Missouri Foster Care and Adoptive Association, Division of Insurance, and Children's Division, to develop methods for assisting youth in foster care obtain their driver's license and insurance.

The St. Louis Region OYTS:

- Attended five Children's Division office meetings in St. Louis City and County to discuss the process and need for Chafee referrals. OYTS attended a management meeting with local consortiums, as well as a meeting at Missouri Alliance that included supervisors and workers, to discuss the process and need for Chafee referrals. OYTS attended a Youth with Elevated Needs meeting in St. Louis County and explained Chafee services to the Level A and B foster parents and workers. OYTS held an Older Youth Training with St. Louis City and County Specialists regarding Chafee services and the referral process. OYTS attended the St. Louis Area Youth Advisory Board meeting to discuss placement options, self advocacy, and Chafee.
- Created an Older Youth Resource library for Children's Division employees to utilize. OYTS researched and obtained free materials from the Department of Elementary and Secondary Education, Office of Attorney General, St. Louis LGBT Center, and 50 books of "Success for Teens," a book created by the editors of the SUCCESS Foundation.
- Created a new form for the St. Louis Region titled "Transitioning to Independence." This form covers talking points regarding older youth, as well as what should be included in an exit packet for a youth leaving care. St. Louis City is utilizing the form in all TDMs (Team Decision Making Meetings) involving youth 15 years and older. The form is also used by workers during Family

Support Team Meetings and Planned Permanency Review Team Meetings. The form was designed to help aid an older youth's treatment team in preparing him/her for independence before leaving care.

- Chairs the St. Louis Older Youth Resource Network (OYRN). OYRN meets quarterly with OYTS, Deputy Juvenile Officers, Guardians Ad Litem, Court Appointed Special Advocates, Chafee providers, and Transitional Living Program providers. Presentations are provided at the meetings on older youth services by a community partner. The network discusses new legislation or policy changes, shares resources, networks, and discusses any concerns regarding older youth in foster care.
- Became point person for The Covering House who offers therapeutic services for girls under the age of 18 who have been sexually exploited or sexually trafficked in the United States. The organization provides Trauma Focused Cognitive Behavioral Therapy with both individual and group therapy, along with Life Skills classes. Group therapy is provided for girls ages 13 – 18.
- Is a member of the Rescue and Restore Coalition regarding victims of human trafficking. The Coalition meets monthly with a wide range of members including, but not limited to, Special Victim Advocates, FBI agents, detectives, International Institute of St. Louis, Legal Advocates for Abused Women, Family Court, St. Louis University Hospital, as well as a former victim of human trafficking. The goal of the Coalition is to raise awareness of human trafficking, organizing events and volunteer opportunities, the sharing of resources and articles, network, and legislation news.
- Is point person for GAIN (Girls Aspiring toward Independence) project out of Washington University. OYTS is the go between person 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 – 18) with histories of maltreatment and involvement in the child welfare system.
- Serves on the Missouri Mentoring Program Advisory Board (MMP). MMP is an employment mentoring program that serves youth 16 to 21, with the majority of youth from Children's Division and Division of Youth Services. MMP matches youth with employers and workplace mentors while providing job skills to the youth. The advisory board meets quarterly and focuses on program development and recruiting business partners.
- Serves on the Homeless Adolescent Task Force through Legal Services of Eastern Missouri. The task force meets quarterly with community individuals who work directly with adolescents who are homeless or at risk. Resource and legal issues pertaining to this population are shared in conjunction with the schools and Legal Services of Eastern Missouri to ensure that the needs of this population are being met. Legal Services of Eastern Missouri chair the meetings. They also have a yearly law forum which educates professional in the community on youth issues

including McKinney Vento, consumer lending, special education students, and navigating Family Support Division.

- Is a member of the Teen Pregnancy Prevention Initiative through The SPOT. The initiative is a new CD protocol for the St. Louis Region to refer youth ages 13-17 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 and services.

The Children's Division issued memos specific to older youth in SFY13. In February 2013, CD Memo 13-11, regarding guardianship and youth with special needs was issued. CD Memo 13-13 was issued discussing requirements of address information for Older Youth in preparation of the FACES implementation and as a reminder for NYTD surveying purposes. PA13-FCOOHC-01 was issued regarding exit planning.

CD Memo 12-98 was issued in September 2012 to remind staff of surveying for NYTD resuming for the baseline 19 year olds.

CD Memo 12-77 was issued in August 2012 regarding an agreement that the Children's Division entered into with TransUnion to conduct fraud prevention service checks to 16 and 17 year olds.

The Children's Division intranet and internet have been updated in SFY13 with resource information specific to older youth and this will continue in SFY14. Children's Division also utilizes Facebook as a means to share information specific to the Older Youth Program and on average makes one post per week. The Older Youth Program page has 250 likes.

The ILC gave presentations regarding older youth services, legislation, and policy throughout CY12 and CY13.

The ILC presented 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.

In September 2012, the ILC presented at the Foster Care Case Management Program Managers meeting on upcoming policy and program changes. Other presentations will be given in SFY14 as opportunities present.

The Children's Division participated in the NYTD convening in Washington, D.C. in SFY13 along with a youth representative.

In SFY12, contracts for Chafee, TLP, and Educational Training Voucher (ETV) and Missouri Reach services were rebid.

The Chafee contract is in effect until October 2015 with annual renewals. There are six agencies across the state providing Chafee services. In SFY13, Chafee contracts were amended to include youth who were previously served for life skills teaching under the Specialized Care Management Contract. This

was done to improve consistency of IL services, increase monitoring of IL services, and to improve community stakeholders understanding of IL service array and referral process.

The TLP contract expires June 2016. There are 16 agencies across the state providing Transitional Living Group Home Services, Transitional Living Structured Services, and Transitional Living Unstructured Services. In SFY13, the TLP contracts were amended to allow Division of Youth services to use TLP providers under the Children Division's contract. Division of Youth Services remains responsible for youth served from their agency in these placements, but it allows for the same service provisions that youth in Children's Division custody placed in TLP receive.

The ETV and Missouri Reach contracts expire March 2015.

For SFY14, CD will continue contracting Chafee, TLP, and ETV and Missouri Reach services and continue development of community resources to support these contracted services. The Children's Division continues to monitor and provide support to providers of the ETV, Chafee and TLP contracts, as well as, continue to educate staff and stakeholders about providers and the services they offer. The Children's Division will continue reporting services and outcomes on older youth. In June 2012, a "Meet and Greet" was held for TLP and Chafee Contractors to meet each other and presentations on successes and innovations were provided throughout the day by various providers in hopes of learning from each other. Meetings for providers will be held as needed in SFY14.

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

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

Children and youth referred for services under this contract must be at significant risk of long-term residential care and have serious behavioral health needs. This contract provides specialized care management services 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 dis-enrolled and the state agency resumes case management activities.

The current version of this contract, which began on July 1, 2012, is capped to serve a maximum of 325 youth statewide. The areas served are comprised of the Central, Eastern, Western and Southwestern Regions of the state. As of August 2013, there are approximately 310 active cases being case managed by the specialized contract.

The contract provides intensive wraparound services and supports by ensuring a maximum case management ratio of 1 to 10, although some caseloads are below this limit. Children enrolled with the Specialized contract may be as young as 6 years up until the youth's 21<sup>st</sup> birthday, but approximately

64% of currently enrolled youth are over the age of 15. The average age of active enrollments is 15.5 years.

The current version of this contract establishes 9 specific outcomes which are measured during the contract period (July 1 through June 30). These outcomes assess Safety, Permanency and Stability, and Child Well-Being. Current measures include the following:

- 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. The data for SFY 2013 confirms that 100% of enrolled children were not the subject of reports of child abuse and neglect where there was a finding of preponderance of evidence.
- 95% or more of all children referred to the contractor during the reporting period shall not be on/or have been on runaway status in excess of 48 hours. The data for SFY 2013 confirms that 98% of enrolled children were not 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. The data for SFY 2013 confirms that 98% of referred children have not been arrested or detained.
- 90% of children dis-enrolled from the contractor must remain stable in their community placement for 90 days. The data confirms that 90% of youth dis-enrolled through SFY 2013 remained stable in their community placement. This data does not include children who dis-enrolled and because of their age and /or legal status, data could not be gathered for their stability in the community. This data also contains 5 cases that were dis-enrolled during the reporting period but have not yet reached a full 90 days of stability, but as of September 2013 had remained stable.
- 78% or more of youth during the reporting period will not experience a same placement type or a more restrictive placement type move. The data confirms that 85% of enrolled youth did not experience a move to a same placement type or a more restrictive placement type during SFY 2013.
- 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. Data outcomes for SFY 2013 shows the number of youth exiting residential care within 180 days of enrollment was at 38%, with the last six months of the review period having a total of 44%.
- 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. The data confirms that 95.4% of enrolled youth met this requirement.

- 90% or more of all children dis-enrolled or discharged must have had a physical examination within the past 12 months. Data for SFY 2013 shows the number of youth receiving a physical exam 12 months prior to disenrollment was at 86%, with the last six months of the review period having a total of 88%.
- 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. The data confirms that 95% of enrolled youth are enrolled and participating in an educational program.

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 180 days if in a residential setting at the time of enrollment and physical exams within the past 12 months prior to dis-enrollment. In July 2012, the Division changed the requirement to be moved to a less restrictive setting from 120 days to 180 days to allow more time for youth to step down into a less restrictive environment. The data is tracked every quarter and outcomes are discussed with the providers on a regular basis. Since the population of youth MACF serves is very high needs and a requirement for enrollment is that the youth should be at risk for long term residential, often the possibility of stepping kids down into a less restrictive environment is very difficult.

Since April 2010, approximately 89% of new enrollments were in a congregate-care setting at the time they were referred to the contractor, including residential care and psychiatric hospitalizations. Many of these youth have been in such settings for many months, sometimes years, prior to enrollment. As such, the contractor has experienced difficulty in stepping these youth down to a community setting within 180 days of enrollment. Data outcomes for SFY 2013 shows the number of youth exiting residential care within 180 days of enrollment was at 38%, with the last six months of the review period having a total of 44%.

The outcome requiring physical exams 12 months prior to dis-enrollment has been steadily improving over time, and is very near the outcome goal currently. Data for SFY 2013 shows the number of youth receiving a physical exam 12 months prior to disenrollment was at 86%, with the last six months of the review period having a total of 88%.

### ***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 June 1, 2005 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 next round of contracts were awarded to the initial seven consortiums effective August 11, 2008. Three additional contracts were awarded September 1, 2008 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 were awarded to 6 consortiums beginning October 1, 2012 and serve 2,625 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 disruption that occurred each year during the rebuild process.

As of March 31, 2013 private contractors served 2,606 children in the care and custody of the Children's Division. This compares to 11,318 children served statewide. Approximately 23% of the foster care population is served through contracted case management providers. This has decreased from April 30, 2009 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.

### ***Adoption Services***

Missouri Law identifies the Children's Division as one of the agencies which may place a child for adoption, and establishes time frames for the completion of court required adoption assessments conducted regarding placement of a child in the prospective adoptive home. The court may direct any appropriate individual or agency, including the CD, to complete the assessment.

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

will be terminated, and the desire of an older child to be placed in an adoptive family. In a case involving a child under fourteen years of age, the guardian ad litem shall ascertain the child's wishes and feelings about his or her adoption by conducting an interview or interviews with the child, if appropriate based on the child's age and maturity level, which shall be considered by the court as a factor in determining if the adoption is in the child's best interests.

Persons who are interested in becoming adoptive parents currently apply at local CD offices 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 including photo presentation in venues around the state and through the 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>.

#### ***Adoption Recruitment Training Support*** (formally known as Second Level Matching Team)

In December 2012, The Adoption Recruitment Training Support (ARTS) team met the goal of redefining the purpose of the Second Level Matching Team. The first goal was accomplished by simply changing the name of the group. This team continues to consist of regional adoption representatives whom meet two times per year to discuss recruitment strategies. Team members share information with one another on regional recruitment events, providing new ideas for all regions of Missouri to utilize. In SFY13 this statewide team provided feedback for the revised peer record review tool. This team also provided assistance in updating the AdoptUSKids website. When provided a list of CD contact persons for photo listed children on AdoptUSKids, the ARTS team reviewed and updated the list.

In SFY14, ARTS plans to become a state wide recruitment tool focusing not only on recruitment but on post adoptions services and prevention of adoption disruptions. The ARTS team goals have expanded to include training for staff to provide consistency in practice across the state, serving as a forum to discuss and resolve adoption issues faced by field staff and assist in defining best adoption practice for CD.

#### ***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 through guardianship to the child.

Total expenditures for the adoption subsidy program for SFY12 were \$74,790,843 which was a slight decrease from \$80,244,875 in SFY11. Currently, there are 15,615 adopted and 3,729 guardianship children served through the subsidy program with an annual budget of 82 million dollars. As of March 21, 2013, 14,901 children were receiving adoption subsidies at an average monthly cost of \$336.67 per child. This information was provided by DSS Research and Evaluation.

### ***Heart Gallery***

The 2013 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 2013 Missouri Heart Gallery opened in May 2013 and will close in November 2013, featuring 95 photos of 112 children.

Each region will receive 8x10 images of children from their region who are featured in the 2013 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. The Children's Division is continuing to hold focused grassroots efforts at events such as PTAs, fairs, and churches, etc.

The Missouri Heart Gallery is a joint effort between the Missouri Department of Social Services and the Adoption Exchange-Missouri Office. The contractor provided statistics, however the type and amount of data was not comprehensive enough to determine effectiveness of the program.

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

In FY12 there were 62 licensed child placing agencies with an additional 53 operating sites for a total of 115 child-placing operating sites. Of the 62 licensed child placing agencies, 32 were accredited. The child placing agencies placed 366 domestic and 213 international children for adoption. Several child placing agencies are involved in the foster care case management and the specialized contract described previously in this report.

## 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.

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

At the local level, the Missouri model promotes collaboration among all community service providers including local Children's Division staff. Representatives from the local Children's Division Circuits participate on the Provider Networks in all four of the CBCAP Lead Agency Sites. Children's Division staff provide program referrals, staff family support teams and share information as part of their roles with the CBCAP-funded programs.

### 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. 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 have multiple issues which cannot be addressed as individual discrete problems (poverty, depression, lack of job skills, children's illness, lack of transportation, housing instability, etc.), as issues are interwoven often in complex ways and require a broad array of services which are more effective if offered as part of a coordinated and integrated system. While many of Missouri's communities have multiple services that work to reduce risk factors and enhance protective factors, these services are sometimes constricted by funding requirements (and competition), as well as organizational and professional boundaries and defined function. While it is sometime easier for policy makers and providers to address single issues in terms of defining funding and function, the lack of coordination limits the effectiveness of services and does little to assist those with multiple issues. Many Missouri communities lack a framework to build interagency and professional relationships, therefore inhibiting collaboration processes and mechanisms for

organizations and professionals to work together in a concerted effort to prevent child abuse and neglect.

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

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

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

### *The Missouri Model*

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

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

the family with the support of the provider network. The emphasis of the Missouri model is coordination of services.

In 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

In FY13, CTF chose not to release an RFP as the impact of sequestration on CBCAP funding was not clear. Rather, the sites replicated in FY09 and FY11 continue to be CTF-supported sites. CTF plans to release an RFP in the winter of 2014 to add two new sites for FY15. The FY09 sites, partially funded for a sixth year will not be funded in FY15. The sites replicated in FY09 and FY11 continue to be CTF-supported sites.

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, which includes enrolling and serving families, continuing efforts in developing their provider networks, enhancing provider commitment to the lead agency/family support team model, and augmenting community services to fill service gaps to meet families’ needs.

#### Data Collection/Evaluation

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

(Child Abuse Potential Inventory) and distress (Parent Stress Index) among parents participating. Families also report high levels of satisfaction with the services they receive.

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

Other evidenced-based and/or promising approaches include:

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

### Peer Review

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

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

In addition, the two most recent sites have been paired with the two existing sites to provide additional opportunities for technical assistance, observation, and peer to peer learning. This adds an important layer of interaction and relationship building to the multiple levels already established in previous and current groundwork state lead organization to community network sites, community to community, local community to family; and family to family within each community.

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

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

During the 2012-2013 academic years, the CD contracted with 41 school districts throughout the state for 59 school based service workers. The school based service workers are employed by the school districts. The primary goals of the school based service worker agreement 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.

A monthly tracking form is completed by every school based service worker and returned to the designated Children's Division liaison by the fifth (5<sup>th</sup>) of each month while school is in active session to document the school based service worker's activities for the month. The Children's Division liaison collects the information and documentation for potential future evaluation and quality improvement.

During the 2011-2012 school years, there was an average of 1,375 children enrolled in each contracted school district. The school based service workers served approximately 7% 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 and any community collaboration they had during the month. Services provided include referrals for child abuse/neglect, counseling and mental health assessment, attendance or academic issues, classroom behavior, health/medical/dental issues, domestic difficulties, drug and alcohol issues, personal needs (hygiene, clothing, etc), home visits, transportation, vocational, and housing assistance. Local community collaboration is documented monthly and includes: Speaking/Presentations, Written Materials/Workshops/Training given or attended, contacts made with the local Children's Division office, and Family Support Team meetings attended.

The Children's Division liaison communicates with school based service workers on a regular basis through e-mail, phone, and written correspondence. The Children's Division liaison provides information

about workshops or conferences, newsletters, and Children's Division policy that may benefit the school based service worker program.

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

### ***Crossover Youth Initiative***

Missouri has been selected to participate in the Crossover Youth Initiative. Crossover youth is defined as a youth who moves between the child welfare and juvenile justice system or those known to both systems concurrently. These youth typically require a more intense array of services and tend to have more extensive mental health needs. An implementation team from Missouri composed of representatives from the Children's Division, Division of Youth Services, Department of Mental Health, Office of the State Courts Administrator, and the 26<sup>th</sup> judicial circuit attended training with Georgetown University in 2012 and system level and community level initiatives were established. A judge and a former foster youth also attended the training. One system level initiative is to develop an assessment tool to assess risk for crossing over. One of the community level initiatives is to pilot the crossover youth practice model in two communities with training and consultation provided by Georgetown. If successful, the goal would be to continue expanding the practice model. Jefferson and Greene counties were selected as the pilot sites for the practice model. An initial site visit and training date has been scheduled for May 2013.

### ***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 convened over the next two years with the purpose of implementing the Blue Ribbon Panel Task Force on Aging Out's recommendations.

Many of the recommended tasks have been accomplished. The YIII was instrumental for networking, resource sharing and addressing issues legislatively and between state agencies. Tuition waiver language was put into statute and appropriations continue to be made. House Bill 1577 was passed in FY12 which supports the provisions of Senate Bill 291, the Foster Care Education Bill of Rights. A webinar was presented by the Department of Elementary and Secondary Education titled "Helping Children in Foster Care Succeed in School." The Department of Insurance, Financial Institutions and Professional Registration in conjunction with the Children's Division through the Youth Independence Interdepartmental Initiative worked with the Automobile Insurance Plan Servicing Organization (AIPSO) and its Governing Board to assist youth in foster care with obtaining auto liability coverage for vehicles they drive but do not own. These are just a few of the examples of the achievements of the group.

The logical next step is to address issues of youth transitioning at the community level, where youth are exiting and depend on the much needed resources provided where they reside.

At the close of the group, CD and its partners are moving toward Older Youth (OY) Summits. OY Summits will be held at the community level and the focus will be on education, employment and job readiness, cross systems collaboration, health and mental health, permanency and life-long connections. The goal of the summit is develop a common vision of where a community is and where they would like to be in helping older youth transition successfully to adulthood. The summit will allow community members to identify next steps and responsible partners to achieve community vision. It is the intention of the Children's Division and its partners to hold two Older Youth Summits in CY13 with the first was held in April 2013 with over 80 participants from four Judicial Circuits. The YIII will not continue to meet in SFY14.

### ***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 from their area of the state. Each member of the board is an outstanding youth in foster care or youth who achieved adoption or guardianship after the age of sixteen. SYAB members are responsible for providing Children's Services policy and procedural input to Children's Division (CD) administrative staff/Juvenile Court. The SYAB decides the 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 AYAB meetings, school, work, etc. The SYAB is composed of a Chairperson, Co-Chairperson, Scribe, Co-Scribe, and Censor. Officer elections are held annually. The board also may consist of three non-voting, ex-officio members. An ex-officio member must be a

current or former foster care youth who served at least a one year term as a board member or alternate, within the last three years. There are currently no ex-officio members. 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 SFY13, the SYAB had five community members participate throughout the year to assist with special projects. OYTS do not work directly with SYAB for the most part, but oversee the contract and ensure that the requirements of three youth participants from each region is met as well as services being provided on youth leadership and a local youth advisory board. OYTS help with applications to the youth conference and process referrals for the program. The ILC oversees the SYAB and co-coordinates/participates in all SYAB activities with the youth including setting the agenda, providing information on CD happenings, helping with communication between members and Chafee providers.

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 2013, there are 30 members on the SYAB.

The SYAB met on a quarterly basis for SFY13 and will continue to meet quarterly in SFY14.

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:

- Missouri was invited to participate in a shared learning collaborative (SLC) May 2012 in Los Angeles, California. Missouri had seven team members, including a youth participant. The SLC builds on the strength of Peer Technical Assistance and bringing 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 outcome of the SLC is summarized in the attached SLC Older Youth Permanency Final Report (titled *Attachment I SLC Older Youth Permanency Final Report*).
- A member of the SYAB and her foster parent attended the Proclamation signing with the Governor for Foster Parent Appreciation month. An older youth was asked to participate to

bring focus to the need for foster parents for older youth in addition to giving recognition for foster parents who are willing to foster older youth.

- Missouri attended the National Youth in Transition Technical Assistance Meeting in Washington, DC in August 2012 and a youth representative attended as well.
- In December 2012, several youth attended a Court Appointed Special Advocate meeting in Columbia to speak to the volunteers about working with Older Youth.
- 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 are involved in reviewing and discussing data, looking at the agency as a whole, and developing plans for improvement.
- Several youth will participate in the Older Youth Summit in April 2013 which is an extension of the Youth Independence Interdepartmental Initiative that began in April 2010.
- An SYAB member has been asked to participate in the Missouri Juvenile Justice Advisory Group. This is an appointed position by the Governor.
- SYAB members participate ongoing in STARS training.

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

- Members provided input on the Older Youth Consumer Surveys, the Older Youth Summit structure, and Foster Parent Recruitment campaign.
- Members began collaboration with the State Foster Care and Adoption Advisory Board (SFCAAB). Two representatives from the SFCAAB attended a meeting and much of the meeting was devoted to collaboration on the Youth Adult Leadership and Empowerment Conference however, due to different needs, this collaboration was unable to come to terms for 2013's conference.
- Members provided input on some legislative proposals being introduced by the Department on auto insurance for foster youth, expanded Medicaid to age 26 for former foster youth, and reentry into foster care until age 21.
- Members developed talking points and a brochure for Child Advocacy Day.
- Members continued to support CASA with their VISTA Grant as an advisory council. This will be a function of SYAB for the term of the grant.
- Members revised their handbook to improve meeting processes. The last revision was in 2009.

- Members provided input on Making Healthy Choices: A Guide on Psychotropic Medications for Youth in Foster Care and how it could work and benefit Missouri youth in care. It is intended that this resource will be introduced in a memorandum in SFY14.
- Members participated in making a video entitled “What’s It All About, Missouri Youth Advisory Board Speaks out on Foster Care.” A similar video was made several years ago but was dated. One meeting was devoted to the filming of this. The video will be debuted at the biannual Youth and Adult Leadership Conference. Feedback on changes for the video had been provided in SFY12. The project was done through the Professional Development and Training Unit and will be used for new staff and as an in-service training.
- Members received financial education from the Assistant Attorney General, Consumer Protection Division; Missouri Attorney General’s Office and were assisted in developing a workshop for the youth conference on this topic.
- Members participated in a recognition ceremony with Citizen’s Bank and Trust who developed the Student Checking Account Program that went into effect in SFY13. Members also shared their biographies for this program so that stakeholders had a representation of the youth the program was assisting.

In April 2013, 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, expansion of Medicaid, ability to contract, and continued tuition and fee waiver funding. They participated in a rally at the Capital. An educational workshop on advocacy was also provided. In attendance at the event were 56 youth and chaperones. Participation in Child Advocacy Day will continue in SFY14.

In March 2013, 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 SFY14.

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. Eleven youth from Missouri were selected for this honor in 2012.

