

Missouri Department of Social Services, Children's Division



TITLE IV-B

2015 – 2019 CHILD AND FAMILY SERVICES PLAN

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Title IV-B
2015 - 2019 Child and Family Services Plan

State of Missouri
Department of Social Services
Children's Division

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GENERAL INFORMATION

State Agency Description

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

Department of Social Services Centralized Structure

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

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

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

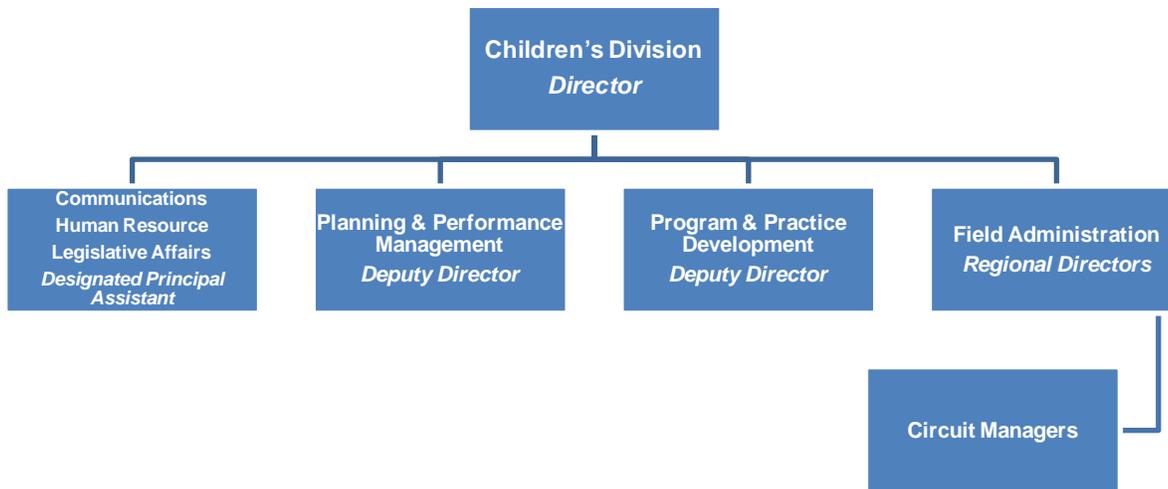
- Children's Division
 - Oversees a 24 hour child abuse and neglect hotline
 - Investigates child maltreatment reports

- Provides foster care services for maltreated children
- Provides preventive services to at-risk families
- Provides intensive family supports for at-risk families
- Assists with children finding permanency with adoption and guardianship services
- Family Support Division
 - Oversees food stamp program
 - Child Support Enforcement
 - Temporary Assistance for Needy Families
 - Rehabilitation Services for the Blind
 - Eligibility Determination for MO HealthNet and MO HealthNet for Kids
- MOHealthNet Division
 - Purchases and monitors health care services for low income and vulnerable citizens
- Division of Youth Services
 - Care and treatment of delinquent youth; includes assessment, treatment and education

Children's Division's Geographical Structure

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

See the organization chart below for a visual representation of the Children's Division structure.



Vision and Mission Statement, Guiding Principles

Vision

Safety, permanency, well being and equity for every Missouri child.

Mission

To protect Missouri children from abuse and neglect; assuring their safety and well being by partnering with families, communities and government in an ethically, culturally and socially responsible manner.

Guiding Principles

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

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

Preservation – The cultural and ethnic diversity of the children and families of Missouri are recognized, honored and safeguarded.

Partnership – Families, communities and government share the responsibility to create safe, nurturing environments for families to raise their children.

Practice – The family is the basic building block of society and is irreplaceable. Families are empowered to identify and access services that support, preserve and strengthen their functioning.

Permanency – Children are entitled to enduring, nurturing relationships that provide stability and belonging through family and community connections.

Professionalism – Staff are valued, respected and supported throughout their career, and in turn provide quality service with value, respect and support for families.

Collaboration

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

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

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

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

A representative of the Office of State Courts Administrator (OSCA) sits on the CFSR Advisory Committee, a group that was instrumental in the development of the CFSP. The Division continues to collaborate with the courts through a variety of mechanisms. A member of the Division's management team attends the Juvenile Court Improvement Project meetings and regularly shares relevant data. There are 14 Fostering Court Improvement (FCI) sites in the state. The FCI groups are a collaborative effort to use agency and court data systems to improve case handling and outcomes through intensive data focused interaction and training for personnel in selected project judicial circuits. In addition to the above projects, an OSCA representative participates in the planning and development of the Division's quarterly In-Focus newsletter, a newsletter developed to provide guidance to the CQI teams at all levels. In turn, OSCA shares the newsletter with judges and other court personnel throughout the state.

The Children's Division will continue to seek the guidance of the above groups, and several more, for the implementation and monitoring of the CFSP. See the Collaboration section of the Annual Progress and Services Report for more information on the various groups and committees the Division collaborates with on a regular basis. Their input is valued and necessary for the continued improvement of Children's Division practice and outcomes.

ASSESSMENT OF PERFORMANCE

Child and Family Outcomes

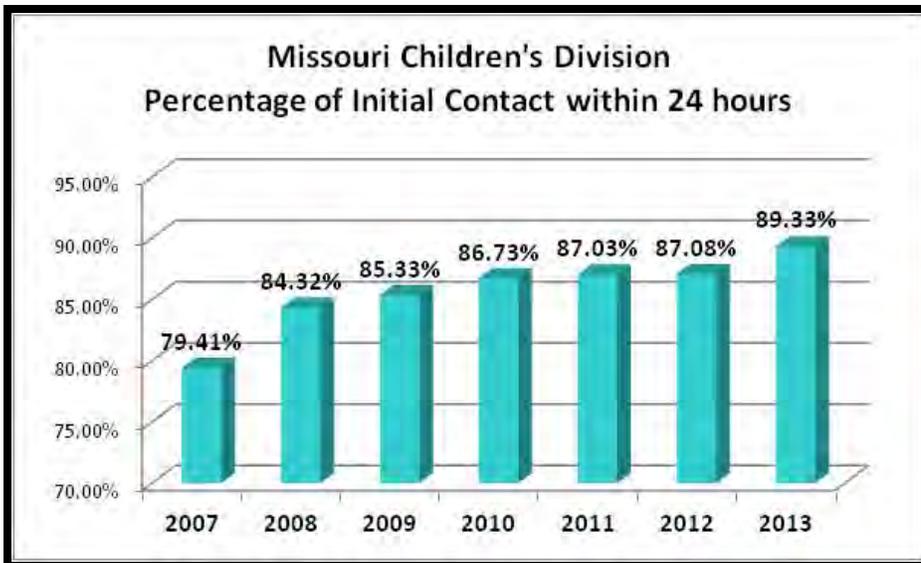
Missouri Children’s Division is a data-informed agency, and values data from different sources to be used by all levels of staff to assist in improvement planning. Below will describe Missouri’s data as it relates to child and family outcomes and