The SYAB will host an Adult Leadership and Empowerment conference in July 2013. The theme of the conference is “Take a Stand.” The conference will be held over three days in Jefferson City with over 200 youth and adults in attendance from throughout the state. The event is planned and facilitated by members of the SYAB. Five workshops will be presented which are designed to empower and educate youth on subjects relating to their independence. The workshop topic areas include: communication, relationships, emergency preparedness, transitioning tools, and financial education. A trivia night is being planned where information on NYTD, ETV and other important areas will be the topics. Bill Dampf, a national speaker on personal safety will be one of the presenters. The training video that the youth made in conjunction with the training unit will also be debuted at the conference and there will be a youth panel. Many of the youth are making digital stories to be shared at the conference.

The SYAB has spent the majority of SFY13 planning for the conference.

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. Missouri uses its general Facebook page “Missouri’s Older Youth Program” to communicate information on NYTD – memos that go out, data, encouragement to locate youth/participate.

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

The Children’s Division will continue efforts to include Native American youth participation in leadership activities. As of April 2013, there are two members on the State Youth Advisory Board with Native American Heritage.

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 Foster Club 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 Teams were formed in SFY08. The Educational Advisory Team's mission is to ensure children in foster care are offered the same educational opportunities as those children not involved in the foster care system. The advisory team members represent a variety of disciplines including the educational system, foster parents, private and public child welfare, court-related child advocacy, juvenile justice and youth in out-of-home care. The Educational Advisory Team meets on a quarterly basis. They meet in person two times per calendar year and by conference call two times per calendar year. The Education Advisory Team met three times during 2012 to collaborate on educational needs of foster children.

A subgroup of the Education Advisory Team was formed in 2012 to work on Sharing Domicile information for foster children. This subgroup is working on updating a cooperative agreement established in 1998 between Department of Social Services and Department of Elementary and Secondary Education which allows domicile information to be shared in order to implement the requirements of a state statute. This agreement allows for improved communication between the Division and the schools. Along with the agreement, a specific form will be updated for school districts to use to obtain domicile and parental rights status information changes. Members of the subgroup include representatives from Department of Elementary and Secondary Education (DESE), a residential facility, the Children's Division, and the Division of Youth Services.

The DESE presented a webinar about providing services for children in the foster care system in May of 2013. The webinar addressed issues affecting children in foster care and department requirements, guidance, and resources designed to help school districts serve these students. The first part of the webinar discussed special services available to foster youth and the second part discussed the Foster Care Education Bill of Rights. The webinar was made available to Children's Staff and all disciplines involved in the education of foster children and many staff were able to participate in the webinar.

In September 2012, a panel of representatives from the Education Advisory Team presented information at the annual Missouri School Board Association Conference. The panel provided information about the Foster Child Education Bill of Rights and helped participants understand their role in helping foster youth succeed in school. The panel covered topics such as confidentiality, assessment of students, and transportation regarding foster youth. Board members were given the opportunity to ask questions and to discuss specific situations occurring in their districts.

The Child Welfare, Education and Courts Workgroup include representatives from Children’s Division, 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 met three times in 2012 to continue their efforts of 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. The workgroup provided guidance to DESE to assist in revising the definition of “awaiting foster care” as it pertains to McKinney-Vento eligibility in the state of Missouri. DESE is currently in the process of revising the definition. At the time the definition is revised, the group will meet to discuss practice implications associated with the change.

In an effort to re-energize the Education Advisory Team and not duplicate any efforts being done by the Child Welfare, Education, and Courts Workgroup, the two groups were merged into one group during SFY13.

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

The Child Advocacy Centers (CACs) are members of Missouri KidsFirst. Missouri KidsFirst is a not-for-profit organization which provides advocacy and support services to Missouri’s Child Advocacy Centers. Directors of each of Missouri’s Regional CACs serve as a Program Advisory Board for Missouri KidsFirst. The CAC directors meet quarterly with representatives from Missouri KidsFirst, the Children’s Division, and the Department of Health and Senior Services to discuss the effectiveness of the CAC model and what can be done to improve the quality of the services provided by the CACs. Discussions include, but are not limited to, development and implementation of multidisciplinary team (MDT) investigative training, MDT protocols, administration of SAFE exams, victim advocate services and follow up services to children and families.

The Board of Directors for Missouri KidsFirst is a community-based board made up of a diverse group of professionals and leaders that include businessmen and community and civic leaders from across Missouri. The Board oversees and directs the management of Missouri KidsFirst which 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.

### ***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.

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

Though Missouri is now in the 8th 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 Act (CJA)**

The Task Force on Children's Justice was established under the federal Child Abuse Prevention and Treatment Act (CAPTA) in 1991. All states receiving CAPTA funding are required to maintain a state, multidisciplinary task force on children's justice. Missouri's Task Force is comprised of 21 members representing most urban and metropolitan jurisdictions, as well as rural locations in the State, and includes law enforcement; judges and attorneys involved in both civil and criminal child abuse and neglect proceedings; child advocates; court appointed special advocates (CASA); health and mental

health professionals; individuals representing child protective service agencies; individuals experienced in working with children with disabilities; representatives of parents' groups; adult former victims of child abuse and or neglect; and individuals experienced in working with homeless children and youths (as defined in section 725 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a)).

The mission of the Task Force is to assist the State in developing, establishing, and operating programs designed to improve child welfare; in particular, the handling of child abuse and neglect cases, the handling of child abuse related fatalities, the prosecution of child abuse cases—particularly sexual abuse, and the handling of cases involving children with disabilities or serious health related problems. The Task Force is also charged with the oversight and distribution of federal grant money and reformation of policy and State laws related to child abuse and neglect to provide comprehensive protection to children. The Missouri Task Force on Children's Justice was created in 1994.

The Task Force is charged with the responsibility of being an advisory group to the Children's Division and the Courts to make recommendations to provide improved practice in child welfare and overall better outcomes for children. The Task Force is also responsible for receiving, reviewing, and approving funding proposals from organizations or persons across the State who are planning activities which will serve to remedy child abuse in Missouri as a whole. During the past year, the Task Force has met quarterly.

During 2012 the Finance Committee created a new funding application/scoring rubric and a standardized feedback form, called the Final Project Report, which evaluates the project after completion. Both forms were posted on the Missouri CJA website. A list of funded projects may be found on the website, listed by year of award. This feature was added in hopes of giving potential grantee's an idea of what projects have been funded in the past, as well as the amounts requested.

The Legislative/Policy Committee, in its ongoing effort to strengthen its own impact, reviewed and made revisions to its bylaws in accordance with federal guidelines and Missouri state law.

The Critical Event Review Committee plans to conduct critical event reviews to determine, based on individual cases and more global trends, where concerns exist related to the handling of child abuse and neglect cases. This committee was formed in early 2013 as part of the Task Force's duty to be a Citizen Review Panel. The task of reviewing near fatalities and fatalities has been completed in the past, however the Task Force feels it is important to have a standing committee to review on a more frequent basis. The members hope to gain insight into laws, policies or practices which might need to be addressed to improve handling and prosecution of these cases, and reduce trauma to the child victims. These insights will serve to inform recommendations made by the committee to the Children's Division and the Courts, as per the charge of the Children's Justice Act. The Children's Division's Critical Event Protocol is a process for the reporting, reviewing and documenting of Divisions responses to significant events involving a child, such as child deaths, suicides or serious physical injury as well as other circumstances requiring critical event response. Critical events are classified by category, which determines the Division's response. A collection of tools, the *Critical Event Tool Kit*, is used to guide a critical event reviewer through the case review process.

The Children's Division presented information on their critical event review process and tools, as a means of guidance to the Task Force in their development of a formalized process. The Critical Event Committee will be using the tools with the intent of refining them for the purpose of the Task Force.

During 2012, the Recruitment Committee refined the process for seeking new members. 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 reviewed on an ongoing basis. Those interested may attend all open meetings in advance of selection to the Task Force. New membership training took place with the six new members in spring 2012. A survey is being sent out to all of CJA's community partners via Survey Monkey, as well as posted on Missouri's CJA website to gather information regarding the need for training and/or information a community or agency may need to improve the handling of, investigation of and prosecution of child abuse/neglect cases. The survey will produce a number of demographics, including area of the State in which they live as well as email addresses. With the information gathered, the Task Force will be able to make recommendations on the improvement of child abuse and neglect laws, policies, programs, professional education and public awareness, providing funding through grants to support these recommendations. The Recruitment Committee is viewing the survey as a good source of possible membership expansion or replacement as well as community engagement in the process of accomplishing the mission of CJA.

The Training 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. As mentioned above, the survey being sent to CJA community partners will provide information to training needs across the State. The intent is to expand funding solutions through communication with community partners to accomplish the goals of CJA.

The Training Committee developed the Missouri Child Abuse and Neglect-Educational Opportunities listing which endorses the practice of collaborative multidisciplinary training as an opportunity for parents and professionals to improve the handling of child abuse and neglect cases. The Missouri organizations listed on the CJA website offer opportunities for training on topics pertinent to child abuse and neglect.

Over the past year, the Children's Division's Director provided critical information to the Task Force on the significant increase in the number of children coming into the foster care system in Missouri. From 2009 to present, Missouri has experienced a steady increase of number of children in care while most other states have seen a decrease. This issue was discussed at all CJA meetings in 2012. The Task Force is very interested in providing any assistance they can to improve in the areas identified during this review.

A final summary and evaluation was received and shared with the Task Force for the grant funding to Children's Mercy Hospital in Kansas City, MO. The grant allowed Dr. James Anderst of Children's Mercy Hospital to host a program on Accidental and Inflicted Mechanisms of Injury in Childhood. This program supported the distribution of and instruction on a practice improvement tool for investigators. The purpose of this project was to provide instruction on a computer-based educational and practice tool.

By using technologically advanced animations to demonstrate both accidental and inflicted childhood injuries, this program resulted in improvements across the State of Missouri to assist Children's Division in their investigation of physical abuse cases by providing a simple, accessible tool. This tool was and still is available to all staff via Children's Division intranet.

Co-Chair, Lori Ross and CJA Liaison, Sarah Bashore, participated in the webinar; *Coordination of Child Death Review and Citizens Review Panels*. Information was shared with the Task Force via email and during CJA's quarterly meeting. Task Force members were told The National Resource Center for Child Protective Services website was a great site to book mark as it has many resources for CJA, Child Abuse Prevention and Treatment Act (CAPTA) and Citizen Review Panel's (CRP). Coordination between CJA and Missouri's Child Fatality Review Program State Panel was discussed. CJA's Co-Chairs agreed to attend the Child Fatality Review Panel per invitation. The Task Force seeks to bridge the two programs.

History on SAFE CARE-Enhancing the Medical Response to Child Abuse was given to members by Task Force members, Dr. Jim Anderst and Emily Van Schenkof, from MO KidsFirst. Currently there is a partnership with DHSS, MO KidsFirst and the state's Children's Hospitals (Children's Mercy in Kansas City, Cardinal Glennon and St. Louis Children's Hospital in St. Louis). There are eight Child Abuse Pediatric physicians in MO; four in St. Louis and four in Kansas City, and zero in "non-urban" areas. Emily and Dr. Anderst explained the need for skilled physicians. Having skilled medical forensic physicians, Children's Division staff, law enforcement staff and prosecutors would lead to more informed decision making and improved investigation and prosecution of child abuse cases. There is a need for public policy and infrastructure. Emily and Dr. Anderst gave solutions to address this need, including telemedicine, which would allow access to trained physicians, as well as incentives. The Task Force was very interested and stated they would give any support they could. Emily and Dr. Anderst are continuing to work on this project and will keep the Task Force apprised to any new information.

During FFY12, CJA grant money was provided to the Child Advocacy Centers in Missouri to improve the processes by which Missouri responds to cases of child abuse and neglect, particularly child sexual abuse or exploitation. Forensic examinations, victim interviews, referrals to treatment providers, gathering and retention of forensic evidence used for criminal prosecution of the offender were made possible through funding provided by the CJA grant.

### ***Juvenile Court Improvement Project***

The purpose of the Juvenile Court Improvement Project (JCIP) is to develop and implement a statewide plan for improvement which will result in timely, full and fair proceedings for children and their families and to provide for the safety, well-being and timely placement of abused and neglected children in permanent homes. The activities of the court improvement project are directed by the JCIP Steering Committee, which meets quarterly. 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. Robert Prue, Assistant Professor, University of Missouri-Kansas City, School of Social Work
- Mr. Dean Aye, Foster Parent
- Ms. Susan Savage, Deputy Director, Children's Division, Missouri Department of Social Services
- 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***

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

Fostering Court Improvement was initially implemented in four judicial circuits: Circuit 13 (Boone and Callaway Counties); Circuit 22 (St. Louis City); Circuit 31 (Greene County); and Circuit 35 (Dunklin and Stoddard Counties). These circuits were among those with the highest populations of children in out-of-home placement. 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> (Pike and Lincoln Counties) circuits 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. At the current time, the 11<sup>th</sup> (St. Charles County) and the 12<sup>th</sup> (Audrain, Montgomery and Warren Counties) have also joined FCI.

The 10-15 member FCI teams attending the training included the following: Judges, court personnel such as juvenile officers and court administrators, juvenile clerks, attorneys who represents the state (JO attorney & DLS attorney), attorneys who represent parents, GAL/CASA 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, effective written service agreements, collaboration information systems, and preponderance of evidence findings. 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 continues to grow as additional circuits continue to request to participate. The goal of FCI is that every circuit will adopt these practices and it will no longer be a “project” but a common practice statewide.

### ***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 intent of the award is to focus on the efforts family support teams have made to meet the requirements of holding hearings timely for children who have been removed from their homes. The courts’ efforts to hold hearings on schedule enables teams to better ensure timely permanency. 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 and nineteen circuits in FY12 with an additional twenty-one circuits holding at least 95% of their hearings timely in FY12.

### ***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 9<sup>th</sup> annual legislative breakfast. AFCC builds collaboration amongst its member agencies as well as the legislature to advocate for adoption and foster care issues, as well as, providing input and suggestions as a partner to the CD on child welfare policy.

### ***Mo HealthNet 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 Managed Care program. The CAC meets quarterly to discuss MHD managed care issues and to provide training related to issues and concerns of the CAC members. The CAC members also assist with reviewing mandatory language provided to the health plans for member handbooks.

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, Central 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 Managed Care consumers in the state of Missouri.

### ***Mental Health First Aid Training***

In collaboration with the Missouri Institute of Mental Health, the Children's Division selected a cadre of regional field staff and agency staff trainers to become certified in MHFA instruction. This team of certified MHFA instructors provides Mental Health First Aid training to agency staff and foster parents. The 12 hour MHFA educational course addresses the signs and symptoms of mental health issues such as depression, anxiety, psychosis, substance misuse as well as strategies to help a person in a mental health crisis until appropriate professional treatment is received or the crisis is resolved.

A total of 28 classes have been provided for 332 participants. This collaborative effort will continue in SFY14.

### ***Suicide Prevention Training***

The Children's Division, in partnership with Pathways Community Health, has begun offering Suicide Prevention training to agency staff and foster parents. This suicide prevention program teaches participants about the QPR (Question, Persuade, and Refer) method. The 2.5 hour training addresses effective responses to a suicidal crisis, warning signs for suicidal behavior as well as how to instill hope in people contemplating suicide. Another component of the training is "Counseling on Access to Lethal Means" which is designed to help providers implement strategies to help clients at risk for suicide and their families reduce access to lethal means.

A total of three sessions have been provided for 45 participants. This collaborative effort will continue in SFY14.

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

Partners through the DSS, State Technical Assistance Team (STAT) assist in child abuse/neglect, child sexual abuse, child exploitation and pornography, child fatality and other child-related investigations at the request of the department, law enforcement, or other child protection agencies. STAT is responsible

for managing Missouri's Child Fatality Review Program (CFRP) including training and support for the 115 county-based multidisciplinary CFRP panels, as well as collecting data to identify trends, patterns and spikes in the number of child deaths to facilitate the development and implementation of prevention strategies.

STAT is supervised by the DSS Deputy Director and is available 24-hours a day to respond to requests for assistance. STAT's investigative responsibilities are considerably different than those of the CD. During 2012, STAT opened 162 investigative cases, down from 212 cases which were active in 2011. Of the 162 cases, 62 (38%) were sexual abuse, 49 (30%) were exploitation, 16 (10%) were child fatality, 30 (19%) were physical abuse, zero were neglect related and five (3%) were listed as other. Prosecutors filed 50 felony charges on STAT investigations during 2012. 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 totals.

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 Missouri Child Fatality Review Program (CFRP) State Panel, consisting of members from various child protection professional disciplines, meets bi-annually to review topics of concern and identified trends and patterns of risk. The State Panel continues to recommend prevention efforts related to child deaths from same surface sleeping, unsafe bedding and abusive head trauma involving infants, among other types of child deaths. The Children's Division and STAT continue to promote safe sleep for infants with the use of brochures and materials provided by the Missouri Children's Trust Fund and the Department of Health and Senior Services. CFRP Annual Reports from 2002 to 2011 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 2012. Some of these included adequate prenatal care during pregnancy; appropriate safe sleep arrangements for infants; traffic safety, proper restraints and following traffic laws; appropriate parenting techniques and adequate supervision of young children; suicide prevention; firearm safety; when to seek medical care; fire safety; never leave a child alone or unattended in or around a vehicle; signs of child abuse and when to report; illegal drugs and prescription abuse; recognition of mental health concerns; and road signage and maintenance.

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

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

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

Goals for this group are:

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

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

### ***Missouri’s Community Partnerships***

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

The Family and Community Trust (FACT), also a non-profit corporation, is comprised of state department heads and leaders from the corporate and civic arenas. This 19 member board provides guidance and

direction to the 20 partnerships. The board meets regularly each year and most of the Community Partnerships are represented at those meetings. The FACT web site is [www.mofact.org](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 377,000 hours of volunteer service to their respective communities. In addition to the many service hours generated by the partnerships, they leveraged over \$ 10 for every \$1 of state funding provided them in FY12. They continue to be a good return on investment.

The Community Partnerships are involved in initiatives that support the welfare of children and families in the State of Missouri. Preventing child maltreatment through various programs is a key component within each community. The Community Partnership serving Kansas City, Jackson, Clay and Platte counties is the Local Investment Commission (LINC). Their program LINCWorks has helped many participants to be on the path from welfare to skills and work through the efforts of several partners. Services include placement in work activity, case management, assistance with work related expenses and transportation to name a few. Their work participation rates have jumped 11% in just the last year, to 22.3%, exceeding the statewide average.

The Area Resources for Community and Human Services (ARCHS) which serves the Greater St. Louis Region provided free eye screenings to children in grades K – 6 through their Kids Vision for Life Program. Visual learning is essential for students to reach their full academic potential. This important program encourages these children to be engaged in learning, remain in school and be successful upon graduation.

The Community Partnership of the Ozarks Sober Truth on Preventing Underage Drinking Program (STOP) program in Springfield is designed to prevent and reduce alcohol use among youth ages 12-20 through many successful strategies. Several collaborative partners in Springfield have enhanced their underage drinking-related policies. Classes for minor youth as well as alcohol retail store employees across the area have been successful. A significant decrease in alcohol use was shown due to the collaborative efforts of these strategies.

Across Missouri the Community Partnerships all have programs such as these to help each community's unique needs. The ability to coordinate their services with other local partners produces very effective results. *Attachment H Community Partnerships* contains four Community Partnerships reports which highlight examples of work relating to helping the needs of Missouri's families and children.

### ***CFSR Advisory Committee***

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

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

For more information regarding the CFSR Advisory Committee and Charter, see <http://dss.mo.gov/cd/cfsr>. The Charter provides the scope of work which includes a review of the Program Improvement Plan and the Title IVB Plan, including progress data. In 2011, the committee accepted the challenge of exploring service options if services cannot be established by local community measures. The challenge originated from the National Resource Center for Organizational Improvement and Child Welfare Data and Technology as they assisted the Children's Division with setting up a pilot project to build the service array capacity.

More information on the Service Array project can be found in the Five Year Plan Progress section of this plan.

### ***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***

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

Recommendations from the past year included expanding the involvement of field in SACWIS development, consideration of the use of text messaging by staff, implementing a staggered policy release schedule to allow supervisors time to become familiar with policy prior to frontline staff, creating a bridge between supervisor learning lab recommendations and the SAC strategic plan through structured communication, development of a supervisor toolkit to support family engagement and continued support for annual supervisory conferences.

## **PROGRAM SUPPORT**

### ***AFCARS Improvement Plan***

Missouri completed a federal AFCARS review in March 2009 and subsequently entered into 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. As of the submission of the last APSR, the final remaining steps of the AFCARS improvement plan were to complete the corresponding mapping changes related to the new FACES screens. All remaining mapping changes, including those related to the new FACES screens have since been completed.

During FY12 and into FY13, Missouri had several attempts to resubmit AFCARS files going back to 2009 in order to have clean data for a data profile and establishment of baseline data for the CFSR PIP. Missouri was able to remedy the problem with dropped cases; however, children incorrectly showing or not showing in the adoption file became the remaining source of error needing to be resolved following the resubmitted data.

In order to rectify the adoption disparity issue, Missouri held several phone conferences with ACF and the data and technology team to troubleshoot the errors. Missouri is awaiting confirmation of resolution at this time, but is optimistic that the issues causing the problem have been identified and

resolved. Once confirmation is received, a final AFCARS improvement plan update will be provided to ACF.

Since AFCARS files are used to produce data for the Results Oriented Management (ROM) report, an electronic report used by staff and managers to monitor outcomes, an on-going opportunity is presented for staff in the field to identify AFCARS errors for the ITSD unit.

The AFCARS frequency report will continue to 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 clean-up efforts.

The state will continue to monitor dropped cases and adoption disparity with each new submission.

### ***Accreditation Update***

According to Section 210.113 RSMo (HB 1453), it is the intent and goal of the General Assembly to have the Department (Children's Division) attain accreditation by 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. In March 2013, the Children's Division began the reaccreditation process.

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 building inspections are occurring
- Circuit emergency plans
- COA-related trainings for staff and foster and kinship care providers
- Caseload sizes

- Supervisor to worker ratios

#### Achievement of Reaccreditation

The reaccreditation process is similar to the accreditation process. The Children's Division has prepared an agency Self Study (which will address COA's 8<sup>th</sup> Edition Standards) and submitted it to COA, as evidence of policy and practice. The next phase of the reaccreditation process is for COA Peer Review Teams to visit Missouri and review policy and practice, through interviews and observations during on-site visits to designated regions in the state. These designated regions are comprised of a multiple circuits assigned to one Peer Review Team for on-site review for approximately three to four days. This schedule of on-site review began in March 2013, with the Central Office on-site review and will continue through June 2014 until all circuits have been visited. Once the on-site review for each region is completed COA provides the Children's Division with positive and critical feedback and the Children's Division has a chance to respond. Upon response COA will determine reaccreditation.

#### ***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. 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 Online Invoicing for Residential Treatment and Children's Treatment providers, transitioning the eligibility guidelines for the Guardianship Assistance Program (GAP) into Missouri's existing FACES eligibility system, and revising the current Safety Assessment. Many of the enhancements done this past year had a focus on time savings for staff and reducing the amount of duplicate data entry. Also, in an effort to increase communication with field staff, CD continues to publish a monthly FACES newsletter which is sent to all staff via email. 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) were completed in June 2012. The enhancements include system changes to capture more accurate data in FACES and mapping changes to the AFCARS extract file. Children's Division will be working with ACF to submit all the necessary documentation to address any final issues and close out our AFCARS AIP.

Anticipated system enhancements for this next year includes integrating the referral process for Older Youth services, developing a separate Adoption function in FACES to more clearly define a child's adoption spell and incorporating a spell check feature 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. In addition, beginning in July 2013, the FACES Help Desk will begin offering follow-up FACES Training to field staff and contracted case management staff at the request of their supervisor or Circuit Manager. Management will be able to tailor their training request to meet the specific needs of their staff.

Missouri's formal SACWIS Review is scheduled for September 16-20, 2013. The review will consist of a two-day system demo, Central Office interviews and site visits to three Children's Division county offices and one contracted case management office. Missouri anticipates a successful review in which the division will be able to demonstrate the strengths of the FACES system and receive federal guidance regarding improvements needed towards the goal of a SACWIS compliant system.

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

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

### **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 will include relative guardians, staff from state-licensed or state-approved child welfare agencies providing services to children receiving title IV-E assistance, child abuse and neglect court personnel, agency, child or parent attorneys, guardians ad litem, and court appointed special advocates (per PL 110-351).

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 Office of State Courts Administrator (OSCA).

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

### ***Professional Development and Training SFY13-14***

The Children's Division Professional Development and Training Unit continues to develop and deliver an 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 45 circuits in the state

of Missouri. The training is based in 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 the 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.

#### 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 that have a larger statewide impact. On-going training needs are identified through:

- Continuous Quality Improvement (CQI) processes
- 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. Beginning in 2013, the QA and QI managers are meeting with the training manager to develop a structured plan for reviewing quality practice case review results to further inform the training unit on practice areas needing additional focus.

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 using several different methods. Skill development and attainment is reviewed throughout classroom coursework, during On-the-Job training, and through interactions between staff and their supervisor. The following are several different ways this is accomplished:

- *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 his Pre-training evaluation. Discussion between the trainee and supervisors around the comparison of the two will help determine 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 also serves 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 that require 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 Child Welfare Practice Basic Orientation Training 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 this system. 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 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 that 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 and 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. 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 Child Welfare Practice Basic Orientation Training (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, outcomes, 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: did content address the worker skill level; did the 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.

Services for Children under age five – 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 and community resources, money management, self-care, social development, and work and study skills
- **Older Youth Program Training-** This training is part of the Family-Centered Out-of-Home Care /Older Youth module for front line staff and provides information for the participant to gain:
  - 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 six months of the OJT process. At the completion of the first six 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 and 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 12 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, caseload 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 March 2013, a total of 19 regionalized sessions of Child Welfare Practice Basic Training were conducted for 302 participants. Additional sessions are planned for SFY14.

The following activities are addressed in the Child Welfare Practice Basic Training:

- Social work practice
- 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
- FACES

*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–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 (16-24 sessions per year conducted regionally).

*Cost Allocation Methodology:* Federal Title IV-E funding is allowable as one of the funding sources for this training and would be distributed based upon the Cost Allocation Plan and the results of the Random Moment Time Study.

### ***Core In-Service Modules for Front Line Staff***

In addition to the CWP Basic Orientation for new front line staff, the Professional Development and Training Program offers 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 CWP Basic Orientation and OJT. The modules provide concentrated skill building with an emphasis on core areas of agency policy and best practice and include both classroom training, as well as, On the Job Training. This in-service structure provides ongoing education and professional development of staff throughout their first twelve months of employment while in probationary status. The modules are designed to include a supervisory 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 4-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 On-the-Job Training Assignments.

As of March 2013, nine sessions were conducted for a total of 96 participants. Additional sessions are planned for SFY14.

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

*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 2-4 times per year.

*Audience to receive the training:* New Children's Division front line social services staff who have been on the job for 6-12 months; Front line supervisory staff attend the supervisory portion only.

*Description of the estimated total cost:* \$30,000/yr.

*Cost Allocation Methodology:* 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.

### ***Family-Centered Services for Intact Families Core In-Service***

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

As of March 2013, five sessions were conducted for a total of 57 participants. Additional sessions are planned for SFY14.

The following activities are addressed in the Family-Centered Services for Intact Families Core In-service training modules:

- Family-centered practice
- 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

*Setting of the training activity:* Contracted facility (i.e. hotel or agency conference rooms when possible).

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

*Provider of the training:* Children’s Division Professional Development and Training.

*Approximate number of days /hours of the training:* 14 hours offered 2- 4 times per year.

*Audience to receive the training:* New Children’s Division front line social services staff who have been on the job for 6-12months; Front line supervisory staff attend the supervisory portion only.

*Description of the estimated total cost:* \$20,000/yr.

*Cost Allocation Methodology:* 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.

***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 will be on facilitating family support team meetings, concurrent planning/case planning, critical thinking, case documentation, written service agreements, safety assessment in biological and foster parent homes, risk assessment/re-assessment, court/permanency issues, case closure, children exiting care, cultural diversity and skills demonstration and practice emphasis in conjunction with On-the-Job Training assignments. The Older Youth portion of this 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 related 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 March 2013, 4 sessions were conducted for a total of 41 participants. Additional sessions are scheduled for SFY14.

The following activities are addressed in the Family-Centered Services for Out-of-Home Care Core In-service training modules:

- Family-centered practice
- 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

*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:* 40 hours, offered 3-4 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.*

*Cost Allocation Methodology:* 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.

### ***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 March 2013, a total of one session was conducted for 15 staff. Additional sessions are planned for SFY14.

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

*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.

*Cost Allocation Methodology:* 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.

### ***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-IEPA 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 SFY14 for accredited sites.

As of March 2013, a total of 18 sessions were provided for 241 staff. Additional sessions are planned for SFY14.

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

*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:* Four hours.

*Audience to receive the training:* CD staff, contracted providers.

*Description of the estimated total cost:* Approx. \$20,000 per year.

*Cost Allocation Methodology:* 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.

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

As of March 2013, the Children's Division, in conjunction with the Missouri Coalition against Domestic Violence (MCADV), conducted six sessions of Domestic Violence training for new Children's Division and Family Support Division staff. A total of 149 staff have attended the training as of this date. This will continue to be offered in SFY14.

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

*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:* One day.

*Audience to receive the training:* Children's Division and Family Support Division staff.

*Description of the estimated total cost:* Approx. \$7,500 per year (Grant funding secured through MCADV utilized to cover majority of training expenses).

*Cost Allocation Methodology:* 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.

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

Training for resource families continues to be offered and conducted on a regular basis utilizing the training curriculum purchased from the Child Welfare League of America (CWLA). Foster PRIDE/Adopt PRIDE curriculum produced by CWLA is a part of Missouri's preparation of resource families which is called STARS, which means Specialized Training, Assessment, Resources, Skills, and Support. 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 need for licensure.

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

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

All the above STARS and Spaulding Train the Trainer courses include contractors who provide the training and assessment of resource families. As of March 2013, a total of four sessions have been conducted. 52 participants have attended STARS Pre-Service, In-service, and Spaulding Train the Trainer. Additional sessions are scheduled for SFY14.

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

*Setting 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 two 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.

*Cost Allocation Methodology:* 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.

### **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:

- HRC Basic Orientation Supervisory Skills (BOSS) Training, 40 hours (one week)
- Children's Division Clinical Supervision Training, 46 hours (Three part training)

Training is scheduled and provided quarterly; 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 March 2013, four sessions of the Department HRC BOSS Training were provided. A total of 45 participants from the Children's Division attended the training. Additional sessions are planned for SFY14.

As of March 2013, three sessions of Children's Division Clinical Supervision Training were provided to 26 first line supervisors. Additional sessions are planned for SFY14.

#### ***New for SFY13-14 Clinical Supervision Case Consultation - Part Three of Clinical Supervision Training***

After receiving input and requests from supervisors through the CQI process and the Supervisory Advisory Committee (SAC), a new case consultation curriculum has been developed which is now part of the Clinical Supervision Training for front line supervisors. . The new seven hour Case Consultation Training will build upon the two- part Clinical Supervision Training provided in the supervisor's first year. This additional component, Part Three, will be provided to supervisors as an in-service during their 2nd year on the job and will provide further in-depth, clinical skill-building.

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 is also part of the state improvement plan (PIP). The newly developed Clinical Supervision Guide is being

incorporated into this training. A practice activity is being developed to allow supervisors to use the tool in a manner intended to increase their comfort with the tool.

A field test of the new training was conducted January 2013 for 12 supervisors. During the remainder of FY13, a total of six sessions have been provided, with 57 first line supervisors and 11 Circuit Managers being trained. Feedback received from the participants was very positive and the supervisors indicated this new training would be very beneficial to them in their work with staff. Additional sessions are planned for the remainder of this fiscal year and SFY14.

No new training is planned for 2014.

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

In SFY13, 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 SFY 14.

The following activities are addressed in this training:

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

*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 Human Resources Center, Dept. of Social Services.

*Approximate number of days /hours of the training:* 40 hours of BOSS and 46 hours of CD Clinical Supervision 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 Human Resource Center management course offerings.

*Cost Allocation Methodology:* 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.

### ***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 March 2013, 20 Learning Lab Workshops were held. A total of 316 participants attended the training. As workshops are planned for SFY14, the SAC is providing input on enhancements to the new Learning Lab process.

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 the Missouri Children's Division, serving all counties in all seven Missouri Regions. Their contract expires on June 30, 2013. A new contract is being issued to ensure no lapse in services.

Learning Lab workshops include topics such as:

- Engaging and Facilitating Change
- Supervising For Professionalism
- Framework for Safety
- 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

- Crisis Supervision
- Group Supervision for Management
- Effective Time Management for Supervisors

The following activities are addressed in this training:

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

*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.

*Cost Allocation Methodology:* 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.

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

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

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

In SFY13 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 TPR cases are covered. As of March 2013, 2 sessions have been conducted for 43 participants. Additional sessions are planned for SFY14.

### ***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 12 was trained January 2013 in FCI. A total of 16 participants attended the training. Additional sessions are planned for SFY14.

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

During SFY13, the Children's Division 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 discussions and awareness for change with consultants from the Center for the Study of Social Policy (CSSP) 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.

Following the statewide rollout, as recommended by the Racial Equity workgroup, a six hour training is now being provided as a required in-service training for all new staff in their first year following completion of Child Welfare Practice Basic Orientation. The training is also required for any Children's Division frontline staff who did not complete *Racial Awareness* training during the initial statewide initiative. Since initial implementation 1,589 staff have completed the training with 51 sessions being

provided. Of this total, 612 participants were trained in SFY13. This training will continue to be offered as a required, ongoing in-service training. Additional sessions are scheduled for SFY14.

Through the Racial Equity work group members, ongoing outreach is being provided to community partners , foster parents and other agencies.

**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 Intervention, Safety Assessment, Safety Planning, Safety Reassessment, Risk Assessment, Risk Reassessment, Goals, Tasks Service Delivery and Termination of Services are explored.	Social work practice 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 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. Claimed at 75% FFP.
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, 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.	Social work practice 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. Claimed at 50% FFP.

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-CD000003 Expedited Permanency and the Family-Centered Out-of-Home Care Process	This competency based curriculum will provide knowledge of the impact of out-of-home placement of children and 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 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.	Social work practice 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. Claimed at 75% FFP.
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 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.	Social work practice 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	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. Claimed at 75% FFP.

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	CD000005 Children's Division Computer Systems Training	COMPUTER SYSTEMS TRAINING: This computer class offers hands on individual experience in entering, updating and inquiry of CD programs.	SACWIS Social work practice 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. Claimed at 75% FFP.
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 adults, decision making during the response to CA/N, safety and risk assessment and case documentation. Skills Demonstration and Practice emphasis.	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	Continuing Part time	CD PDTU	6 hours	Frontline Supervisor s	\$5,000	Title IV-E funding as one source & distributed based on cost allocation plan and results of RMTS. Claimed at 50% FFP.

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
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 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 Training Assignments	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	Continuing 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. Claimed at 50% FFP.
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, case planning and case documentation. Skills Demonstration and Practice emphasis.	Family centered practice 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	Continuing 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. Claimed at 50% FFP.

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
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, 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	Family centered practice 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	Continue 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. Claimed at 50% FFP.
O	Family Centered Services Out-of-Home Care/Older Youth for Supervisors CD000014		Family centered practice 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	Continue 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. Claimed at 50% FFP.

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
O	Family Centered Services Out-of-Home Care/ Older Youth Training  CD000095 CD000096 CD000224		Family centered practice 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	Continue 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. Claimed at 50% FFP.
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 of Ethics in varying situations."	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	Continue 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. Claimed at 50% FFP.

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
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 members or subcontractors of the Missouri Coalition Against Domestic Violence. This session is required for all staff responsible for administering the Temporary Assistance program.	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	Continuing Part time	Contracted Provider	8 hours	Frontline staff	\$7,500	Title IV-E funding as one source & distributed based on cost allocation plan and results of RMTS. Claimed at 50% FFP.
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 and supervision; Recruitment and licensing of foster homes and institutions	Agency Training room or contracted facility	Continuing 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. Claimed at 50% FFP.

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
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 Recruitment, Adoption Staffing, Birth Family/Resource Family Preparation and other related topics.	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	Continuing 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. Claimed at 50% FFP.
I	Basic Orientation Supervisory 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 supervision (i.e., planning, organizing, leading/directing, and controlling). This training will provide supervisors with the foundations of these critical management and supervisory skills.	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 Title IV-E funding as one source & distributed based on cost allocation plan and results of RMTS. Claimed at 50% FFP.

uInitial /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/O	Clinical Supervision Training CD000101 CD000102 CD000254	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 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.	Development of the case plan; Case reviews; Case management and supervision	Agency Training room or contracted facility	Full time	CD PDTU	46 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. Claimed at 50% FFP.
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 serve.	Development of the case plan; Case reviews; Case management and supervision	Agency Meeting room or contracted facility	Continuing 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. Claimed at 50% FFP.

**SFY 13 Summary of “Legal Aspects” Trainings  
July 2012 to June 2013**

Date	Training	Length	Location (Setting/Venue)	No. of Attendees	Child Welfare Professionals	Description
<b>CHILDREN’S DIVISION TRAININGS</b>						
Ongoing	Legal Aspects of Investigations	2.5 days *	Agency training room or contracted facility	60	CD	<p>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 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 days *	Agency training room or contracted facility	21	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 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>The requirement of viewing 5 web-based (DVD) training topics prior to attending continues, but needs to be evaluated. A competency test on the 5 web-based (DVD) trainings is required with a process for the person to review any errors with their supervisor prior to attending. Those who have attended prefer the current format. It seems to provide for a richer discussion on the issues as the concepts are not new to them at the training.</p> <p>Estimated total cost for the year: approximately \$2700. The cost allocation methodology: Title IV-E funding as one</p>
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						source and is distributed based on the cost allocation plan and results of RMTS. Claimed at 75% FFP.
Ongoing	Legal Aspects of Child Safety Decision Making in PC Cases#	6 hours *	Agency training room or contracted facility	186	CD staff in all programs lines and FCCM	<p>This agency training is and will be available to fostering court improvement (FCI) circuits 4 to 6 weeks in advance of the companion training for the circuit’s multidisciplinary team members based on “Child Safety - A Guide for Judges and Attorneys.” This training focuses on standardizing the terminology and decision making for child safety across all program lines and for use with Judges, attorneys, GALs, etc., from hotline initiation to permanency. Agency and FCCM training for 2 circuits is complete and 5 others will be scheduled through the end of December, 2013.</p> <p>Estimated total cost for the year: approximately \$4000. The cost allocation methodology: Title IV-E funding as one source and is distributed based on the cost allocation plan and results of RMTS. Claimed at 50% FFP.</p>
Ongoing	Legal Aspects of Investigations Update 2012	4 hours **	Agency training room or contracted facility	123	CD frontline investigators and supervisors	This training is held upon request of a FSM or RD. It provides updated information on the case law that applies to investigations and 24 case examples to help illustrate how to substantiate hotlines based on the legal definitions of abuse and/or neglect.
Ongoing	Legal Aspects of Administrative Review	4 hours	Agency training room or	5	CD – Northern Region sub group of	This training is held at the request of a RSM or RD. It is narrowly focused on issues at the

		**	contracted facility		CMs, Specialist	CANRB and case law that impact administrative review decisions at the circuit manager level and above.
Nov 19	Legal Aspects of Dads for FCS and AC Workers	3 hours **	Agency training room or contracted facility	29	Greene Co CD and FCCM	Request by the QA specialist for this training for FCS and AC staff and FCCM focusing on the importance of fathers and the need to involve and how to work with the legal father, the putative father and the father figure in the home. The training addresses how paternity and custody laws apply.
Ongoing	Legal Aspects DVD Series (now also web-based)  ◆Legal Aspects – CA/N Camp #1  ◆Legal Aspects- CA/N Camp #2  ◆An Investigator’s Survival Guide to Testifying  ◆Legal Aspects of Concurrent Planning  ◆Legal Aspects of Relative Placements  ◆Breaking Through the Bars: The Incarcerated Parent  ◆Legal Aspects of Who’s	**  3.5 hours  2.25 hours  1 hour  2 hours  1 hour	Individually at their desk or in an Agency training room or contracted facility if used by the supervisor at meetings	  10  11  10  14  13	CD, FCCM	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. “Breaking Through the Bars: The Incarcerated Parent” is a popular topic matching the social work and laws that apply for permanency for the children. “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 2 CA/N Camps require supervisory

	Dad? ◆ Legal Aspects of Mo Custody Laws  ◆ Legal Aspects of Adult Guardianships for Older Youth	.5 hour  1.75 hour 1.25 hour 1 hour		47  27  18  4  154 total		participation and a sign in sheet for Chapter 210 credit. The other trainings are self-study and there is an acknowledgement process for credit. While there is anecdotal information that the web-based training format is being utilized individually and in small groups, the acknowledgement process for training credit is underutilized. Tracking the usage needs to be reexamined.
	<b>OSCA SPONSORED TRAINING</b>					
Ongoing	Courtroom Skills for Good Child Welfare Practice	1.5 days  *	SW Region CD  SE Region CD	Est. 22  <u>Est. 26</u>  48 total	CD staff and FCCM	OSCA CIP training grant. This course is designed for new staff that may 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.
April 30,	Child Welfare Attorney	4.5 hours of 1 day	Statewide over 5	42	JO attorneys, DLS attorneys, GALs and	OSCA CIP funding. OSCA surveyed judicial officers and chief juvenile officers in child

May 14, 2013x	Training	training *	training dates	57 Est 40 Est 20 <u>Est 40</u> 200	Parents' attorneys	welfare cases and identified a training gap for attorneys for improvement in understanding the child welfare system from hotline through removal to permanency. Training addressed parents attorneys, GALs and JO attorneys roles and responsibilities (1 hour panel) as well as the laws and court processes and applicable social work practice.
Ongoing	Fundamental Skills for MO Juvenile Justice Professionals – Child Abuse and Neglect	4 hours *	Statewide	21 <u>32</u> 53 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.
	<b>MISSOURI OFFICE OF PROSECUTORIAL SERVICES SPONSORED TRAINING</b>					
Nov 26	Why in the Heck Do They Do That? Successful Tactics in Collaboration with CD	1.5 hour **	Statewide	166	Law enforcement, prosecutor, JO attorneys, CD, DJOs, CAC, Advocates, P&P, Forensic Inter., school and medical personnel	This webinar was done at the request of the Family Violence Resource Prosecutor, Missouri Office of Prosecutorial Services (MOPS) to share statewide a similar presentation given at their conference in May, 2012. It explained the hotline system for successful collaboration with multidisciplinary team members (MDT). It addressed the legal basis for the hotline system and how CD substantiates hotlines, provides services,

						protects children and works with the courts.
June 19x	Follow up Webinar on the Hotline System	2.0 hour **	Statewide	Est. 170	Same as above	The need for this follow up training is based on feedback from the MOPS webinar in November and will be held June 19, 2013.
	<b>GAL/CLE TRAININGS AND OTHER CIRCUIT SPECIFIC TRAININGS</b>					
Aug 2	Legal Aspects Overview	1.5 hours **	Statewide Foster Care Advisory Board	13	Foster parents serving on the board, Office of Child Advocate, CD Central Office Staff	This training was designed to provide the advisory board with an overview of the legal basics (constitutional, federal and state laws) underlying the child welfare system and how these concepts impact permanency for children.
Aug 28	CD's Hotline System	2 hours **	Lutheran Children and Family Services	77	School counselors, LCFS mgmt, social workers and life skills facilitators	Hotline system training for mandated reporters and to understand how CD makes decisions to keep children safe and provide services to lower the risk and support the family.
Oct 19	Legal Aspects of Permanency Planning and Concurrent Planning	6 hours *	37 <sup>th</sup> Judicial Circuit	21	JO, Court Administrator, CD, CASA, GAL	At the request of the CD CM and JO to help resolve differing views on permanency planning and concurrent planning issues.
Nov 16	Legal Aspects of Concurrent Planning	1.5 hours **	Juvenile Courts & Laws Committee of the Mo Bar	37	GALs, Parents' attorneys, JO attorneys, DLS attorneys	Continuing legal education for child welfare attorneys and other GALs with an overview on the child welfare system and the how constitutional, federal and state laws and corresponding agency policy apply in key decision making points from removal to permanency.
Nov 19	Legal Aspects of Permanency Planning and	3 hours	21 <sup>st</sup> Judicial Circuit	92	GALs, Parents' Attorneys, JO	Collaboration Workshop Training with an overview of the child welfare system, focusing

	Concurrent Planning	**			Attorneys, Judges, DJOs, CD, FCCM	in on how the laws and social work apply to working with dads, incarcerated parents, placements with relatives, TPR and adoption.
Jan 30	Overview of the Child Welfare System  ABCs on TPR	3 hours  **	19 <sup>th</sup> Circuit  Cole County	18	GALS, Parents' attorneys, JO attorney, Judge	GAL training at the request of the Judge for their current and new attorneys.
April 5  April 9, 10	Child Safety Decision Making – The Essence of Permanency Planning	7 hours  7.25 hours  *	13 <sup>th</sup> Circuit Boone/Callaway  31 <sup>st</sup> Circuit Greene County	23  60	GALs, parents' attorneys, JO attorneys, DLS attorneys, DJOs, CASA, CD and FCCM	This multi disciplinary training is the companion training to the agency training (Legal Aspects of Child Safety Decision Making in PC Cases) and is based on “Child Safety - A Guide for Judges and Attorneys.” It is only available in FCI sites and takes place 4-6 weeks after the agency training. It is co-trained with a retired OCSA manager. It provides a practical summary about child safety for the participants so they can evaluate CD recommendations on child safety based on sufficient information; recognize recommendations that follow logical reasoning and analysis; identify what additional information must be gathered and reported to the court; and have confidence in child safety decisions as they relate to permanency and well being.

All training provided by the Legal Issues Training Coordinator in courtroom skills is with an attorney co-trainer. Some of the DVDs/web-based trainings include a CD trainer or other CD staff as a guest presenter.

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

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 × future trainings within SFY13

## ***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.

A contract was developed and proposed to Missouri CASA with a begin date of July 1, 2012. The contract contains 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. A contract with the statewide CASA agency is in place to reimburse for allowable expenses. This contract covers services beginning July 1, 2012. The current contract will expire June 30, 2014.

- 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 three hour training sessions for ten 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

In 2012, the 22 Missouri CASA programs trained approximately 404 volunteers. The costs to train new CASA volunteers include (1) staff hours spent preparing for and conducting the training, (2) National CASA volunteer training manuals for each volunteer, (3) training room rental, (4) other training supplies, and (5) fees for guest speakers and/or consultants who conduct training in addition to staff. These costs vary for each program due to differences in program size and how the programs are administered. For example, some programs are court-based and are able to use training rooms without paying a rental fee.

As discussed in more detail below, each of the 22 programs is required to budget \$5,000 for new volunteer training expenses. This funding is from the Missouri CASA's Association's state appropriation and totals \$110,000. This is the maximum estimated total cost for our Title IV-E eligible expenses.

- 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 local CASA programs to complete an annual application. In this application, each program will be required to budget \$5,000 from the state appropriation for volunteer training costs. The proposed budgets include descriptions of their expenses for training new CASA volunteers. The total expenses submitted will not exceed the match funding of \$110,000 (\$5,000 x 22 programs).

## Technical Assistance

Through the Program Improvement Plan (PIP) Children's Division is encouraged to utilize technical assistance (TA) with the National Resource Center (NRC). The Children's Division is currently working with the NRC for In Home Services to build family engagement skills including improving supervisory oversight in the engagement/assessment process. Children's Division has sound policy, however the agency could benefit from policy enhancement regarding tying policy to practice. On August 23, 2102, the NRC held a focus group with the Supervision Advisory Committee comprised of field supervisors from each region. Some of the questions included asking the supervisors how they define engagement and how they know their staff is engaged. The NRC compiled the results of the focus group and developed a report of specific recommendations which Missouri can use to enhance policy and practice in the area of engagement. The recommendations are currently being analyzed. The Division plans to present the recommendations to the Supervision Advisory Committee in May 2013 to determine priorities and begin implementation. The goal of this work is to enhance case management practice and family engagement in areas including: FSTs, working with incarcerated parents, setting permanency goals, quality documentation, and developing written service agreements. The technical assistance from the NRC for In Home Services is aiding the Division in this endeavor and the Division would not have been able to accomplish what it has without the support of the NRC.

Children's Division was recently approved for TA from the National Resource Center for Youth Services for a two-day Culture of Care Training in a train-the-trainer format. This training would be for the purpose of building training capacity in Missouri to provide the training content throughout the state to residential treatment staff on an ongoing basis.

The Training, Consultation, & Family Meeting Activity Services training contract is available to Children's Division staff for technical assistance. This contract is accessible on an as needed basis and provides services reflective of the Family-Centered Practice Model for in-home child welfare services and out-of-home child welfare services. There are six contractors who hold the contract and are able to travel anywhere within the state. Review of utilization showed this service is underused, and managers will be proactively encouraging use of this service in FY13-14.

A Program Development Specialist from Central Office provided training to the Northern Region on birth family searches, pertaining to adoptee's record requests received by the courts as well as information on the Missouri Adoption Information Registry. The training reminded staff the importance of finding family members throughout the life of a case. This process is to begin in the investigative and assessment stages and continue all the way to post-adoption. Information was also shared on all the resources used to locate biological family members and what policy changes took place after the passing of Senate Bill 351 which modified provisions regarding adoption records.

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 to the

county's field administration, while 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 county's strategic plan to address the areas of identified need related primarily to workforce retention and development. At the request of field administration, staff from Central Office completed an external, mixed-method research design providing an opportunity for participation from every Children's Service Worker and supervisor in the Child Abuse/Neglect (CA/N) Investigation and Family Assessment Unit. The research design was intended to uncover the county's challenges with workforce retention and development specific to the CA/N Unit, to such a degree field administration would have evidence to address the presenting concerns and build on apparent strengths to improve retention and development of their CA/N Unit workforce. Turnover continues to be an issue for the county, however, to a lesser extent than at the time of the TA. The County has made some changes, however, it is not clear yet as to the extent of their direct impact. Examples of changes which were implemented following the TA include:

- Dedicated a specialist to properly training all new CAN staff
- Implemented flexible work schedules (shifts, 4 day/10 hour weekends)
- Implemented "Be Nice Boot Camp" (a year-long effort to improve the work environment)

Training was provided for the entire state for supervisors, managers and above on the revised Supervisory Case Review Process and tools. The Supervisory Case Review training included how to accurately complete the tool, use the results in case consultation, and identify trends at the worker and unit level to improve practice. Statewide Training was held beginning in April 2012 and is currently available by request.

Quality Assurance and Quality Improvement Specialists from the Children's Division as well as contracted case-management agencies provided technical assistance to field staff, supervisors and managers for a variety of practice areas including data entry guidance including AFCARS Improvement Plan data elements; interpretation of data and reports including worker with child visit reports, worker with parent visit reports, quality practice case review results, Survey of Employee Engagement results, Results Oriented Management (ROM) Timely Permanency Planning Review Team Meetings, CFSR related safety and permanency reports; facilitation of local improvement plan development and monitoring; support to Fostering Court Improvement Teams; and coaching and training on CQI processes.

ICPC staff in Central Office provided training to St Louis CD and court personnel, as well as Buchanan County CD staff.

Each year the Midwest Foster Care and Adoption Association (MFCAA) co-sponsors with Children's Division a conference. All Together Now Conference is a collaborative effort of the foster and adoptive support agencies across the state of Missouri to bring together service providers, foster and adoptive families, social workers, lawyers, and judges to promote an atmosphere of cooperative learning and to improve services to abused and neglected children and their families. One workshop was training on

how CD policy is drafted and revised. The entire policy process from inception of a new policy through legislation, CQI, Foster Parent Advisory Boards and support groups, and best practice, to the final publication and implementation was presented. The second workshop was presentation and discussion regarding all the new CD policy introduced over the past 12 months since the 2011 MFCAA conference.

Extensive TA has been provided in the Older Youth programs. Those efforts are addressed in the Service Descriptors and Program Supports sections of this report.

### **Current Research Initiatives**

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

Persons requesting to do research are required to complete and submit an *Application to Conduct Research* to the CD Research Committee. Research applicants must fully explain the purpose, methodology, and expected benefits and risks of their studies, and they must provide copies of their HIPAA-compliant consent forms. Additionally, they must describe the specific data they are requesting and explain why the identifying information is essential to their research, and they must provide a detailed plan outlining how they will maintain confidentiality of the identifying information used in their research. The application form was updated in the past year to obtain a solid commitment from the researcher for sharing findings with the Division upon completion of the study, as timely receipt of findings has not always occurred. The Research Committee is responsible for evaluating all research proposals to ensure research plans are in compliance with Missouri statutes and with policies and procedures set forth by the Children's Division.

Persons serving on the Research Committee include the following:

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

The following is a status update of studies reported in past years:

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.

**Current Status:** This study has ended. The Division is awaiting a copy of the research findings from the researcher who indicates the report will be available sometime around the beginning of 2014. Upon receipt, Division administration will review the findings in order to know how the findings might inform our policy and practice.

**2. 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.

**Current Status:** This study has ended. The Division is awaiting a copy of the research findings from the researcher. Upon receipt, Division administration will review the findings in order to know how the findings might inform our policy and practice.

**3. 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.

**Current Status:** This study ended on 9/1/12. The Division is awaiting a copy of the research findings from the researcher. Upon receipt, Division administration will review the findings in order to know how the findings might inform our policy and practice.

**4. 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.

**Current Status:** This study has not yet ended. It is planned through 9/30/13. The Division is anxiously awaiting the findings of this study.

**5. 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.

**Current Status:** This study has not yet ended. It is planned through 7/31/14. The Division is anxiously awaiting the findings of this study.

**6. 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.

Current Status: This study has not yet ended as it is a longitudinal study. The Division looks forward to receiving an update from the researcher on any interim findings as the study continues.

The following studies were extended or concluded during the past year:

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

The goal of the Healthy Relationship and Marriage Education Training Project is to meet the safety, permanency, and well-being needs of vulnerable children and reduce racial disproportionality in the child welfare system. This project is funded in part by two federal Healthy Marriage grants. Related to the goal of better safety, permanency and well-being needs of vulnerable children as a result of increased awareness of child welfare staff on healthy marriages and relationships: Missouri has recognized an improvement in key safety, permanency and well-being outcomes monitored as part of the PIP process since this training commenced, however, there is no certainty that the improved outcomes were a direct result of the training. Regarding the connection to reducing disproportionality, by working with parents to strengthen their relationships, child welfare workers can help prevent children from being separated from their families; when children are placed in out-of-home care, workers can help pave the way to successful reunification where possible. Reducing bias, providing more support services and increasing the number of permanent homes could each help allay the issue of disproportionality in the foster care system. In addition, African-American families tend to be more distrustful of the child welfare system. Some families may not seek help due to this distrust, and may therefore be more likely to have their children removed from the home (GAO, 2007). This supports the need for a curriculum designed to provide child welfare workers the necessary training to help these families. Child welfare workers would benefit from knowledge about healthy marriages and relationships so they can help families at risk of losing their children, as well as families with whom children are placed – both during placement and after they leave the foster care system.

The primary purpose of this project was not to reduce racial disproportionality, but rather it was a secondary anticipated outcome the researcher hoped to influence child welfare professionals' knowledge and ability to work with families and couples to encourage healthy relationships, thus strengthening families. The evaluation team in Georgia did not include reducing racial

disproportionality in their results as it was a secondary goal, not primary goal and the extent of direct relation from the training to better outcomes would not be certain at this stage.

Information was gathered from child welfare workers and administration as well as social work undergraduate and graduate students at universities in order to provide insight into the current attitude of the child welfare workforce and future workforce on the role of marriage and relationship education in their work with vulnerable children and families. The survey responses helped ensure that the curriculum developed was as strong and receptive to the workforce needs as possible. The dissemination of research-based health relationship and marriage education curriculum is hoped to yield results including healthy marriage, family, and parent-child relationships, improved father involvement, significant reductions in risk factors, reduced racial disproportionality in the child welfare system, and most notably, improved safety, permanency, and well-being of children being served by the children welfare system.

Training for agency staff resulting from the study is currently being provided between April through July, 2013. Missouri received a report from the researcher following round two of the training in late 2012. The researcher reported that overall, based on responses from participants who completed the training, it is evident that the HRMET could be useful to child welfare professionals. The pre-, post, and follow-up evaluation data indicated that there were positive changes in the knowledge, attitudes and practices of the participants over time. Missouri expects to receive the final report from the Researcher at the beginning of 2014. Upon receipt of the final report, CD Administration and the Training Unit Manager will discuss the benefits of the training to determine the benefit and feasibility of continued training on the subject.

## 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 needed mental health support through critical transitions into and out of the child welfare system thereby growing into successfully functioning adults. The study will explore the relationship between service use and outcomes by linking the services and costs data with outcome data collected through national evaluation on youth who are enrolled in Youth in Transitions: St. Louis System of Care. As part of the project's requirements, data is collected from the Children's Division on all youth participants. A Memorandum of Agreement was enacted between the Children's Division and the Missouri Institute of Mental Health to complete this study. As an update on this project, the study was recently expanded to include St. Charles County.

The following is a summary of studies newly approved since last year's APSR.

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

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

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

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

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

The current status of the study is collecting data through interviews with children, caregivers and caseworkers for the 36-month follow-up.

## 2. Crittenton Children's Center – Evidence Based Trauma Therapy (EMDR) Outcomes Among Children and Adolescent Inpatients

The purpose of this study is to determine efficacy of an evidence-based trauma therapy currently in use with child and adolescent inpatients who have histories of Type I and Type II trauma, compared to skills-based cognitive-behavior therapy, which is also currently used with the same population. Types I and II trauma as defined by psychiatrist Lenore Terr: Type I refers to a single traumatic event. Type II refers to multiple traumatic events.

It is hypothesized that EMDR therapy is more effective for both younger children and adolescents in acute hospital and residential placement. The caregiver and participant (inpatient) having provided informed consent, will be contacted six months following discharge for post-test data collection.

## 3. Washington University: Spine Injury in the Pediatric Victim of Non-accidental Trauma (NAT)

The purpose of this retrospective study is to search the trauma registry at the Saint Louis Children's Hospital to better characterize the institution's experience with spinal trauma in the pediatric NAT patient. This information will provide information needed to better report the incidence, distribution, and outcomes of spinal injury in pediatric NAT victims in the absence of any formal studies on the subject.

4. Washington University: Car surfing in the pediatric trauma patient: a single institution experience

The purpose of this retrospective study is determine the number of patients and the injury severity found in patients treated at Saint Louis Children's Hospital for injury secondary to car surfing through a search of the trauma registry.

5. Washington University: Evaluation of Brain Injury and Development in the Preterm Infant

The purpose of the study is to identify preventable factors associated with poor developmental outcome in preterm infants. Families were recruited from the NICU at St. Louis Children's Hospital and included all infants born <30 weeks gestation.

6. Collaborative study between Missouri State Courts Administrator and Missouri Department of Social Services Children's Division: Capstone Project – Crossover of Older Youth in Jefferson and Greene Counties with Child Abuse/Neglect and Status or Delinquency Referrals.

The objective of this project is to extract information from case files across agencies on 2 sets of youth: one group with Child Abuse and Neglect reports who have no delinquency referrals by age 16 or older and the other set who do have delinquency referral(s) indicating crossing over. The goal is to identify missed opportunities and turning points in their lives.

## CONSULTATION AND COORDINATION BETWEEN TRIBES AND STATES

### *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.

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 (OYTS) for Chafee/TLP support and services. In October 2012, there were 30 older youth identified as Native American. The majority of these youth are residing in the Southwestern part of the state and this region, as well as all regions, is aware of ensuring that Native American youth receive the same services afforded to all youth in care. The Chafee and TLP providers have also been made aware of inclusion efforts in this population on an annual basis.

Missouri increased monitoring in SFY13 from biannually to quarterly to ensure that Chafee services are received by Native American youth. In SFY13 it was realized that the data that had been requested in previous years to monitor this population was not including all youth. Requests in SFY13 included youth with tribal affiliation, regardless of race category, as well as ethnicity of Native American. Although the two listings are similar, there are a few differences so Missouri is now all inclusive with its outreach efforts for IL services. The Independent Living Coordinator receives an excel spreadsheet of all youth in care from Research and Evaluation and creates new spreadsheets for each region of Native American youth and sends it to the 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 October, 2012 all Native American eligible youth were receiving Chafee services per policy. In SFY14, quarterly monitoring will continue to ensure that Native American youth receive services. With the integration of the Older Youth Program in FACES in July 2013, referral information can be accessed directly from the database by the IL Coordinator and follow-up only will occur if a youth is not referred.

Discussions are ongoing regarding Native American youth recruitment for local and State Youth Advisory Board (SYAB) participation. The mission of the SYAB is to empower Out-of-Home youth to provide input into the policies and procedures for Out-of-Home Care; to provide meaningful leadership training and experiences for board members; and to empower board members who, in turn, can empower children and youth who have experienced Out-of-Home Care. In SFY13, there were approximately 30 older youth with Native American Heritage and three youth became members of the State Youth Advisory Board. One youth currently holds an officer position and participated in a training video for new staff speaking of her culture and how staff has assisted her. One other Native American youth became a member in SFY13 but is no longer participating as she is no longer in care. A male youth joined the board in March 2013. Missouri is pleased to have two youth of Native American descent on the State

Youth Advisory Board for SFY14 and will continue its efforts ensuring Native American youth are included in leadership opportunities and can provide policy and procedure input for CD through the avenue of local and state youth board participation. Strengthening both local and SYAB recruitment will continue to be a focus area for the CD.

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 parents, family members or if applicable, the child. When the worker checks the “yes” box, a text box appears for the case manager to report how this information was obtained and through what source. 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. During Best Practice Case Reviews (BPR), there are currently two questions in regards to ICWA compliance when reviewing alternative care cases; the Indian Child Welfare Act Checklist (CS-123) completed upon entry into alternative care and the Indian Ancestry Questionnaire (CD-116) completed with the family upon placement of the child. If the file does not show proof of either form, a comment is made on the review tool for the worker and supervisor to review. It is expected that the worker will complete both forms to be in compliance with policy and practice. Missouri began using BPR results recently, as discussed in the QA Section, and found from July-December 2012, 49% of cases reviewed had the checklist completed as required. In addition, the Indian Ancestry Questionnaire was used in 50% of the cases reviewed. BPR’s are on-going for 2013 and practice improvements for these are addressed through on-going CQI processes at the local circuit level.

As of March 31, 2013, there are approximately 122 foster children in Missouri whom identify themselves as having Native American heritage. Twenty of those children are registered tribe members.

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

### ***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 regard to training and consultation on the latest policy developments. In addition, Indian Center’s representatives participate in the CFSR Advisory Committee to provide feedback on the CFSP. 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 June 2013, policy, training material, and forms were sent to the Kansas City Native American Indian Center for review of ICWA compliance. Dr. Prue who works with the KC Native American Indian Center and is also a professor at the University of Missouri, Kansas City, School of Social Work, was the point

person for the review. It was Dr. Prue's plan to take the information provided by the Division to the next Board of Directors of the Kansas City Indian Center meeting so they may review and make recommendations or suggestions to improve policy and practice. The results of the review should be forwarded to the division by late summer 2013.

The division also has interest in partnering with Dr. Prue on developing new ICWA training for all CD staff as a refresher. Goals for SFY14 include the following: make revisions to the current ICWA forms, CD-116 and CD-123; complete the development of 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; revise policy to reflect any practice or form changes; and continue to have discussions with the KC Native American Indian Center in regards to training of all CD staff. The development of training may take some time, however the Division is very excited to have collaboration in this project. It is the Children's Division's plan to reach out to the Springfield Indian Center in regards to the development of training as well. As stated in policy, staff are able to contact the two Native American Indian Centers to consult on ICWA related cases. Staff also contact specific tribes related to their ICWA case to help in case management and planning.

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.

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.

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 that 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. Consultation with Missouri's Indian Centers is important when placing a Native American child in out-of-home care.

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.

## HEALTH CARE SERVICES

### ***Early Periodic Screening, Diagnosis, and Treatment screenings***

*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. No progress is specifically known since the prior year report; however, the division is receiving fewer reports from staff reporting these were not covered. This is an issue that the Division continues to work on through the Healthcare Coordination Committee.

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. Missouri has a couple different methods for capturing the percentage of children who receive these exams as required. FACES allows staff to input examination information, however the state is concerned the information is not being entered on a consistent basis. In cooperation with MHD, data was received from the claims system. This data is also somewhat problematic because physicians have up to a year after the service was performed to bill for the service. This data also excludes children with private health insurance. In addition, MHD data shows children who have had an HCY examination and children who have had a routine office visit. If the physician codes the HCY examination as a routine office visit, the data will show the child as not having an HCY examination. Through the work of the Healthcare Coordination Committee, a better process for extracting the data is being researched.

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 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 is sought immediately.

The Division faces challenges obtaining accurate data regarding the number of children who have EPSDT screenings. Some children have private insurance, thus they will not be reflected in the data received from MO HealthNet. In addition, providers have one year from the date of service to submit the bill thus not all claims may be included in the data. There is also a question about whether providers are properly billing for these visits. They may be billing as a routine office visit instead of EPSDT, thus visits are getting reported incorrectly. The agency also has difficulty obtaining accurate data as staff do not regularly document in FACES whether an EPSDT screening has occurred. Policy requires such, however, during case reviews that documentation is often lacking. Obtaining medical records in general is also a difficult task.

**Documentation**

When children enter CD custody, the case manager is required by policy to obtain information regarding the child’s health history. 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 (Missouri's SACWIS system). 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.

### ***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. Several groups in Missouri are currently exploring the use of trauma informed practice. In CY12, Great Circle, a stakeholder of CD participated in the National Council for Community Behavioral Health's Trauma-Informed Practices Learning Community. In partnership with CD, this group has explored:

- 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

Utilizing the National Child Traumatic Stress Network (NCTSN) curriculum, Great Circle and CD partnered to pilot trauma awareness training to staff in four sites across the state. A pre-test and post-test were distributed to training participants. Overall data from all four sites demonstrates an improvement of 38.6% from the pre-test to the post-test. This group is currently developing a plan to train the remaining Great Circle staff.

The second group based in St. Louis, Missouri meets monthly to focus on bringing Trauma Informed Care to the child welfare staff and resource families of St. Louis. This group, comprised of community partners and health professionals, was developed under a training initiative sponsored by the Leadership Academy for Middle Managers in June 2011. The purpose was 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:

- Increase staff and resource provider awareness of recent research regarding the effects of trauma on emotional and psychological development and recognition 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 the work of these two groups, recommendations will be made to management to bring trauma informed practice to staff and stakeholders statewide. The Division has met to formulate a plan for moving forward and to discuss next steps. The next steps will include conducting a self-assessment to determine the agency's readiness and the current state of becoming trauma informed. In addition, the Division is receiving assistance from the Department of Mental Health to explore trauma screening tools which can help inform case planning. Children's Division Central Office staff will participate in Trauma 101 training in May 2013. This will provide insight into the training plan and how trauma informed practice is implemented in Missouri. The Division is in the development phase for implementing trauma informed practice. As a result, some of the items in the program instruction will need to be developed.

The Division has a goal to have all staff trained on trauma awareness. With the large number of staff across the state, this task can be challenging. Currently, a circuit assessment is being conducted to determine where the individual gaps are with regards to trauma awareness. In addition, there is a lack of funding to accomplish this, so the division must identify a funding source to accomplish the task.

### ***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 are provided education about the importance of designating another individual to make health care treatment decisions on their behalf if they become unable to participate in such decisions and the youth does not have, or does not want, a relative who would otherwise be authorized under law to make those decisions. 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. In February 2013, a memorandum was issued to staff to introduce policy and procedures for assisting youth in need of services transitioning from alternative care to adult guardianship and/or conservatorship or

supported living through another agency such as Department of Mental Health (DMH) or Department of Health and Senior Services (DHSS).

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.

Agency and contracted staff sometimes struggle with the timeliness of transition planning. It is important for workers and supervisors to pay attention to when youth will be exiting foster care so a transition plan can be developed.

### ***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 use of this tool continues to be discussed with CD management to determine if all staff statewide can be provided access to this program. At this time, a decision has not been made whether to extend CyberAccess to all case management staff. However, following meetings regarding this issue, the number of select staff who have been granted access is expected to expand in FY14 to include at a minimum oversight staff who act as liaisons to contracted case management agencies. 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 (State Medicaid agency) and the Division of Youth Services 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. In 2013, the committee plans to explore adding additional participants to the committee including: an older youth, a front line Children's Division worker, a Department of Health representative, a representative from juvenile justice, a foster parent, and a dental provider. Some of the priorities for 2013 include:

- Conducting comprehensive assessments
- Medical homes
- Health information system and the importance of having accurate data
- Older youth education of continued insurance coverage
- Service Array

At each of the quarterly meetings, the committee will discuss each of the priorities for 2013 and develop an implementation plan for any priorities the committee agrees to move forward on. Specific tasks will be assigned to committee members and external partners as needed to achieve each task.

### ***Psychotropic Medications***

As a result of the collaboration summit "Because Minds Matter: Collaborating to Strengthen Management of Psychotropic Medications for Children and Youth in Foster Care" held in August 2012, the Division has made significant progress on the subject of 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 the Department of Mental Health (DMH) and the MO HealthNet Division (MHD) meet monthly to explore 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.

After an examination consisting of exploring age counts, medication counts and costs, diagnosis counts and costs, and prescriber information, the committee developed a second opinion process which would take a close look at those children being prescribed two or more antipsychotics or five or more psychotropic medications and elicit trends. Approximately 200 children in foster care fit into one of these two categories, but the committee made the decision to begin reviewing ten cases to begin this process. A prescriber with a client who fits this criterion will receive a letter outlining the concern. The prescriber will be asked to submit records to be reviewed by a board certified psychiatrist. After the

records are evaluated, the reviewer will offer recommendations regarding the use of psychotropic medications to the prescriber. If the prescriber is in agreement, no further steps are required. If the prescriber wishes to discuss the recommendations with the reviewer, a phone call will be arranged by the reviewer. If the prescriber does not reply, these situations will be handled on a case by case basis. Depending on the situation, if this is occurring in an area where only one provider exists for several miles, the Division may reach out to them. In other situations, an option which the Division may opt for is to keep the payment pending until the necessary information is received. MHD has considered not allowing them to be a MHD provider any longer, but no final decisions have been made at this time.

This committee began this process in February 2013. A memorandum was sent out to staff explaining this process. Staff were also encouraged to share this information with foster parents and biological parents who may benefit from the information. When the board certified psychiatrist analyzes the results and makes recommendations to the prescriber, the Children's Division will also be notified so those results may be shared with the local level.

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. Specifically, the MO HealthNet Division has several procedures in place for the appropriate use and monitoring of psychotropic medications, however the Children's Division has very little policy guidance for staff on the subject. In FY14, the Division plans to further explore Tennessee policy which specifies agency procedure for the appropriate use and monitoring of psychotropic medications. The Division plans to research other states who may have similar policies as well and make adaptations to fit Missouri. The Division does not currently have medical homes for every child in care. Children's Division does have health homes and medical homes for some children, but eligibility criteria must be met.

### ***Informed Consent***

In conjunction with the Psychotropic Medications workgroup, the Division is working on policy regarding informed consent. The intention is to explain informed consent to staff and empower them to ask appropriate questions of medical and therapeutic professionals when conducting assessments and accessing treatment for children in foster care. CD has discussed this with a physician who has helped other states with this work. The division has not yet notified the larger professional community about this work. Once the policy has been approved, the workgroup will discuss ways to inform our professional partners.

In deciding whether or not to consent to treatment, staff should consult with healthcare providers to obtain the following information:

- Diagnosis for which the treatment/medication is prescribed;
- Nature of the medication, treatment, test, or procedure;
- Name of the medication, including both generic and brand names;
- Dosage and frequency of medication;
- Expected benefits;
- Possible risks and side effects;
- Availability of alternatives; and
- Prognosis with and without proposed intervention.

### ***Health Homes***

In January of 2012, the health home model was introduced to staff, foster parents, and treatment providers. A health home employs a wraparound 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. It is automatic for children who qualify, but not all foster children meet the eligibility criteria listed. Others who may qualify may enroll at any time.

Individuals eligible for a health home include:

- Persons covered by Mo HealthNet including those covered through Mo HealthNet's Managed Care Plans
- Persons with two chronic conditions
- Persons with one chronic condition who are also at risk for a 2nd chronic condition
- Persons who have one serious and persistent mental health condition

Of the 15,419 enrolled in a health home, 85% (13,128) were adults and 15% (2,291) were children. Based on the experience in the first year of the programs, areas for further development and improvement have been identified. . One specific finding is ensuring enrollees have a primary care physician (PCP), that the individual has an effective healthcare relationship with their PCP, and that the health home has an effective working relationship with each PCP. The annual report is currently being finalized and will be shared with the Division upon completion.

### ***Personal Responsibility Education Program (PREP)***

Section 2953 of the Patient Protection and Affordable Care Act of 2010, Pub. L. No. 111-148, authorizes the Personal Responsibility Education Program (PREP). In 2010, Missouri Governor Jay Nixon named Department of Health and Senior Services (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.

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) and Becoming a Responsible Teen (BART) programs (see program descriptions 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 and BART programs to serve youth and meet the program requirements of the PREP grant. Three Community Partnership staff persons have become Certified Facilitators for MPC and one staff person has become a Certified Facilitator for BART. Four LINC staff persons have become Certified Facilitators for MPC. In FFY12, The Community Partnership has provided the MPC program to 39 youth otherwise being served through the CFCIP and plans to present the program to a total of approximately 20 to 28 selected youth in FFY13. In FFY12, LINC has provided the MPC program to approximately 12 selected youth also receiving services through the CFCIP and plans to present the MPC program to approximately 50 youth in FFY13.

Another Chafee provider, Alternative Opportunities, also received the contract outside of their relationship with the Children's Division and is providing this service. As a result of the connection between Chafee providers also being PREP providers, of the 471 youth who participated overall in the PREP program from January to September 2012, 24% were in foster care.

"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.

*“Becoming a Responsible Teen”*, is a group-level, education and behavior skills training intervention designed to reduce risky sexual behaviors and improve safer sex skills. The eight intervention sessions, delivered to groups of 5-15 youth, provide information on HIV and related risk behaviors and the importance of abstinence and risk reduction. The sessions were designed to help participants clarify their own values and teach technical, social, and cognitive skills. Through discussions, games, videos, presentations, demonstrations, role plays, and practice, adolescents learn problem solving, decision-making, communication, condom negotiation, behavioral self-management, and condom use skills. The participants also have a discussion with local, HIV-positive youth to promote risk recognition and improve their perception of vulnerability. In addition, the intervention encourages participants to share the information they learn with their friends and family and to provide support for their peers to reduce risky behaviors.

## DISASTER PLANS

Tornadoes and high winds that entered southwest Missouri beginning late at night on Tuesday, February 28, 2012 and continued across the state in the early morning hours resulted in the loss of three lives, numerous injuries and significant property damage to communities across Missouri including Branson, Buffalo, Cassville, Lebanon and Oak Ridge. On the morning of February 29, Governor Jay Nixon signed Executive Order 12-03 declaring a state of emergency in Missouri. That afternoon, the governor activated the National Guard. The American Red Cross initially assisted with sheltering residents as needed in Branson, Buffalo, Kimberling City and Lebanon. The shelter at the Branson Recreation Complex housed the most residents over four consecutive nights, with 53 residents at the highest count. Children’s Division offices were unaffected. Children’s Division staff followed pre-established disaster response procedures, [pursuant to the Emergency Plans](#), and checked on the well-being of all foster children. All were determined to be fine. Department of Social Services staff participated in a Multi Agency Resource Center (MARC) in Branson where residents seeking assistance could come to a one-stop place for information about potential services and resources available. Over 100 residents sought information at the DSS table. One Dallas County CD staff member had roof damage and other damage to her home, and also lost a camper trailer. She was able to stay in her home overnight.

Additionally in Missouri in 2012, a state disaster declaration was in effect from July to November due to drought conditions. Overall, 10,200 wells were drilled as part of Missouri’s emergency cost-share program for well drilling. In July 2012, all 114 counties in the state of Missouri, including the City of St. Louis, received U.S. Department of Agriculture declarations due to drought conditions. By July 26, 2012, there were 28 heat related deaths, and 900 trips to the emergency room due to heat related illnesses. The Mark Twain National Forest had more than 6,000 acres burn from 117 fires in Missouri during June and July of 2012. Some homes were threatened but fire crews were able to hold the fire line to protect property. The State Emergency Management Agency Operations Center was activated in June in response to the increased wildfire response in the state.

The Children's Division is the lead agency for the Child Care Assistance Program, which provides assistance with payment for child care for eligible parents/guardians. Children's Division has assumed a leadership role in working with its partners at the federal, state and local level to develop an emergency preparedness plan for the Child Care Assistance Program in an effort to ensure the continuity of service to children and families. The Children's Division has received technical assistance from the Office of Child Care in the development of its emergency preparedness plan for child care. The Children's Division will be participating in a Table Top Exercise being conducted in June in 2013 to test its draft plan. The Children's Division is an active participant in the Children and Youth and Disaster Committee.

Missouri's Emergency Response Plans proved to be effective tools, which when followed in response to disasters occurring in 2012 enabled Children's Division to proficiently assess the needs of clients and ensure the safety of children in care and its employees. No changes to the established plan are anticipated. Missouri's Emergency Response Plans are attached (*Attachment B CD Emergency Plan, Attachment C Out of Home Care Emergency Plan, and Attachment D CAN Emergency Plan*).

There has been a recent change in personnel, leading to a new manager being responsible for disaster planning. The manager has been fully informed and integrated into all activities surrounding the Children's Division's disaster planning and response, including the Governor's Faith-Based and Community Services Partnership for Disaster Recovery.

## **FOSTER AND ADOPTIVE PARENT RECRUITMENT**

Missouri utilizes a diligent recruitment model for potential foster and adoptive families that reflect ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed. Demographic data is captured on currently licensed foster and adoptive homes as well as demographic data on children in foster care. Because the foster care population is disproportionately African-American, specific attention is given to enlisting the assistance of organizations including houses of faith. Each circuit uses data collected to identify the recruitment needs in their individual communities. As Missouri moves to privatization of recruitment and retention of foster and adoptive homes in the entire NW quarter of the state a strong focus has been put on analyzing the child data and recruiting families to meet identified needs.

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. The multifaceted approach includes:

- 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.

The Division is mindful when developing promotional materials for the foster adopt program focusing on children's characteristics (race, ethnicity, age, etc.) which comprise our foster care and waiting adoption population.

The CD has devised several strategies in an effort to continue meeting the national standard of 32 percent for all children who exited care to a finalized adoption within 24 months. In addition to the above efforts by state and local staff to recruit and retain resource families, local circuit meetings continue to be held with Juvenile courts to address procedures for filing of Termination of Parental Rights petitions. Access to legal representation has also been improved for CD staff through a joint memorandum and protocol with the Division of Legal Services. The number of finalized adoptions in SFY SFY09 was 1091, SFY10 was 1,133, SFY11 was 1,171 and SFY12 there were 1,148. Finalized adoptions have increased by 1% over the past 3 year fiscal years. (Source, Children's Division Research and Evaluation Unit)

As of April 1, 2013, there are approximately 626 homes approved by CD as adoptive homes that do not have adoptive children placed at this time. As of March 1, 2013 there were 1,841 children who have a goal of adoption and awaiting adoptive placement or finalization of adoption. (Source, Children's Division Research and Evaluation Unit) The FACES system collects characteristic data on existing physical, mental and emotional disabilities as well as presence of any learning disabilities for children in CD care and custody. FACES collects capacity or interest information on families available for adoption consistent with those disabilities as well as age and gender preferences. The profile of the youth and the profile of families can be compared. Additionally, Missouri has a PERForM measure to promote children available for adoption through AdoptUSKids. The AdoptUSKids system captures more specific

information about the needs as well as likes and interests of the youth and the same on families. Missouri works to expand usage of the AdoptUSKids system to enhance matching capabilities.

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

The core activities of the recruitment plan include:

- Distribution of informational packets
- Completing family assessments timely, within 90 days
- Regular use of the media for recruitment
- *Home for the Holidays* collaboration with the Dave Thomas Foundation
- Utilizing and maintaining CD Internet web page and working with two national sites where CD children are featured
- Photo listing: <http://www.dss.mo.gov/cd/adopt>. This web site lists profiles and a picture 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
- Wednesday's Child features in Southwest Missouri sponsored by KSPR and managed by the Adoption Exchange, A Place to Call Home sponsored by KSDK in St. Louis and managed by the Foster and Adoptive Care Coalition.

Missouri utilizes a webfront database for calls received by a toll-free number, as well as calls received as a result of specific adoption activities and events. For instance, the Southeast region has begun a Wednesday's child feature in addition to the two mentioned above. The Adoption Exchange tracks the number of calls received as a result of those events to assist with determining the effectiveness of those activities.

Additional Activities:

- Northwest Adoption Event

- Northeast Adoption Event
- Linking Hearts Adoption Event in Rolla MO which partners the Community Partnership, the Pan-Hellenic organizations of Missouri University of Science and Technology and the Children's Division in an effort to host children and allow them to meet families interested in fostering and adopting
- Jackson Co. website allows waiting children to be featured as well as information to be shared with the public in electronic format regarding training classes and general information about CD programs. Sponsored by LINC of Jackson County
- MO Heart Gallery
- National Recruitment Saturday Celebration in St. Louis County
- Profiles of waiting children run in the Kansas City Star
- Wait No More and Cherish Kids Adoption Events for featuring kids in the Heart Gallery and allowing potential foster and adoptive families to meet with seasoned foster and adoptive families to determine if parenting public agency kids is right for them.
- *Life is Better with Kids Around* campaign developed with Hughes Marketing which ran television ads in the major Missouri markets in FY13

Missouri collects information about successful matches through the Missouri Heart Gallery.

One of the outcomes from the Placement Stability Workgroup was tools to educate potential relative and kinship providers regarding the placement process and to aid staff in fulfilling the statutory requirement to notify all adult relatives within 30 days of custody. The tools were introduced with memo CD13-59 and include a notification letter and brochure for relative and kinship individuals as well as talking points for staff.

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 Children's Division 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/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.

The overarching theme of the recommendations centers on respect for foster and adoptive parents as members of the professional team. CD 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 have continued to meet quarterly in 2012 and 2013 to learn of and contribute to the progress of action steps developed from the recommendations. Individual work groups have also met through 2013 to complete the action steps. Policy and practice changes have been made to further the work of the larger task force including release of a memo and policy change CD-12-88 which addresses communication and information sharing with resource parents. Another policy and practice change is to the in-service training policy. Memo CD13-71 introduced improvements to how in-service training hours may be obtained by resource parents. In addition, a memo and policy revision regarding recommendations of required in-service training topics is in development and will be implemented early calendar year 2014. These topics include, trauma informed care, psychotropic medications, healthy relationships, sibling placements, and laws, policies and practices governing child welfare.

Work is being concluded on a revision of respite policy to allow shorter increments to be paid to accommodate resource parents as well as a revision of training requirements for respite providers. The revision of respite requirements also ties into the recruitment of resource parents as the Division encourages prospective resource parents to provide respite services prior to or during licensure. Other specific workgroups continue exploration of implementation of Team Decision Making (TDM) in additional areas of the state, use of a pre-screening tool for resource applicants and the feasibility of a dual licensure process in Missouri. Dual licensure, with this proposal, means each applicant would complete one process to be approved as both a foster and adoptive parent. Currently, some are licensed as foster parents and others approved adoptive. Some hold both an approval and a license. The recruitment of resource homes workgroup has worked with the State Youth Advisory Board and foster and adoptive parents on effective messaging for recruitment of the best resource families. A recruitment video and new recruitment materials are being developed by this group in the voice of youth and resource parents. Additionally, a group is exploring ways to make pre-service resource training more available to prospective parents by exploring shared training calendars or regional training locations. Work is also ongoing to infuse family finding principles throughout the work of the state and private case management agencies.

The largest mandate of the Governor's taskforce required the piloting of privatization of recruitment and retention of foster and adoptive homes in a rural and urban area of Missouri. The Children's Division has spent the past 18 months working with our partners to develop the Request for Proposal to accomplish this pilot privatization project. This pilot will be tested in Jackson County as well as the Northwest quadrant of Missouri. All recruitment, recommendation for licensure and retention of resource families in those areas will be the responsibility of the awarded contractor. The contract was awarded to Cornerstones of Care with a begin date of September 6, 2013.

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

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

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

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

The CD Background Screening and Investigation Unit (BSIU) maintain a log of all criminal background checks completed on alternative care providers and applicants. Beginning in July 2005 the CD began using electronic fingerprinting. In the past seven years BSIU has logged over 59,272 fingerprint results. Each year there is an average of 8,500 fingerprints logged.

The division utilizes the electronic scan service for the collection of fingerprints. Applicants register with Missouri State Highway Patrol (MHSP) Missouri Automated Criminal History Search, MACHS, in order to schedule their fingerprinting appointment. After the FBI completes its search, results are forwarded to the MSHP, who forwards the results to BSIU.

## MONTHLY CASEWORKER VISIT (MCV) FORMULA GRANTS

In the 2012 APSR, Missouri reported that no FY11 MCV funds were spent however funds have been spent since that time. As of the writing of this report, MCV funds have been spent as follows:

FFY10 MCV grant: \$30,533.63 was spent of this grant (out of a total available \$649,675) during federal fiscal year 2011 (\$2,833.29 of this was for quarter ending December 2011).

FFY11 MCV grant: \$41,728.73 was spent of this grant (out of a total available \$584,918) and \$12,424.56 of this was in quarter ending December 2012. Approximately \$394,000 FY11 MCV funds will be used to support a mobile technology pilot currently underway for activities through December 2013.

Additionally, approximately \$30,000 FY11 MCV funds will be used towards training for case management staff and supervisors on engagement skill development and training QA and QI Specialists on data analysis and facilitation of improvement planning skill development. Missouri is continuing to explore other options to support activities through December 2013 in order to expend the funds to the fullest extent possible; however, the Division remains diligent in its responsibility to ensure funds are being used in a responsible manner in consideration of state fiscal matching demands and stewardship responsibilities. To ensure Missouri is utilizing funds responsibly and to the fullest extent possible, semi-annual meetings are now occurring between program, training and fiscal staff to review Missouri's outcomes on visits with children and to coordinate the planning and oversight of annual MCV funds.

Missouri received \$507,572 for FFY12 and \$395,436 for FFY13. As of March 2013, Missouri has spent \$8,587 of the FFY12 grant. Program, training and fiscal staff are currently in the process of determining the priorities for spending MCV funds available from the FFY12 and FFY13 grants. Funds spent will be used towards 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 to possibly expand the mobility pilot.

## ADOPTION INCENTIVE PAYMENTS

The award amount in 2012 was \$964,594. In FY13 Adoption Incentive funds were used for multiple purposes, the first purpose being the continued the airing of commercials developed in the *Life is Better with Kids Around Campaign*. These commercials were aired in the major Missouri markets including Kansas City, St. Louis, Springfield and Columbia with the emphasis on air dates during November and December 2012 to coincide with National Adoption Month. Family channels were identified in the

major networks as the primary focus for ad presentation. Incentive funds were also utilized for the purchase of web support for the 2013 Missouri Heart Gallery. This service previously provided by a volunteer associated with the Adoption Exchange, Missouri's Heart Gallery partner, will be maintained by a professional media company. Paradowski Creative will be responsible for the continued artist work and design of the website and making needed adjustments throughout the gallery. They will also update the schedule including venue information and profiles. Additionally, Paradowski will be available to develop additional recruitment materials merging the *Life is Better with Kids Around* campaign and the Heart Gallery for the most effective media recruitment strategy. Adoption Incentive Funds are also partially funding the two Adoption Resource Centers in Missouri. These resource centers are staffed by Midwest Foster Care and Adoption Association based in Kansas City but serving the western side of Missouri and Foster Adoptive Care Coalition based in St. Louis but serving the eastern side of Missouri. Finally, adoption incentive funds have also been committed for payment of Termination of Parental Rights attorneys throughout the state to expedite TPR proceedings and prevent delays in permanency.

## CHILD WELFARE WAIVER DEMONSTRATION ACTIVITIES

Missouri has no demonstration sites; therefore this section is not applicable.

## QUALITY ASSURANCE SYSTEM

The Children's Division conducted an internal assessment of the state's Quality Assurance system following receipt of Information Memorandum (IM-12-07) on Continuous Quality Improvement. Technical assistance was pursued and received from Casey Family Programs to supplement discussions with ACF Children's Bureau regional staff which assisted the Division in a preliminary evaluation of the state's status and effectiveness for each of the components outlined in the IM. While some areas of growth were recognized, the assessment largely found the QA System in the Children's Division to be comprehensive, consisting of leadership commitment and support for CQI processes with dedicated QA/QI staff, recent improvements made to ensure quality data can be collected, multiple case review processes in place and the inclusion of stakeholders through numerous collaborative and CQI activities. A detailed description for each component is provided below including identified areas of growth and initiatives currently underway to enhance the system.

As defined by IM-12-07, CQI is the process of

1. Identifying, describing, and analyzing strengths and problems

In Missouri, activities related to identifying, describing and analyzing strengths and problems is led by the Quality Assurance (QA) Unit whose structure, activities and involvement of stakeholders is described in detail below.

2. Testing, implementing, learning from, and revising solutions

In Missouri, activities related to testing, implementing, learning from, and revising solutions is led by the Quality Improvement (QI) Unit whose structure, activities and involvement of stakeholders is described in detail below.

CQI was also described as having the following attributes:

3. Organizational Culture is proactive and supports continuous learning
4. Grounded in overall mission, vision, and values of Agency

In regard to these attributes, CQI is an institutionalized philosophy and practice in Missouri. This is true within the Children's Division and among its child welfare partners and stakeholders. A multitude of CQI activities, written and professed expectations for staff and stakeholder involvement in CQI, a resulting feedback loop, use of CQI information to improve services and support and on-going evaluation are soundly integrated in Missouri. This is demonstrated through data-informed direction and oversight by leadership, policy, training, staff and stakeholder interactions, strategic planning activities and day to day practice.

### ***Foundational Administrative Structure***

#### Structure currently in place

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

There is consistent application of CQI across the state. The CQI structure involves all levels of staff and stakeholders and encompasses multiple strategies. CQI examines practice performance and how it can be systematically improved. CQI meetings are conducted at tiered levels beginning in every local office county with all types and levels of staff, to assure 100% staff participation and input into continuous quality improvement. Various structured case reviews occur statewide, including supervisory case reviews, best practice reviews, local targeted case reads for quality practice assurance and peer record reviews. Many collaborations exist with stakeholders towards sharing of information including data and outcome information and to solicit involvement in improving policy and practice as described in the Collaboration section. Consumer surveys are conducted monthly and staff surveys are administered semi-annually. Despite staffing and fiscal setbacks, the division has continued to recognize the importance of preserving these CQI processes. Staff and stakeholders have continued to participate and recognize achievements, both at a local and statewide level, through the CQI process. The CQI processes mentioned herein are described in greater detail below.

A CQI handbook provides written explanation of CQI standards, requirements, policies, procedures and practices outlining the various CQI activities and structured involvement of staff and stakeholders. The CQI handbook is posted on the CD Intranet available to state and contracted staff and CQI is re-visited through mandatory annual training for all staff. CD continually evaluates the consistency of CQI processes throughout the state. Oversight is provided by the QA and QI Unit Managers to ensure

consistent application of CQI processes and steps are taken to make adjustments when a lapse is identified. Examples of this are provided in the discussion on case reviews.

The administrative support and structure for dedicated CQI staff is solid at this time. Under the leadership of the Children's Division Director and the Deputy Director over Planning and Performance Management, Children's Division CQI staff includes a central QA Unit Manager, a central QI Unit manager, fourteen QA and QI specialists (a QA and QI Specialist team in each of seven regions) and three centralized CQI staff. The fourteen QA and QI Specialists receive strategic guidance and assistance in planning jointly from their Central Office and Regional Supervisors through structured co-supervision. Three central office CQI staff, including two Management Analysis Specialists in the QA Unit and one Program Development Specialist in the QI Unit, provides statewide support and guidance to agency leaders. In addition, contracted case management agencies also have designated QA staff who carry out functions in support of CQI.

Measuring, monitoring and improving the quality of service provision are central to ensuring positive outcomes for children and families served by the division. QA staff evaluate trends and outcomes on a regular basis for Title IV-B programs in order to determine service delivery and program effectiveness and provide guidance to state, regional and circuit office managers through a variety of mechanisms, including but not limited to, one-on-one coaching, presentations and involvement at strategic planning meetings, ongoing communication through emails and newsletters. All approaches are utilized to give management the most up-to-date, relevant data necessary to help inform their decisions. A variety of outcome and process measurements provide real and useful information which alleviate the need to rely on assumptions. In addition, QA Specialists monitor case review information and assist staff in identifying trends and areas of needed improvement. QA Specialists share this evaluative information with managers and QI staff in order to facilitate CQI. Two staff in central office are additionally part of the QA Unit. As Management Analysis Specialists, one is responsible for CFSR Coordination; and the other provides support and oversight for field and centralized QA activities.

Quality Improvement (QI) is a team process for achieving desired organizational results. QI specialists assist circuit managers, supervisors and workers in planning and implementing change through various methods including: developing improvement strategies in collaboration with field staff, managers and stakeholders; assisting in COA accreditation preparedness, readiness and sustainability; specialized training, case reading, situational modeling and employee shadowing. By employing a QI process which is founded on a good solid QA framework for data collection and monitoring, the Children's Division has improved its efforts to provide high quality and sustainable child welfare services.

QA and QI staff work together to identify gaps between desired and actual performance, identify root causes for poor performance and strategize to close the gap in service delivery. This partnership between QA and QI is a key step towards achieving best practice through CQI. Many structured CQI activities are in place to assure practice effectiveness and the achievement of desired outcomes. CQI activities occur at a state level as well as regional level. All QA and QI activities jointly work together to continually assess the quality of services under the CFSP and assures steps are taken to address identified problems.

Even though the agency has dedicated staff to lead various CQI activities and provide oversight for CQI, staff and stakeholder involvement are a core component of CQI in Missouri. Staff and stakeholders are involved in a variety of CQI activities such as case reviews and strategic planning meetings. Structured CQI team meetings occur each quarter which involves all agency staff at all levels. While an organized structure for CQI team meetings is in place in Missouri, the team meetings do not comprise CQI in its entirety. CQI is integrated through the use of data, information sharing and adjustments to processes through the many various QA and QI activities and collaborations occurring around the state. Stakeholders participate in CQI in a variety of ways.

Stakeholders may join CD CQI meetings. Stakeholder involvement in the agency's structured CQI team meeting process is specific to their community, depending on stakeholder involvement in other collaboratives occurring in the circuit or region. Stakeholder involvement may also be based on the specific issues at hand. For example, in one circuit's CQI meeting, a Guardian ad Litem might be a standing participant, however, in another circuit's CQI meeting they request participation for a specific meeting with a parent aide provider because this community is having trouble getting referrals made and wants an opportunity for a dialogue and education on the process to make improvements to CD practice and policy.

Stakeholders may join a CQI meeting at any level, with first level, front-line staff, all the way to state level, representative staff members and executive team members.

Stakeholders may be formally invited to a CQI meeting through a letter requesting their regular participation or a request may be made less formally through an email or telephone call. However, CD CQI meetings are only one component of Missouri's CQI processes, and stakeholders are involved in CQI in Missouri in a variety of ways, not just through participation in CD's CQI team meetings. Stakeholders also participate in a variety of structured collaborative meetings or workgroups such as through the CFSR Advisory Committee, Juvenile Court Improvement Project (JCIP) or Fostering Court Improvement (FCI), Youth Advisory Board, Foster and Adopt Associations, Healthcare Coordination Committee, Workgroup on Racial Equity, Task Force for Children's Justice, Child Fatality Review Panels, Supervision Advisory Committee, Racial Equity Workgroup or through a number of implementation projects. Through these collaborations, the structure exists for staff and stakeholders to be a part of reviewing, strategizing, revising and implementing changes to policy and practice. Stakeholders involved in Missouri CQI meetings and processes includes a wide range of stakeholder types such as attorneys, foster parents, current and former foster youth, educators, physical and mental health professionals, court staff, tribal representatives, parent representatives, contractors, service providers, or other community members.

#### Area of Growth

Structured and on-going training has been identified as a need for designated agency and contracted CQI staff. Currently, training of QA and QI staff including contractors is primarily provided through one-on-one guidance and during unit meetings from the QA and QI Unit Managers. In addition, great effort is taken to include CQI staff when revisions are made to CQI tools or processes and also to provide group

training after new processes are finalized prior to implementation. While staff are provided guidance and coaching about job duties and various CQI processes from the QA and QI Unit Managers, structured training around advanced and multi-variable analysis for QA staff, and facilitation of improvement planning using logic models for QI staff have been identified by the CQI staff as training areas of need. For this purpose, the Division enlisted Casey Family Programs to help plan and facilitate a two day QA-QI Summit in December, 2012. State agency and contracted agency CQI staff participated and were jointly trained on data analysis by Melissa Correia from Casey Family Programs and on logic model improvement planning by Jerry Milner from the Center for the Support of Families. Evaluations from the participants overwhelmingly reported positive feedback from the summit. The division plans to continue enlisting external experts to help conduct on-going advanced training for CQI staff. In addition, the QA and QI Unit Managers are planning to convene workgroups during the upcoming year to devise a more structured training plan for newly hired QA and QI staff.

### ***Quality Data Collection***

#### Processes currently in place

Significant improvement has been made in Missouri over the past two years in quality data collection.

Data quality in FACES (related to conversion to SACWIS) has improved. During the past year, staff contributed to enhancements of the FACES system by identifying priority changes which would improve data entry efforts. Feedback was additionally solicited from the Supervision Advisory Committee. CD leaders responded and ensured the priorities identified by the staff and supervisors were made a priority in the scope of work which accomplished last year.

A major accomplishment in the past year was completion of final FACES modifications related to the AFCARS improvement plan (AIP). The state has tentatively completed all requirements and is anticipating finalization of the AFCARS improvement plan this year. Additional information about enhancements to FACES can be found in the Program Support section.

As a result of improvements made for the AIP, the most recent state data profile used for the CFSR accurately reported the status of the child welfare program as indicated by data errors falling below acceptable thresholds. Missouri worked closely with federal partners over the course of the past year on exploring and rectifying any remaining errors in order to satisfy this requirement.

The state reports NCANDS and NYTD data as required. Regarding NCANDS, annual meetings are held between policy and technical staff who conducts the extraction of NCANDS data to review annual requirements provided by the Children's Bureau, to review the validation tool results, and to ensure any challenges from prior year reports are addressed before the submission. Regarding quality of NYTD data, a multitude of processes have been put in place to ensure quality data collection. The State Level Coordinator provides direct oversight and guidance to state and regional managers and older Youth Specialists who facilitate data collection for NYTD requirements. Case management staff are trained on NYTD screens in the FACES information system as part of their basic training for new staff. For existing staff, a memo was first released in October 2010 with five subsequent memos released to explicitly

describe the step by step instructions on what staff need to do for NYTD. All older youth service provider contracts contain a requirement for the contractor to input NYTD information directly into the information system. Guides have also been developed. The State CFCIP Coordinator uses a spreadsheet to track the gap between who is required to have a survey to those who have completed one. Regional Older Youth Specialists track services monthly. In addition, a comparison report to compare youth survey answers to provider outcomes (of Chafee and TLP contractors) was just produced in June, 2013 and is currently being reviewed.

Data mining and data clean-up efforts are routinely conducted through oversight and follow up by the Quality Assurance unit. FACES unit staff and partners from the Center for Management Information, Research and Evaluation unit (who create reports using FACES data) also identify and initiate data clean-up. However, with edits and modifications made to FACES from the AFCARS Improvement plan and training on data elements provided through written instruction, the amount and need for data clean-up has drastically decreased this year. In addition, the ROM report provides staff the ability to self-monitor for data inaccuracies through case level reports.

Staff members from the Quality Assurance and FACES units, Information and Technology Support Division and the Center for Management Information, Research and Evaluation unit meet on a quarterly basis to review and resolve data quality concerns. This collaboration provides multiple perspectives and levels of expertise which ensure a strong ability to ensure quality data is collected. The meeting also serves to coordinate efforts around reporting.

Quality of practice data is collected through a variety of case reviews discussed more in depth below. Oversight, training and coaching of case review processes are conducted by the Quality Assurance and Quality Improvement Staff. To supplement written and verbal coaching, policy tips and edits were embedded directly into the case review tools to ensure validity and consistency of answers. In addition, QA and QI staff provide on-sight or post review examination of answers to ensure reviewers answered question thoroughly and correctly. Enhancements made in the past year to specific review tools are discussed more in depth below in the Case Review Data and Process section.

#### Area of Growth

Furthering staff understanding about the benefit of data entry efforts and advancing a culture of data informed practice is a continual area of desired growth.

While staff attitudes towards data (and the need to spend time doing data entry) improve as SACWIS is continually enhanced, data from staff surveys and information shared during CQI activities indicate a need for continued edification. The attitude of staff about data and how data is used, monitored in part through Survey of Employee Engagement (SEE) data, is one gauge the Quality Assurance and Quality Improvement Unit Managers uses to assess the buy-in of staff in CQI and the extent to which staff is invested in data-informed practice. **Information Systems Construct Score = 325.** The overall survey score is a broad indicator for comparison with other entities. The Overall Score is an average of all survey items and represents the overall score for the organization. For comparison purposes, Overall scores typically range from 325 to 375.

Highest scoring constructs are areas of strength for this organization while the lowest scoring constructs are areas of concern. Scores above 350 suggest that employees perceive the issue more positively than negatively, and scores of 375 or higher indicate areas of substantial strength. Conversely, scores below 350 are viewed less positively by employees, and scores below 325 should be a significant source of concern for the organization.

In reaction to feedback obtained from staff last year during focus groups regarding distaste for the state agency's persistent emphasis on data and outcomes, QA-QI unit staff and administration focused on deliberate messaging and employing creative strategies to build staff investment and understanding about the benefit of data during the past year.



An example of one messaging strategy discussed last year has continued to be used. Initiated by a Regional Director, the term "people measures" is frequently cited when outcomes are presented in lieu of the term "data measures". This message was included in the electronic ROM training, as shown to the left, to reinforce this concept.

QA and QI Specialists are being coached to have their finger on the pulse of the attitude about data in the offices they support and to be brief or avoid the use of the word "data" altogether when discussing outcomes in certain groups or with individuals who express distaste for data and to simply reference practice terminology as it relates to the outcome information being presented instead. As an example, in local PIP planning meetings (with field staff and supervisors) where the QA or QI Specialist routinely hears negative comments about data, rather than the specialist stating, "the data from the case review shows that 75% of fathers were involved in case planning and since our incremental goal is 85%, we need to identify and implement steps to improve this area of practice", they are being coached to state, "from reviewing the latest case review results, it appears that fathers aren't as involved in case planning in our county as they should be. What can we do to get fathers engaged in the case plans for 10 more of our cases [in this county] this month? Let's start by identifying cases...". Then, as additional activities build the capacity of staff to self report a higher degree of comfort with data terminology, the discussions can gradually incorporate percentages and statistics in group discussions. In these situations, the QA and QI Specialist ensure the local management is informed of the actual percentages to ensure appropriate oversight of practice.

One strategy employed recently to increase appreciation for data was extending a resource, the Results Oriented Management (ROM) report, to all staff. ROM is a web-based report which relies on FACES data. The ROM report was developed several years ago but was only available to supervisors and managers until recently after AFCARS data quality issues were satisfactorily resolved. Now all staff have access to ROM including frontline staff and supervisors, managers, non-case carrying and administrative support staff. Through ROM, staff has ready access to state, regional, unit and case level outcomes and

a variety of process measures. All current CFSR permanency and safety measures are in ROM as well as a variety of other reports. As staff and managers learn about the many ways ROM supports day to day practice and having case level outcomes readily available to them, the benefit of inputting data into the FACES system in a timely and accurate manner will be naturally reinforced. Electronic training is being used to provide introductory training about ROM to staff. The electronic training features speaking avatar characters, humor and quotes to appeal to the millennial generation of staff. Coaching support for ROM is additionally provided for staff whose learning style is best supported through personal interactions, to groups and as otherwise needed.

Using strategies which increase staff appreciation of the need for data and nurture data-informed practice will continue to occur in order to reinforce quality data collection.

### ***Case record review data and process***

#### Processes currently in place

##### *Supervisory Case Reviews*

The Supervisory Case Review Tool (SCRT) revised through FY12 added questions to assess the 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 was implemented with written instruction during a training period in July 2012 and full integration in October 2012. A copy of the policy memorandum describing the revised SCRT tool and process is attached (*Attachment F Memo CD12-80 Supervisory Case Review Process*) and can also be found at <http://dss.mo.gov/cd/info/memos/2012/cd12-080.pdf>. Feedback regarding the new tool and its electronic features has been mostly positive with the primary adverse comment being about the time involved in completing the review. By moving the reviews to quarterly instead of monthly, the state has tried to remedy the issue. A sample of cases from each staff member is completed by the assigned case supervisor for alternative care and Family-Centered services cases; however a peer supervisor completes the review for Investigations and Family Assessments. Supervisors who oversee Investigative staff exclusively review two completed hotlines from each of the workers of a peer supervisor each quarter. Supervisors who oversee FCS and AC staff review one child/case for each worker. The decision to change the review of CA/N response reviews to a peer supervisor process was made in response to feedback from supervisors who reported that conducting a review of their own CA/N report was duplicative of the review process they followed when approving the conclusion of the investigation/Family Assessment. Since CA/N Investigations and Family Assessments are “events” versus on-going case management, there was not a concern with supervisors needing a planned review of the “big picture” as is the case with FCS and AC cases which are on-going. In addition, the perspective of a peer supervisor through a review of the CA/N response would serve to affirm decisions made by the assigned supervisor and provide the ability for the supervisor to get feedback from an objective reviewer. In contrast, FCS and AC supervisors review their own cases, which provides a structured periodic opportunity to look at the bigger picture for the on-going cases. As a means to provide an

objective review, the QA and QI Specialists review a subset of AC and FCS cases in order to provide feedback about the case to AC and FCS supervisors.

Supervisors review cases each quarter. Supervisors who oversee multiple program areas conduct one investigation review and one FCS or AC case review for each worker every quarter. SCRT results are posted on the Intranet where all staff can access results. With the introduction of the clinical supervision guide, supervisors are expected to discuss case review results and other outcome information with their staff during supervisor conferences. This discussion would include enhanced understanding of policy or best practice guidance provided to the supervisor from QA and QI Specialists during post-review coaching sessions. SCRT results are used in conjunction with other data sources such as other types of case review data, a multitude of safety, permanency or process measures and frequency reports to monitor practice, identify areas needing improvement, develop strategies, and to validate results of other reviews. The SCRT tool was modeled after the federal CFSR on-site review tool.

### *“Q” Reviews*

In order to better ensure inter-rater reliability of case review results, QA and QI Specialists now complete a subset of reviews from the larger sample of supervisory case reviews. The case sample for the Q-review is stratified to reflect different age groups and permanency goals, among other considerations. The Q-review 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. Stakeholder interviews are conducted as needed at the discretion of the QA and QI Specialist, depending on the ability of the QA or QI Specialist to have confidence in the information obtained during the review of the record. If the case narrative and contact summaries aren't explicitly providing enough information or collaboration from multiple sources concerning the questions on the review tool, the QA and QI Specialists have latitude to contact any party needed to verify or gather more information. Suggested questions were/are provided to the QA and QI Specialists when receiving training on the QA and QI review tool and process. 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 CFSR Coordinator or other central office reviewer provides feedback to the QA or QI Specialist after completing their third level review during the third month of the quarter. It is during the same month that the QA and QI Specialist provides their post-review coaching session with the assigned supervisors. In order to provide timely feedback, the QA or QI Specialists may or may not have conducted the post review session prior to getting the review back from the CFSR Coordinator. If discrepancies or further follow up is needed after the QA/QI Specialist receives the feedback from the CFSR Coordinator, then the QA and QI Specialists follow s up with the assigned supervisors when needed to clarify or provide further guidance. The review results are 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 are currently evaluating the Q-review 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.

### *Best Practice Reviews*

The Best Practice Review (BPR), formerly known as accreditation maintenance review, tools and process were streamlined in order to have consistency and to be able to obtain and use statewide results. The revised tools were completed in June 2012 and the new tools and process were implemented statewide on July 1, 2012. A policy memo (*Attachment G Memo CD12-76 Best Practice Review*) was released during 2012 describing the tool and process which can be reviewed at:

<http://dss.mo.gov/cd/info/memos/2012/cd12-076.pdf>.

Program areas/records which are reviewed and sampling methodology for BPR’s are as follows:

- Child Abuse and Neglect:

Non-Metro: 20% of recently concluded within the last 90 days

Metro: 5% each quarter of recently concluded within the last 90 days

- Family-Centered Services and Alternative Care:

Non-Metro: 10% annually from each program line, active in the last 12 months, open at least 60 days

Metro: 2.75% active each quarter from each program line, open at least 60 days.

- Foster, Kinship and Relative Homes Records:

Non-Metro: 10% annually of open licensed vendor files

Metro: 2.75% per quarter of open licensed vendor files

Metro Circuits include St. Louis City, St. Louis County and Jackson County. The remaining 42 circuits fall under the non-metro guidelines.

The BPR is a group review process which involves agency staff at varying levels and stakeholders (policy staff, specialists, court and community partners, etc) reviewing case level information. The QI Specialists coordinate the reviews and are responsible for working with local circuits to identify and support review teams. A challenge with the BPR process is the continual training of reviewers to ensure consistency and validity of answers, as review teams change according to the availability of the reviewers. Best Practice Reviews provide for conflict-of-interest and promotes third party review of cases.

QI Specialists help/coach the supervisor to use all data sources as a way to see the “whole story”. Supervisors can use each of these review processes to detect different pieces of information. For instance, SCRT can showcase detailed information on quality, while Q reviews can look at

documentation efforts and BPR results can also share organizational/systems issues. Together these three review tools can help the supervisor see patterns or trends that need to be addressed within their program line or unit. The same variety of data sources are shared during quarterly circuit improvement planning sessions, FCI meetings and local collaborative meetings and are the basis for which practices and outcomes to focus improvement efforts on. The QA and QI Unit Managers have identified that sharing of review results with policy and training managements and staff is an area of growth, and has initiated steps to have periodic meetings specifically to share case review results in order to better inform policy and training.

#### *Practice Development Reviews*

Practice Development Review (PDR) is the original quality service review process introduced to the Children's Division years ago. With multiple newer quality service case reviews being used by the Children's Division and due to time constraints and costs involved with PDR, discretion has been left to Regional Directors regarding their use of the PDR. PDR's were completed exclusively by Jackson County in FY12. However, with the state's implementation of refreshed case review tools and availability of robust aggregate data, Jackson County QA processes discontinued the semi-annual PDR event. Stakeholder involvement and capacity to participate in PDR event reviews diminished and a local advisory group reached consensus that the refreshed state QA tools, robust data review, and targeted case reviews related to specific areas of practice would provide the greatest value and insight into continuous performance review. The PDR remains available as an optional review tool for all regions statewide.

#### *Peer Record Reviews*

The QA Unit continues to administer and monitor the PRR process. Quarterly, 2.5% of open and recently closed Adoption, IIS cases, and Resource Provider records are randomly sampled and reviewed by peer reviewers. Peer Record Reviews were discontinued for CAN, FCS and AC programs last year as it was determined that the newly standardized Best Practice Review would become a routine review for the three programs in addition to SCRT and Q-reviews. Peer Record Reviews are used to update goals, objectives, and planned strategies as described on page 56.

The reviews are conducted on a quarterly basis to coincide with the CQI process. Approximately 2.5% of cases are reviewed per quarter. At least five cases for each site (circuit) must be reviewed per quarter. Therefore, if 2.5% is less than five, at least five cases must be reviewed. Cases to be reviewed are selected on a random basis. The list is generated by Research and Evaluation.

#### *Child Abuse and Neglect Hotline Unit (CANHU) PRRs*

The Child Abuse and Neglect Hotline Unit (CANHU) in conjunction with the QA Unit developed a peer review system at the hotline unit in 2006. The CANHU PRR has been a process which is used to support efficient processing of calls. Ten percent of all calls are automatically sampled for peer review and automatically forwarded to a hotline worker for review. The ten percent random sample of CA/N reports is pulled by Research staff, and assigned by ITSD staff to a CANHU worker. The worker receives

an email notifying them of the assigned PRR review. The review is a paper only review; the call recording is not reviewed by the worker.

CANHU PRR's are additionally used as one of CANHU staff performance appraisal outcome measures. Peer Record Reviews are used to update goals, objectives, and planned strategies as described on page 14.

#### *Interviews conducted during reviews*

Interviews are allowed for any type of case review however are primarily used in QA and QI reviews. Interviews are beneficial for objective reviewers as a means of affirming what they have gathered from a review of the record or gathering additional information. For FCS and AC supervisors who complete reviews of their own worker's assigned cases, interviews are less likely to occur as part of the case review, but the review itself will lead to additional follow up with stakeholders if during the review the supervisor became aware of concerns about any issues related to the case management activities.

#### *Missouri's Multi-Dimensional Use of Case Reviews*

Missouri considers it a strength that multiple review processes are in place. The reviews complement each other and are a means of validating strengths and challenges identified during the reviews. Each type of review serves a different purpose. Reviews are not only used as a method of oversight, they also provide natural training and reinforcement of learning for the persons conducting the reviews, especially with the reviews being incorporated as part of day to day practice.

#### Area of Growth

As three case review processes used by the agency were either recently created or revised (Q-review, SCRT and BPR), evaluation of the processes and any resulting adjustments of the tools will need to occur and new baselines will need to be established. The evaluation has begun and minor revisions to the tools are tentatively scheduled to occur in December 2013 if necessary.

#### ***Analysis and dissemination of quality data***

##### Processes currently in place

Analysis and dissemination of quality data is a strength for Missouri Children's Division. Data is analyzed routinely by the QA unit staff and manager. Data including analysis findings are distributed through a multitude of ways in support of CQI.

A quarterly CQI "In-Focus" newsletter continues to be a key method of focusing staff on key issues and always includes data. The newsletter directs staff on the issues to focus on during their quarterly CQI meetings. In addition, the newsletter provides updates on progress and successes from the Continuous Quality Improvement Process. Links within the newsletter include circuit specific user friendly charts for each data element so staff can determine performance in each of these areas. Staff then discuss their performance in their quarterly local CQI meetings and develop local level strategies for improvement where needed. The "In Focus" quarterly newsletter is meant to provide guidance for the

CQI Teams during each quarter. The newsletters are well received by staff and effectively aid in guiding the CQI meeting discussions. The newsletters are theme based and bridge PIP issues with COA standards, related practice outcomes, Survey of Employee Engagement results, updates from the Supervision Advisory Committee and provide a link to the state level CQI minutes from the prior quarter. Issues featured during the past year have addressed the subjects of:

- Collaboration with resource providers (featuring state and local level consumer survey data)
- Recruitment and retention of resource parents
- Quality visits with children and resource providers (including data from Best Practice Reviews)
- Engaging both parents in case planning (including state and local data from supervisory case reviews)
- Effective supervision
- Framework for Safety (including state and local data for characteristics of parents and children involved in substantiated reports of abuse and neglect during FY12)
- Collaboration with domestic violence partners
- Safety in resource homes
- Foster care population increase trends and subsequent findings from a collaborative case review
- Permanency summit highlights (including data on children in care longer than 12 months by age)
- Trauma informed care
- Implementation of the revised Best Practice Review and examples of how local managers use data creatively to challenge staff and produce positive results
- An example of Survey of Employee Engagement data incorporated in CQI meetings and featured in the newsletter was on the questions of “There is a basic trust among employees and supervisors”, and “I know how my work impacts others in the organization”.

Department and Division Administration continue to routinely review, discuss and identify strategies for dashboard measures which include key outcomes during monthly management meetings. Dashboard measures are data indicators and outcomes the Department Director has identified as priority areas for monitoring with Division Leaders. Examples of Dashboard measures include child abuse and neglect victims free from repeat abuse within 6 months, children in foster care free from abuse and neglect, children in intact families free from abuse and neglect, number of children in foster care, timely reunification and adoptions, customers treated professionally with quality services (using consumer survey scores of foster youth and resource providers), placement stability of foster children, length of stay of foster children, worker visits with children, children placed in residential settings, children placed in relative and kinship settings, finalized adoptions, timely response to reports of abuse and neglect, timely Permanency Planning Review Team Meetings, employee turnover rates, and others. Division leadership uses this data to inform decisions, oversight and to prioritize management of policy and practice.

A major change in how the state is using data was the incorporation of Performance outcome measures (PERforM) for CY12 which have been continued for CY13. Each program area has two measures by which staff will be measured for their annual performance appraisal. Most of the measures are involved

in the PIP or are related to child safety. PERforM data is used to update goals, objectives, and planned strategies as described on page 52. Significant improvement has been seen in more than one area of practice since the new measures were created. The measures are based on staff level performance, providing the ability to create targeted strategies for improvement for identified staff or units not meeting the goals. PERforM measures are not only used for field staff and manager performance, but policy staff and administration are also held accountable for their respective measures continuing to bridge policy and oversight to practice. PERforM reports are posted on a shared drive which all CD supervisors and above have access to and are updated quarterly. The analysis and trends are also shared via notification from the QA Manager as each new report is made available.

Several CD publications were available during FY12 and posted on the Internet, Intranet or both. The publications include statistical information as well as outcome data. Staff and managers are referred to the publications routinely by QA staff in support of local collaboration and improvement planning efforts. Stakeholders have access to the publications through the internet. Stakeholders are also provided with data during the many collaborative meetings that the Children's Division either initiates or is a part of during which data is shared, discussed and analyzed. Each of the meetings and collaborative groups discussed in this report uses data routinely to identify issues and as a driver of agenda items.

In collaboration with the University of Missouri, the Division regularly analyzes permanency and placement stability outcomes of foster children in relation to the frequency of visits by the child's caseworker. Children who received regular visits from their worker were found to have better outcomes than children who had one or more missed visits during each year from FY10 - FY12. A study about this analysis, authored by Staysa and Kelly, entitled Outcomes Better with Regular Visits, was published in the International Journal of Continuing Social Work Education, Vol. 15, No. 2, Fall 2012, pp 63-66.

The Children's Division partners with various universities through sponsoring undergraduate and graduate students in practicum opportunities, through staff turnover data collection, support for Survey of Employee Engagement efforts, analysis of practice and outcomes, and as standing members in numerous collaborations such as the CFSR Advisory Committee and Supervision Advisory Committee, all of which involve the sharing and analysis of data and CQI quality information.

QA Specialists routinely provide trends analysis and outcome data to the circuits for their local improvement plans and fostering court improvement efforts. 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 analyzed and used data to identify a need to conduct targeted reviews during FY12. For example, after analyzing results of the Best Practice Review, the Southern Region QA/QI team determined the need to conduct a review of all circuits in the region to assess the quality of collateral contacts during investigations and family centered services cases. The Southern

team then shared results of the review and developed locally specific strategies during circuit improvement planning meetings for improving on appropriate use of collateral contacts.

Survey of Employee Engagement: Semi-annually, the Children's Division administers a Survey of Employee Engagement (SEE) to all staff. Out of the 2088 employees who were invited to participate in the 2012 survey, 1505 (72%) responded. At 72%, the response rate is considered high. The sponsor of the survey suggests high rates mean that employees have an investment in the organization, want to see the organization improve, and generally have a sense of responsibility to the organization. With this level of engagement, employees have high expectations from Leadership to act on the survey results. This supports the assessment that staff is invested in CQI in Missouri. The SEE assessment is designed to link scores on the survey to issues affecting the organization. It examines five key Workplace Dimensions (Work Group, Accommodations, General Organizational Features, Information, and Personal Demands) which capture various aspects of the total work environment. Supervision was the highest score for the division. A high score in supervision illustrates aspects of the supervisory relationship including if employees view their supervisors as fair, helpful, and critical to the flow of work. The division's score increased from 376 in 2010 to 387 to 2012. The overall survey score is a broad indicator for comparison with other entities. The Overall Score is an average of all survey items and represents the overall score for the organization. For comparison purposes, overall scores typically range from 325 to 375. Highest scoring constructs are areas of strength for this organization while the lowest scoring constructs are areas of concern. Scores above 350 suggest that employees perceive the issue more positively than negatively, and scores of 375 or higher indicate areas of substantial strength. Conversely, scores below 350 are viewed less positively by employees, and scores below 325 should be a significant source of concern for the organization. Other higher scoring topics are strategic and team. Strategic illustrates how the organization responds to external influences. Team describes an employee's work group within the organization. Each of these further supports the strength of CQI in Missouri Children's Division. However, external communication ranks lower indicating the need to continue to increase engagement with stakeholders. The topic of engaging stakeholders of all types in practice improvement efforts is routinely addressed in state and local CQI and improvement planning meetings which includes CD staff, contracted staff as well as stakeholders as described in greater detail below. State and Regional Leadership considers stakeholder involvement essential to effective practice and makes is a priority to promote stakeholder involvement and communication with partners at all times. Turnover presents an on-going challenge with relationship building, so addressing turnover will dually serve to not only improve practice but also to improve and solidify relationships and communication with external stakeholders. SEE data is analyzed and used by central office and field managers. A description of how SEE scores were used is discussed further below.

### Areas of Growth

As noted earlier, after assessing the capacity of agency staff to analyze data, it was determined additional advanced analytics skills and multi-variable analysis training would benefit QA staff in order to determine validity and statistical significance of data sets, and to use data sources simultaneously to tell a more comprehensive story about the quality of services provided. The QA Manager will be attending

the “Advanced Analytics in Child Welfare” course offered by the University of Chicago at Chapin Hall in June 2013.

A new method for sharing data and other information with contracted case management agency staff is under development. The creation of a new shared drive, which QA designees from the contracted agencies will gain access to, will allow a more efficient and timely method for sharing data and other information. In particular, posting information to a shared drive will allow easier sharing of reports which are too large to send through email.

### ***Feedback to stakeholders and decision makers and adjustment of programs and processes***

#### Processes currently in place

CQI in Missouri is a simultaneous and self sustaining process. Managers and staff meet with FCI teams and other stakeholders to review data and strategize. This information is then brought back to internal improvement planning meetings. QA and QI staff provide data and coaching to promote awareness, relevance and empowerment of staff and managers to effect change in their practice. Results from feedback/problem-solving and data generated are used to amend policy, enhance practice or target practice; used to fuel and educate community partnerships and create/outreach to new service resources and partners. Automated system development is additionally addressed through feedback from staff at all levels. Staff may submit system change requests via the supervisory channels in order to initiate improvements to the information system.

Consumer survey scores from resource providers (foster, relative and adoptive parents) in 2012 averaged 4.09 (on a scale of 1-5) regarding communication which supports feedback and communication is strong with stakeholders. Explanation of consumer surveys is provided below.

The score for the Survey of Employee Engagement question, “My work group regularly uses performance data to improve the quality of our work” was 3.56, up from 3.42 in 2010 (on a scale of 1-5) and indicates that employees perceive the issue more positively than negatively and suggests the staff within the Division have improved efforts to use data to adjust programs and processes.

Information and feedback is provided to stakeholders and decision makers in a variety of ways.

#### *CQI Team Meetings*

Circuit, Regional and State Level CQI team meetings provide a structured routine opportunity to provide feedback from frontline staff to agency leaders and stakeholders. While the CQI “In Focus” newsletter provides a structured topic for quarterly meetings, CQI teams are not confined to discuss only newsletter topics. Staff provide suggestions for a wealth of issues ranging from how to include staff in all regions of the state in employee recognition programs, to workplace safety, to suggested training curriculums for foster parents, to the development of new forms and revised policies. Stakeholders participate in CQI team meetings, but CQI topics are shared and assigned to individuals to follow up with stakeholders not in attendance at team meetings as well. CQI minutes are posted on the intranet and accessible by all CD and contracted agency staff. Contracted agency staff participates in CQI meetings

within their respective agencies as well. CD leaders and staff, such as CQI staff, attend contracted agency CQI meetings to facilitate collaboration and information sharing. Designated QA and QI staff from CD as well as from contracted agencies meet on a regular basis to coordinate CQI efforts.

### *Collaborations*

Data is routinely provided and two-way communication occurs during the many collaborative meetings held throughout the state as previously mentioned and as noted in the Collaboration section. An example of a collaboration used to share feedback and adjust programs and processes were the 2012 Permanency Summits. Permanency Summits were held on June 4, 2012 in Kansas City and June 6, 2012 in St. Louis. Missouri's juvenile court judges were mandated to attend the permanency summits by the Supreme Court. This collaborative effort began with the Judges assembling a "team" from each local circuit. The purpose of the summit was to identify local barriers regarding achieving permanency for children in foster care in a timely manner. Teams consisted of juvenile judges, juvenile officers, CD and contracted agency staff and managers, GALs, CASA, agency attorneys and parent attorneys.

As circuit teams sat together, Supreme Court Justice Breckenridge and CD Director Shively provided opening remarks. 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 speaker. Alicia Davis from the National Center for State Courts presented national data.

Quotes from a Missouri foster youth were featured around the room and on tables to represent the youth's voice about the importance of permanency. Quotes shared with participants are listed below:

- "Every person involved in a youth's case should be continually searching for these stable and long-lasting relationships. A person cannot have too many, ever!"
- "Through a team of people who never stopped trying, I have found life-long permanency with my former foster family."
- "No piece of paper determined these relationships, just as no piece of paper determines who will always be there for someone who is not in foster care."
- "I have people I can call 10 years down the road with questions about my own children."

Judge Rubin discussed overcoming court barriers to permanency and the importance of judicial leadership in the permanency effort. He reviewed legislation around reasonable effort requirements and permanency timeframes. Judge Rubin's remarks were impressive and included comments such as children who need to be brought into foster care should be, but not one child more. He stressed the importance of reasonable efforts, attendance at court hearings by parents and children and ensuring court hearings are as productive and meaningful as possible.

After hearing Judge Rubin, attendees were seated at tables by discipline type for the lunch period (judges with judges, GAL's with GAL's, Circuit Managers with Circuit Managers, etc.) in order to allow

time for discussion across circuits about the summit topics. Feedback was very positive about this peer networking opportunity.

After lunch, the circuit teams regrouped. The teams reviewed circuit specific outcomes including the number of incarcerated parents of children in the circuit, length of time from entry to TPR as well as TPR to adoption, the number of children on trial home visits over 180 days, the age breakdown of children who have been in care longer than 12 months, the percent of children residing in their home county, percent of children placed in relative or kinship placements, number of children in care including first time entries/re-entries from 2008 – 2011, 2011 exits by type of exit, and the percent of children exiting in a timely manner to reunification and adoption. In addition, the teams were to review the notification to caregivers of hearings process. Facilitators which included federal partners from the Children’s Bureau regional office, a faculty member from the MU School of Social Work, central office managers and others were on site to provide support to circuit teams. Feedback was positive regarding the circuit roundtable experience.

Each circuit began preparing an improvement plan addressing identified barriers specific to the circuit. The plans were sent to the Office of the State Court Administrators for review and feedback. Circuits have continued the collaborative efforts which began at the permanency summit. As of May 2013, 38 out of 45 circuits have submitted follow up action plans to OSCA.

### *Consumer Surveys*

Consumer surveys are another method of obtaining feedback from stakeholders. The percentage of stakeholder surveys sent and the response rate during 2012 was as follows:

- Foster youth over age 12: 100% sent, 28% were returned.
- Foster and relative providers: 100% sent, 33% were returned.
- Adoptive parents: 10% sent, 31% were returned.
- Parents involved in investigations and family assessments: 10% sent, 11% were returned.
- Parents involved in intensive in-home services: 10% sent, 12% were returned.
- Parents involved in family-centered services and foster care: 10% sent, 14% were returned.

Upon receiving survey feedback, information from individual surveys is entered into a central database and then original surveys are returned to the regional managers. The QA unit monitors trends and shares information during various meetings. Consumer surveys are deemed confidential in order to promote a greater response rate, so responses on individual cases are not shared directly with frontline staff unless the surveyee specifically requests for it to be shared. However, consumer survey feedback in an aggregated or summarized format is shared with frontline staff and supervisors at the discretion of the regional directors, who use the surveys to inform and oversee practice. In addition, consumer survey scores from youth and foster parents are included on the department dashboard, which is used

by Department and Division Leaders as a gauge of customer service and discussed during leadership planning meetings. Consumer surveys are in the process of being revised to add an optional name and contact field in order to allow the youth, parent or resource provide the ability to request contact from the agency to discuss their feedback. The Children's Division is in the process of combining efforts with contracted case management agencies to coordinate communication and to increase the response rate. The revised survey is expected to be implemented before the end of 2013.

#### *Survey of Employee Engagement*

Survey of Employee Engagement (SEE) data also provides feedback on numerous issues which provide the opportunity to adjust programs and processes. SEE results are posted on the division's intranet site and are used regionally by local and regional leaders. In addition, the Survey of Employee Engagement data was incorporated as a standing item in the structured CQI process in Missouri several years ago, and continues. This begins by featuring 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) discusses the issues and identifies strategies for improvement. Strategies can be remedied at any given level or taken to state level as necessary. For example, in January 2013, each CQI team was asked to review the scores related to external communication as it was a lower scoring item. During the local January 2013 CQI team meeting, St. Louis County discussed ways to improve sharing the division's mission with the public by including the mission statement within presentations to stakeholders. SEE data is particularly important as it relates to employee satisfaction which impacts turnover.

#### *Turnover Data*

Employee turnover data is routinely reviewed by managers and staff from personnel, quality assurance and improvement, and field managers. In addition, the Supervision Advisory Committee whose members represent frontline supervisors statewide, routinely reviews turnover information along with SEE scores and other data each year while addressing and identifying strategies related to worker retention in their strategic plan. In addition, local offices may include frontline staff, supervisors and/or managers in reviewing turnover data when addressing employee morale and turnover issues locally. The Children's Division is currently involved in executive level analysis and strategic planning around state and circuit specific strategies to support employee retention, using local turnover statistics combined with SEE results as a guide.

#### *Performance and Outcome Data*

ROM outcomes, PERforM outcomes, Dashboard measures and various publications, combined with periodic feedback about case review and survey results provide a wealth of information for administration which can be used for adjusting programs and processes. PERforM measures, as discussed previously, provides accountability for every type and level of staff including agency leaders. Leaders and staff up and down the line communicate about outcomes and develop action plans to improve as a result of the monthly and quarterly reports. A supervision guide is being piloted currently

which incorporates a review and discussion of the CQI data mentioned above in clinical conferences between frontline staff and their supervisors.

### *Champions for CQI*

Champions for CQI lead change through feedback shared to administration and stakeholders. The Supervision Advisory Committee is one such champion of CQI. Representative supervisors from each region come together each quarter to discuss and develop strategies on a variety of practice issues related to the advancement of supervision. The Division Director joins the group for a brief period at the end of each meeting in order to verbally receive the recommendations from the group. The Division Director then reviews the recommendations with the Executive Leadership Team, who then incorporates the recommendations as able, and provides written feedback to the committee on their response. This feedback loop process is one example of CQI in action in Missouri and how information shared with stakeholders and administration results in adjustments of programs and processes.

### Areas of Growth

After assessing the use of case review results, the Children's Division has identified the need to increase the sharing of case review results with stakeholders. In particular, training unit staff and policy staff do not currently have as many opportunities to review and use results (outside of quarterly CQI meetings) as field staff and stakeholders do such as their regular use of case review data during on-going PIP activities. As discussed in the paragraph above on collaboration, stakeholders including resource providers (foster, adoptive and relative placement providers), court staff, attorneys, health and mental health professionals, tribal representatives, foster youth and others have routine opportunities to review data in the various meetings, conferences and circuit specific meetings held throughout the state. The QA and QI Unit Managers are in the process of scheduling strategic planning meetings with the Policy and Training Unit Managers to increase structured opportunities for sharing quality practice review findings from case reviews in order to adapt policy and training curriculums.

The state recognizes a continued need to maximize the involvement of stakeholders, particularly youth, parents and resource families in CQI activities. Continued oversight and adjustment to ensure these parties are engaged in CQI is on-going through strategic CQI review and planning sessions held each quarter between the QA and QI unit managers, and during CQI newsletter planning meetings each quarter with policy staff and managers, QA and QI staff and managers and CD leadership when topics of focus are determined for the statewide quarterly CQI team meetings. As noted above, the consumer surveys are in the process of being revised to add an optional name and contact field in order to facilitate two-way communication from submitted responses as desired.

Also, as noted previously, additional training on facilitation of improvement planning using logic models would be beneficial for QI staff. This will enhance the state's capacity to move from awareness to change and from data to action.

## SERVICES FOR CHILDREN UNDER THE AGE OF FIVE

When a Child Abuse/Neglect (CA/N) Investigation yields a finding of child abuse/neglect by a preponderance of evidence involving a victim child less than 3 years old, a referral will be 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.). 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 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.

The charts below identify the types of conclusions for all CA/N reports (both CA/N Investigation and Family Assessments), the specific categories of abuse/neglect found in substantiated CA/N Investigations, and the determinations reached in Family Assessments in hotline reports which involved children under 5 years of age during CY12. The illustrations below indicate the following figures specific to all children under 5 years of age involved in a hotline report based on the Children's Division Child Abuse and Neglect Annual Report, CY 12:

- 1,281 children under 3 met the criteria for a referral to First Steps.

Referrals are made by investigation staff upon conclusion of the hotline report through a letter generated at the time of the conclusion which is sent to the first steps agency. There is a tracking mechanism and an edit in FACES on the education screen for children under age 3 who actually receive first steps services, however, it does not delineate if the services were resulting from the referral made due to the POE finding

- 56.3% of all children under 5 were involved in a CA/N Investigation
- 42.0% of all children under 5 were involved in a Family Assessment
- 7.6% of all children under 5 were identified as victims of child abuse/neglect by a Preponderance of Evidence This percentage refers to the total number of children under 5 with a POE (2,170) out of the total number of children involved in any type of CA/N (28,571)
  - 67.8% for some form of neglect
  - 32.2% for some form of abuse
- 11.0% were identified with a preventive service need in conjunction with an unsubstantiated CA/N Investigation
- 9.4% were identified with a need for services through CD and/or linked to community-based services within the initial 30 days in conjunction with a Family Assessment

**Alleged Victim Child Demographics by Conclusion/Determination and Age**

Age	Type of Conclusion					Total
	Substantiated	Unsubstantiated PSI	Unsubstantiated	Other	Family Assessment	
<1	445	531	1,622	235	2035	4868
1	392	454	1,894	213	2166	5119
2	444	512	2,375	218	2469	6018
3	469	545	2,440	243	2553	6250
4	420	562	2,441	234	2659	6316
Total	2,170	3,135	10,772	1,143	11,882	28,571

Source: Children’s Division Child Abuse and Neglect Annual Report, CY 2012, Page 12

Note: The numbers above are based on preliminary data.

**Categories of Substantiated CA/N Investigation Conclusion by Alleged Victim Age**

Age	Type of Conclusion						Total
	Physical Abuse	Emotional Abuse	Sexual Abuse	Neglect	Medical Neglect	Educational Neglect	
<1	177	8	4	320	30	0	539
1	123	4	2	305	26	0	460
2	114	9	15	348	17	0	503
3	124	11	39	343	13	0	530
4	111	10	56	292	8	0	477
Total	649	42	116	1,608	94	0	2,509

Note: The numbers above are based on preliminary data. Children who are accounted for by type of conclusion category related to every incident of involvement above may appear in the chart directly above multiple times in various category types.

**Family Assessment Determinations by Alleged Victim Age**

Age	Family Assessment Determinations					Total
	Services Needed	Services Not Needed	Family Uncooperative, Child Safe	Services Needed – Linked to Initial 30 Days	Services Needed – Family Declined	
<1	395	1383	41	150	66	2,035

1	345	1565	40	159	57	2,166
2	362	1828	42	178	59	2,469
3	381	1886	51	155	80	2,553
4	386	1951	64	167	91	2,659
Total	1,869	8,613	238	809	353	11,882

Note: The numbers above are based on preliminary data. As there is one determination of service need with every completed family assessment, these numbers reflect the number of determinations by children within each assigned age range. Children may be represented more than once due to involvement in multiple incidents.

Family-centered, strength-based treatment services for children under five years of age who are in the home should be completed by referring the family to any available community resource or other support system identified by the family utilizing all available community resources to help the family. CD does not have child specific data for intact family services, however, development of ROM FCS reports are underway which will help staff and managers be better able to differentiate homes with young children from others. The ROM FCS reports are expected to be ready for testing soon with implementation during FY14. Services may be provided by direct case management or may require the use of purchased services. The worker will use community providers when he/she assesses some, or all, of the services cannot be delivered directly. The following services should be considered:

- Infant 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 and Home Visitation Providers)
- 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

The population of children under age five in foster care has remained relatively stable over the last few years. According to the Child Welfare Outcomes Report, Table 8b, approximately 36% (5,965 out of 16,487) of the children in foster care in SFY12 were age five and under. This percentage is the same as SFY11 with 36% (5,688 out of 15,738) of the children in care age five and under and a slight increase

from SFY10 in which those children age five and under accounted for 35% (5,222 out of 14,769) of the foster care population. Because the population of children under age five has remained stable over the last few years, the state projects approximately 36% of the population will be age five and under in SFY14.

According to point in time data effective February 28, 2013, approximately 47% (1892 out of 4067) of the children under age five were female and 53% (2175 out of 4067) were male. For the same time period, approximately 74% (2993 out of 4067) of the children were white and 21% (847 out of 4067) were black. The remaining 5% were American Indian/Alaskan Native, Asian, multi-racial, and unable to determine. In addition, 49% (2009 out of 4067) of the children five and under are placed with relatives or kin. This figure is higher than the percentage of all children in foster care placed with relatives or kin.

The State places a strong emphasis on achieving permanency for all children served including those under the age of five. No further changes are anticipated, as the division will continue stressing the importance of permanency for all children. The data from the last three years (SFY10-12) supports this endeavor. The Child Welfare Outcomes Report shows a higher percentage of children age 0-5 achieving permanency through reunification, guardianship, and adoption than any other age group. The percentages below represent the percentage of those exiting who are ages 0-5, 6-12, and 13 and older. 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 family, shall develop alternate plans for the child using concurrent planning and meeting the court and ASFA timeframes. This concurrent plan must include placing with relatives unless contrary to the welfare of the child. In addition, staff should provide full disclosure to the parents of problems, changes, possible consequences, and timelines, as well as discussing alternative permanency decision making on an ongoing basis. Staff must discuss with parents the negatives effects of placement on children, the urgency for reunification, and the need for a concurrent plan if they do not follow through. Parent-child visitation is important at any age, but it is especially important when children are under the age of 5 as visitation helps parents to bond with their children and stay current with the changing developmental needs of their children. Frequent visitation with young children also allows parents to practice and improve the parenting skills they are learning in parenting classes and/or counseling sessions. Because the Division already encourages service provision for children under the age of 5, there are no anticipated changes or updates forthcoming.

### Age Groups Exiting to Reunification

Years	0-5	6-12	13+
SFY10	37.49%	32.82%	29.68%
SFY11	42.37%	31.15%	26.48%
SFY12	38.54%	34.09%	27.36%

### Age Groups Exiting to Guardianship

Years	0-5	6-12	13+
SFY10	41.33%	34.24%	24.43%
SFY11	41.89%	32.58%	25.52%
SFY12	40.48%	33.96%	25.56%

### Age Groups Exiting to Adoption

Years	0-5	6-12	13+
SFY10	55.56%	33.05%	11.39%
SFY11	58.12%	30.14%	11.73%
SFY12	55.39%	33.91%	10.70%

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) are in a pre-adoptive placement. As of January 31, 2013, 69% (85 out of 124) of the children under age 5 available for adoption (TPR occurred and have a goal of adoption) are in a pre-adoptive placement. This rise comes as a result of an increased focus on ensuring children who are available for adoption are matched and placed in pre-adoptive homes.

For the 31% of children 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 utilize 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. The measure is specific to each job classification and program area and is intended to strengthen accountability. Staff who wish to have a successful performance appraisal understand they must be proactive in their recruitment efforts. The measure can be used by supervisors to identify practice issues and develop a plan for improvement. When managers begin to complete the employee's annual performance appraisal, this is an item adoption staff's ratings will be based upon. 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 for all children, PIP strategies also include enhanced oversight by supervisors through reinforced training and development of guides to ensure supervisors review a child's progress towards the case goal, better collaboration with the court in monitoring child progress towards permanency, and developing local processes for reviewing young children who have not yet achieved permanency. The Children's Division continues to emphasize timely achievement of permanency regularly with staff, managers, Quality Assurance and Quality Improvement Specialists, and the Courts. Some circuits, through the Fostering Court Improvement project have begun to utilize case reviews periodically to identify barriers to permanency for children of all ages. In other circuits staff 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. In May 2012, a training DVD was created entitled "The Legal Aspects of Barriers to TPR and Adoption". The training DVD was completed by the legal issues training coordinator and the foster care PDS in an effort to educate training participants regarding how the constitutional laws, federal laws, and state laws impact termination of parental rights (TPR) proceedings and to help participants recognize the legal barriers to TPR/Adoption and how they impact permanency planning for the child. The hope is this training will help improve timely permanency for children because staff will be equipped to recognize barriers to permanency and to develop a plan to overcome those barriers.

Another strategy being undertaken by the State to reduce the length of time children are in foster care without a permanent family includes 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:

- Infant stimulation/early childhood education, specific habilitation and medical services
- 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

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

## **CHILD MALTREATMENT DEATHS**

Through Missouri statute, legislation created the 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 STAT is included in the collaboration section of this APSR.

*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 records which are included in the agency file. Missouri Statute requires coroners and/or medical examiners to report all child deaths to the Children’s Division Central Hotline Unit; however, the hotline unit accepts death reports from any reporter, permissive or mandated. Deaths which are due to alleged abuse or of suspicious circumstances are accepted for investigation, and deaths which are non-suspicious accidental or natural in manner and cause 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 the Child Fatality Review Program (CFRP) 115 county-based panels; however, the system does capture the professional status of law enforcement, coroner/medical examiners, physicians, nurses and other professionals who typically comprise the CFRP panels. While there is not currently an interface between the state’s FACES system and the state’s Department of Health and Senior Services (DHSS) Bureau of Vital Records statistical database, the State Technical Assistance Team (STAT), who tracks all deaths and oversees the state’s child fatality review panels, has collaborative processes with the Bureau of Vital Records to routinely compare fatality information. STAT has the capacity to make additional reports of deaths to the hotline to ensure 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 coroners and medical examiners to report all fatalities, Missouri could appear worse; i.e., a higher number of fatalities, when compared to other states where the CPS agency is not the central recipient of fatality data. Other states may have to obtain fatality information from other agencies and thus, have more difficulty with fully reporting fatalities. Missouri is able to thoroughly report fatalities as compared to states which do not have similar statutes for reporting child deaths to the Child Welfare Agency.

In Missouri, agencies have a “check and balance” with each other to ensure no child is overlooked in reporting of child deaths. Monthly, the DHSS Bureau of Vital Records reports child deaths to STAT. Additionally, CD keeps an internal log, maintained by Central Office, and performs an annual comparison with STAT.

In 2011, STAT transitioned CFRP statewide data collection processes over to the National Center for the Review and Prevention of Child Deaths’ (NCRPCD) Internet-based case reporting system which allows for the collection of more comprehensive data on child deaths from all causes. A portable document format version of the database can be found at <http://dss.mo.gov/stat/pdf/dataform-2-2s.pdf>. Another

STAT requirement is the Child Fatality Review Program Final Report, found at <http://dss.mo.gov/stat/pdf/886-3883.pdf>, which must be completed on every reviewable child death. This completed form provides STAT additional opportunity to analyze information concerning community-based prevention activities surrounding the child's death.

All of the above processes are utilized to prepare the CFRP Annual Report – *Preventing Child Deaths in Missouri*. The latest annual report for CY 2011 and previous years' reports can be found at <http://dss.mo.gov/re/cfrar.htm>.

Missouri has incorporated a critical event/fatality review protocol whereby designated staff conducts a comprehensive review of fatality cases in order to identify training needs and areas of practice needing improvement.

## CHAFEE FOSTER CARE INDEPENDENCE AND EDUCATION AND TRAINING VOUCHERS PROGRAMS

### 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 use CFCIP funds to staff four Older Youth Transition Specialist (OYTS) positions to cover six regions of the state.

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 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 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. In SFY13 and SFY14, the OYTS are assisting with NYTD surveying of youth no longer in care. The OYTS will continue to work directly and collaboratively with the ILC, case managers, contracted providers, 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 and Missouri Reach Program and Independent Living Arrangements. There are 3,291 youth in Missouri eligible for Chafee services as of January 31, 2013. 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 March 2012, 75% 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 Program 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>
9/30/12	2309	2989	77.2%
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%

Additionally, the older youth program served youth in transitional and independent living placement settings. Below are the numbers as of 11/30/12:

- 157 youth are in Independent Living Arrangements
- 25 youth are in the Transitional Living Advocate Program

- 99 youth are in Transitional Scattered Site Placements
- 94 youth are in Transitional Living Group Homes

The Northern Region provides an example of how referrals have been increased and maintained. The OYTS sends out listings of eligible youth, at least monthly, sometimes more frequently, to the 53 counties in the 21 circuits who receive Chafee services from the contracted providers. The Supervisors in the counties are to review the listing with the Case Managers 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 FCCM to assist in making the referrals for OYP services. The 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 Northern Region also provides an example regarding efforts to obtain NYTD surveys. The OYTS sends notices to the case managers, former case managers, supervisors, and circuit managers of the youth currently in care, as well as the youth who have exited custody. It has been difficult to locate youth formerly in care, and steps are being taken to ensure contact information is entered into the case management reporting system. The Field Support Manager has also contacted a local college and made arrangements for students to participate in an internship which involves attempting to locate youth formerly in foster care.

The Field Support Managers are supportive of the OYP, and continually include OYP agenda in the sub-regional meetings. The FSM 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 FSM 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 SFY14, CD will continue to work on increasing and maintaining the number of referrals for eligible youth to the Chafee program. The referral information will be available in the FACES system in SFY14 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 and many meetings have been held in SFY13 for this to be realized. It is anticipated that there may be a decrease in the referral numbers when the automation of referrals occurs as staff adjust to the new referral process. However, with the new system, best practice for older youth will be improved with records being kept more up to date and more individuals having the information available to them electronically and “live.” Also, the amount of tracking and reporting time for the OYTS will be reduced, allow them to devote time to other areas involving older youth. A train the trainer format will be used in May/June 2013 to introduce staff to the new system. A memo will also be issued.

All new employees are trained through a separate curriculum regarding the OYP requirements. The training unit will modify their curriculum in SFY14 to accommodate the referral process and older youth forms integration into FACES. The training was revised in SFY13 to incorporate the changes to the Casey Life Skills Assessment Tool.

Youth continue to receive information about available Chafee services through their case manager, OYTS, youth boards, CD website, and Facebook page. Services are to be used to assist youth in complementing their own efforts to achieve self-sufficiency and to 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.

Life skills training is provided by contracted providers, including contracted transitional living programs. Each youth is evaluated individually to determine strengths and identify areas of need. Life skills are taught based on the unique needs of the individual youth. Youth are evaluated using the Casey Life Skills Assessment (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.

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 dis-enrolled 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 was held to showcase unique techniques that agencies are utilizing to work with youth and effectively implement the contract provisions. In April 2013, providers came together for FACES training on the Older Youth Program. In May 2013 providers came together for a focus group on Missouri Reach and ETV.

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.

Missouri has 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. The Children's Service Worker assists youth in interpreting the credit report and resolving any inconsistencies. The Division of Legal Service assists in resolving any inconsistencies or identity fraud. If there is a need to further educate youth regarding credit, 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 assists 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.

The use of technology as a means to stay connected to Older Youth began in SFY11 and will continue in SFY14 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, in SFY12, 201 people "liked" the page and as of May 2013, 254 people "liked" the page. The Children's Division hopes to increase this number in SFY14. 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 SYF14.

In SFY13, Missouri continued National Youth in Transition Database (NYTD) surveying and service reporting. For the first period of surveying of 19 year olds from October 2012-March 2013, all but one youth in care participated and 62% of youth no longer in care participated. Missouri has designated the OYTS to locate and survey those youth no longer in care. The challenges were locating youth no longer in care. Contacting family members was the most beneficial. As the division was compliant, it is felt this was a success, but it was difficult. All staff levels were involved with the process.

Children's Service Workers will continue to follow-up with youth in care. A listing of both reporting periods of youth who are in the baseline population and will need to be surveyed was distributed statewide prior to the survey period. The listing is updated weekly denoting survey completion for each youth and distributed to the regions. Staff participated in the NYTD convening SFY13 in Washington, D.C. and will participate in webinars offered in SFY14. Missouri plans to continue working on NYTD in SFY14. 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 staff and contracted providers are and will continue working jointly in the NYTD 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.

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.

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 Care to 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 Community Partnership, a Chafee provider, received a College Access grant from the Department of Higher Education 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 program was so

successful that although the grant funding has ended, the agency has continued the program because they had noted that youth who never thought it was a possibility to attend post-secondary school were applying. The Mentor/Coordinator helps youth generate education plans/goals, provides youth with financial literacy education, helps with testing costs and FAFSA/ETV application completion, and in general helps them research their interests and options for pursuing post-secondary education. This same agency also has a private foundation in their community that donates money to their organization to provide scholarships towards post-secondary education for some of the at-risk youth they serve. Youth in their young parents and Chafee programs are eligible to apply and must provide grades, test scores, letters of recommendation, and an essay. In the past two years, six Chafee youth from this small group (served 114 as of December 2012) have received scholarships. The program will continue in SFY14. 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 provide education and/or training beyond the high school level. Regionally accredited institutions of higher education in Missouri include two-year colleges, four-year colleges and universities, and state colleges. There are accredited independent nonprofit two-year colleges, four-year colleges and universities, technical and professional institutions, theological schools, and seminaries. There is also a long list of proprietary institutions which may be accredited and unaccredited but are certified to operate by Missouri Department of Higher Education. These generally

offer education and training designed to prepare graduates for direct entry into specific occupations or professions

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. Eligibility requirements for this program include the following criteria:

- (1) Is a resident of this state;
- (2) Has graduated within the previous three years from high school or passed the GED examination; and
- (3) Has been in foster care or other residential care under the department of social services on or after:
  - (a) The day preceding the student's eighteenth birthday;
  - (b) The day of the student's fourteenth birthday, if the student was also eligible for adoption on or after that day; or
  - (c) The day the student graduated from high school or received a GED.

To be eligible for a waiver award, a student shall:

- (1) Apply to and be accepted at the institution not later than:
  - (a) The third anniversary of the date the student was discharged from foster or other residential care, the date the student graduated from high school, or the date the student received a GED, whichever is earliest; or
  - (b) The student's twenty-first birthday;

A brochure for ETV/Missouri Reach, the tuition waiver program, 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.

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 which 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 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 and the Children's Division does not receive outcome information. This is being replicated through the Community Partnership in some areas.

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.

The SYAB has implemented in their strategic plan in CY12 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 SFY14. 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. 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 SFY14.

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 current address information was not available in 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 SFY14. Efforts will continue to ensure that youth are made aware of this benefit and how to access it in SFY14. Information on MO HealthNet will be provided at the Youth Empowerment and Leadership Conference in July 2013. The MO HealthNet poster was updated in SFY13 and placed on the internet. MO HealthNet information was shared with the Department of Mental Health for the Healthy Transitions Initiative.

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 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 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 who 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 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.

An educational seminar is being planned in July 2013 sponsored by Foster Care to Success for case managers, foster parents, youth, and direct care staff who support youth in foster care.

Members of the SYAB and the ILC assisted 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 was filmed in June 2012. The film is in the final stages of editing and will be shown at the Youth and Adult Leadership and Empowerment Conference.

#### *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. An example of this is in the Southern Region, a youth in Alternative Opportunities Transitional Living Program is connected with an Individual Development Account available through Beyond Housing. Youth must save \$1500 and the account is matched to give the youth \$3000. There is an orientation process and completion of four General Financial Education Courses. The money can be used towards housing, education, or a vehicle.
- 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 not covered by Medicaid, 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 CFSR/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. The Professional Development and Training Unit receive the State Youth Advisory Board members contact information on a quarterly basis and work with the contracted Chafee providers. Other trainings include Transitional Living Advocate and Court Appointed Special Advocates. Youth are often invited to participate and speak on youth panels and facilitate and lead workshops. Youth will continue to speak at requested events, such as foster parent appreciation dinners, throughout the state.

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 SFY13, input was not needed.
- Missouri attended the National Youth in Transition Technical Assistance Meeting in Washington, DC in August 2012 and a youth representative attended as well.

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

- Members participated in the filming of a video entitled “What’s It All About, Missouri Youth Advisory Board Speaks out on Foster Care.”

The SYAB have been planning and will host a Youth and Adult Leadership and Empowerment conference in July 2013. The theme of the conference is “Take a Stand.” The conference will be held over three days in Jefferson City with over 200 youth and adults in attendance from throughout the state. Five workshops will be presented which are designed to empower and educate youth on subjects relating to their independence. The workshop topic areas included: communication, relationships, financial education, and transitioning tools. Presentations on personal safety and education will also be provided as well as a youth panel presentation.

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.

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

Other involvement includes:

- Meeting with legislators during the Annual Child Advocacy Day to provide information and advocate for foster care and independent living services.
- Speaking at community meetings to provide information about foster care and adoption issues.
- Participating in 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 seven years, Missouri has sponsored an All-Star participant and will again sponsor a participant in SFY14. Each of these youth has and is expected to participate in CD workgroups, state agency advisory boards and various speaking engagements. Some participants have been very involved after the internship while others have not, depending on life circumstances and the individual youth. Although the youth do receive training, one youth was not comfortable with public speaking and did not wish to participate upon her return. However, she did speak to the State Youth Advisory Board. One female became pregnant so other obligations took priority. One male youth moved out of state after the internship. One youth went on to do an internship with the National Resource Center for Youth Development and our state benefited immensely from her. One youth is now a police officer, married and doing well. He is involved at a local level. Another youth is involved at the local level. One youth is still a resource if needed but was the first participant so is older. He was on an alumni panel at the youth conference a few years ago. All have reported it to be a life changing experience and although the outcome for the state may not always be what we anticipate, the outcome for the individual youth is always beneficial.

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 SFY14.

### **Education and Training Voucher Program**

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 reinforce the ETV program to serve eligible youth. The CD has contracted with Foster Care 2 Success since 2006 to provide ETV services, allowing consistency and familiarity. The CD, through specific contract requirements, plans to utilize all of the ETV funding received and to continue collaboration with Foster Care 2 Success to provide these services. Missouri has utilized all of its ETV funds for the past six 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 (annual report attached). As part of the contract, Foster Care 2 Success is also required to provide community outreach and awareness to identify eligible youth and the organizations that work with youth such as high schools, colleges, etc. Foster Care 2 Success provides promotional brochures and posters and has a website.

There are no plans to change the eligibility criteria for youth at this time.

Currently, eligible youth access the ETV program through the Foster Care 2 Success website at [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. 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 beginning July 1 each year 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 (48%) were first time funded.

In 2011-2012, there were 291 youth funded from ETV. Of those 291, 149 (51%) were first time funded.

Final information for 2012-2013 is not available at this time. As of May 2013, 503 youth have applied for ETV and 290 youth have been funded. Missouri will continue to monitor fluctuation in funded youth numbers. If there is a significant change, CD will evaluate with service providers. There is a small difference in the numbers but it is not considered significant and can be attributed in part due to Missouri Reach, the tuition waiver program.

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 SFY13 for \$188,000. Implementation of the program fully began in fall of 2011.

As this is limited funding, and in order for the funding to be best utilized in conjunction with ETV, a priority criteria was established. Priority is given to:

- Those youth not otherwise eligible for Educational Training Vouchers (ETV)
- Students adopted from Children's Division after the age of 14
- Those youth who have at least 60 hours of college credit

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 are to monitor compliance and report it to MDHE per the statute but Foster Care 2 Success also assists with the monitoring. Once a youth is approved for the tuition waiver, continued participation in the program will be determined by academic standing, community service participation, and funding of the program.

Missouri initially had some challenges implementing this program, but is utilizing the funding for SFY12, with 28 students receiving funding. Some of these were partial versus the full waiver due to the difficulties implementing and identifying youth.

As of February 2013, 40 youth have applied for Missouri Reach compared to 34 in 2012. Of these 40, 22 have been funded for SFY13. The decrease was anticipated as the program is more fully implemented, each youth receives full funding with all tuition and fees covered, as the program intended.

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 in FFY14.

Foster Care 2 Success was awarded the contract on April 1, 2012. The contract is for one year with two annual renewals. As part of the contract, Foster Care 2 Success provides an annual report. Please see the attachment for additional information on services provided and demographics of youth served.

A brochure for ETV/Missouri Reach is on the CD Internet and Intranet and a description of the ETV/Missouri Reach program is on the internet. The brochures have also been provided to the local CD field offices and providers via the Older Youth Transition Specialists. Information regarding FASFA is on the website as well as PowerPoint presentations on ETV/Missouri Reach and websites containing

scholarship links. Information regarding ETV is also in the Child Welfare Manual. The brochures are included in the exit packet information. The Independent Living Coordinator also shares information on Facebook on “Missouri’s Older Youth Program.” The Department of Elementary and Secondary Education has also provided links for ETV/Missouri Reach on their agency’s website.

Youth from across the state advocated for continued funding for the tuition waiver program in April 2013 at Child Advocacy Day.

In SFY14, 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. It has not been determined how the loss of funds due to the federal sequestration will impact services for youth.

A youth conference will be held in July 2013 and education regarding ETV and Missouri Reach will be infused throughout the event. The CD will continue outreach and education efforts to youth, staff, and community partners on the ETV and Missouri Reach program.

## STATISTICAL AND SUPPORTING INFORMATION

### Education and Training Vouchers

See *Attachment E ETVs Awarded* for number of youth who received Education and Training Voucher (ETV) awards in the 2011-2012 and 2012-2013 school years.

### Inter-Country Adoptions

The Children’s Division (CD) is the licensing body for all child placing agencies in Missouri. Many of these agencies conduct international adoptions. The rules for licensing child placing agencies require that such agencies conduct a variety of adoption services. The adoption services provided to families adopting internationally include pre-placement planning, and post- adoptive services, placement supervision, assessment of the child’s adjustment into the home, and support services. Adoption disruptions are also assessed by the child placing agency. The section of the child placing agency’s rules pertaining to international adoptions is in the process of being revised.

Children’s Division collects information regarding children who are adopted from other countries and who enter into state custody as a result of the disruption of a placement for adoption or the dissolution of an adoption. There were ten children during FY12. Three of the ten children were adopted internationally through Missouri’s child placing agencies and entered state custody as a result of disruption of a placement for adoption or the dissolution of an adoption.

Information regarding the ten children is as follows:

The first child was originally from Russia. The situation which emerged was that adoptive parents went directly to JO and JO took custody and then placed her back in the home with the adoptive parents. The next day the JO changed their mind and dropped custody; reunification has been achieved. The child placing agency is unknown.

The second was adopted from the Ukraine at the age of six and the family was living in Maryland at the time. The child was issued a birth certificate and proof of citizenship by the state of Maryland. The child has been in and out of residential facilities since she was nine years old. She is 13 now. She is currently placed in residential treatment in Missouri and has been since June 2012. The service worker and facility report she has not made much progress in therapy and her level of physical aggression has increased. The permanency plan is reunification. The adoptive parents visit, but aren't allowed to take the child off campus due to her behaviors. The adoptive parents are not participating in any services at this time. Court took jurisdiction and gave CD custody on 11/30/11 because the parents could no longer fund her residential treatment. Unknown child placing agency

The third and fourth children are siblings. The licensed Missouri child placing agency who initially handled the placement or the adoption: International Family Services. The plans for the children: goal is another Permanency Living Arrangement; concurrent goal is adoption. The reason for the disruption or dissolution: The parents had seven hotlines from August 2010-December 2011. Neither child seemed to bond or attach with the family. The Children's Division had concerns about the adoptive parents which were addressed. The parents basically relinquished the boys into CD custody and have stated they do not want to work toward reunification. They had a lawyer pursue voluntary termination of parental rights. The Petition states: "The natural father signed a Request for Custody citing he and the natural mother can no longer provide for said juveniles' supervision and psychological needs and asked that said juveniles be placed in the custody of the Missouri Children's Division."

The fifth child was adopted from Russia. The parents will only report at this time that it was through a private agency out of California (father reporting, mother not returning calls at all). The children came into care for sexual abuse but it was court adjudicated for emotional abuse. The goal at this time is guardianship with a relative in Florida.

The sixth child in CD custody is currently case managed by Family Resource Center. Humanski's Angels is the name of the private adoption agency the father used while adopting Joanna from Poland. The company was based in Pennsylvania at the time of the adoption. According to Joanna's father Humaski's Angels now operates out of the State of Georgia. The plan is currently reunification with a fit parent. The child entered Children's Division's custody from Juvenile Detention. Child was detained for delinquency matters, and entered custody at the conclusion of her detention/delinquency hearing. She was ordered into residential treatment, and the parent did not have the resources to support the child's need for residential treatment. Child was then placed in CD custody and entered residential treatment.

The seventh child's home study was completed through Christian Family Services of the Midwest, Inc. In the home study it states that they were working with the placement agency of Children Concerned to

complete the adoption. The adoptive parents relinquished their rights to the child and the court has accepted their voluntary consent. Her goal is adoption. She was placed into residential treatment regarding Reactive Attachment Disorder and sexual abuse. She is currently placed in a Level B foster home in Kansas City and has been since 10/26/12. The child came to the attention to the Children's Division due to the fact that she had a broken femur as well as allegations that her and another child in the home were targeted children and that mainly the child was being locked in closets. There were also allegations that the adoptive father stabbed the child in the eye with a pen, which in turn has caused her to have cataracts in her eye.

The last three of the ten children are siblings. All three children were adopted from Russia. It was an unknown private agency adoption. The mother is deceased and the father has been charged with sexual abuse on both of the girls. He is not incarcerated at this time as he has posted bond but will not talk with the agency regarding the adoption. The girls are placed together at this time in an elevated needs home. One child is placed with his uncle. The goal is adoption and Extreme Recruitment is being utilized.

### **CAPTA Annual State Data Report**

The CAPTA Date Report will be submitted in a separate document.

#### Juvenile Justice Transfers

In CY12, 56 youth exited the custody of the Children's Division with a Division of Youth Services commitment date within 60 days of the Children's Division custody end date.

### **Monthly Caseworker Visit Data**

The state reported FY12 visits as required and anticipates will have successful submissions for FY13 and FY14. Missouri has increased the percent of monthly visits with children by caseworkers every year since the new standard was implemented.

Missouri achieved 98% for FY12 of children in care having monthly visits based on the new data reporting methodology, consistent with the changes in the law made by P.L. 112-34 as explained in ACYF-CB-PI-12-01. In addition, 97% of the visits conducted during FY12 were held in the child's placement.

#### Worker Visit Measure #1: Monthly Worker Visit with Child

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Number of Reported Children: 15,101

Total full months kids were in care during FY12: 122,747

Total months with visits: 120,195

Percent Visited Every Month: 98%

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

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Total full months kids were in care during FY12: 122,747

Total number visit months where child was visited in the placement: 119,013

Percent for Worker Visit Measure #2: 97%

While the new methodology no longer enforces a rule of “each and every month” on a child specific basis, Missouri has found over the past several years that outcomes were proven to be better for children who had visits every month (Group A) when compared to children who had one or more missed visits (Group B). It is noteworthy that Missouri achieved 91% in FY12 *using the previous methodology*, an improvement of 4% from FY11. Once again, using FY12 visit data, several outcomes were internally produced to compare the two subgroups. The outcomes were better for the children who had their monthly visits including:

1. The percent who achieved permanency (Group A: 25% vs. Group B: 17%)
2. The percent who were reunified (Group A: 16% vs. Group B: 12%)
3. The percent who were adopted (Group A: 8% vs. Group B: 5%)

The continuous improvements were due to several factors, however, a steady priority focus by CD Leadership, Quality Assurance and Quality Improvement Teams, and Field Supervisors in reinforcing the importance of this practice and successful use of several reports created for monitoring and improving visits have been key.

The following activities occurring throughout FY12 and thus far in FY13 to improve caseworker visits with children are expected to continue during FY14:

- 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.
- 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.

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.
- Technical assistance, oversight and coaching efforts by Quality Assurance and Quality Improvement 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).

- Collaboration with MU School of Social Work to publish findings related to permanency outcomes improved due to worker visits with children.

Barriers in reaching the goal included the following:

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

A year-to-date progress report implemented for CY12 has continued during CY13 as an outcome measure to be used for annual performance evaluations of foster care staff and managers.

In addition to continuing efforts to increase the frequency of visits, the newly revised Supervisory Case Review Tool (SCRT) was implemented at the start of FY13 to include questions which address the quality of the visits. 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 for FY13. Last year, the state inadvertently included children over the age of 18 (causing a higher rate of error than anticipated upon evaluation post submission), but has since adjusted the methodology for gathering the denominator appropriately. Therefore, the denominators are expected to fall within the acceptable +/- 10 percent threshold for the worker visit with children data submission in FY13.

FFY13 caseworker visit data using the full population will be submitted by December 16, 2013 as required.

## FINANCIAL INFORMATION

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

- The state did not use any title IV-B, subpart 1 funding for child care, foster care maintenance and adoption assistance payments for FFY05, nor plans to in FFY14.
- The state will not use any non-Federal funds for foster care maintenance payments that could be used as a match in FFY14.

- This information is contained within the CFS-101 report, parts I and II.

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

- FFY13, the percentage for IV-B, Subpart 2 will change slightly from FFY10 and FFY11 expenditures. Beginning in the fourth quarter of FFY12 (July 1, 2012), the Community Partnership program was no longer funded from IV-B part II. Other funding will be used to support this program.

IV-B planned expenditures for FFY13 are as follows:

- 71% on Family Preservation – IV-B funds are used for contracted services that may include intensive family preservation, post-adoptive support services, case management, counseling, day care, respite services, homemaker services, services designed to increase parenting skills, family budgeting, coping with stress, health, and nutrition.
- 7% on Time Limited Reunification - Expenditures on Reunification represent contracted services. In addition, the CD provides many Family Reunification services 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.
- 22% on Community Based Family Support -CD mainly provides these services through contracted providers. The Community Partnership program was only 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.
- 0% Adoption Promotion Activities - 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 (\$2.5 million in salaries) focus on developing foster and adoptive homes. Some or all of these activities could be claimed through IV-B funding. However, since the IV-B Subpart 2 grant is being fully claimed by the above activities, other funding sources are used.
- CD estimated that \$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 \$2,408,599. Details are on the attached CFS-101 tagged re-allotment.

### **4. FFY 2013 Budget Request – CFS 101 (see CFS 101 attachments)**

- In FFY11, the amount estimated for IV-B subpart 1 was \$5,575,309. The amount expended was \$7,433,745.
- In FFY11, \$17,268,758 was spent on IV-B part 2 type activities. \$7,440,444 was spent on Family Preservation, \$1,085,865 on Family Reunification, and \$8,742,449 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 FFY11, 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 FFY11 was \$3,612,828, the total expenditures including the state match was \$4,516,035.
- The amount of Chafee grant funds expended in FFY12, year to date, is \$3,070,895 the total expenditures including the state match was \$3,838,619.
- In FFY13, the Children's Division expects to fully use this funding. For the FFY12 grant, \$ 12,581 was used for housing and maintenance payments. FFY13 expenditures will not be available until August 2013. The Children's Division contracts the Chafee Foster Care Independence Program services out with private providers.

- In FFY12, 291 youth received an ETV Grant. In FFY13, a total of 291 youth have received an ETV grant.
- 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 FFY11, the amount of ETV grant expenditures was \$1,297,994 (federal share of \$1,038,395) and FFY12, year to date, is 1,273,401 (federal share of \$1,018,721).

**5. FFY 2011 Title IV-B Expenditure Report – CFS 101, Part III: (See attached CFS 101, Part III)**

- In 1992, the total expenditures for Child Welfare programs were \$63.8 million, of which \$41.9 million was state funding. This funding included the appropriations for Children's Treatment Services, Family Preservation, Foster Care, Residential Treatment, and Group Homes/Independent Living. In SFY 2011, total expenditures were \$251 million, of which \$138.2 million was state funding. The total amount spent for Family Preservation in 1992 was \$2.8 million, most of which was state funding. In SFY 2011, the amount was \$7.4 million. Approximately, 57% of the \$7.4 million was taken to the IV-B grant (\$4.2 million). The remaining \$3.2 million is taken to other sources, primarily state funding. For Community Partnerships, there are no expenditures recorded in 1992. In 1993, Prototypes, which was a precursor to the Community Partnership Program, \$152,671 of state funding was spent. For SFY2011, approximately \$5 million of the Community Partnerships expenditures account against the IV-B grant. The remaining expenditures are funded from other sources. There are no expenditures in FFY 1992 for Family Reunification Contracts. The Division received authority for these contracts in FFY 2005.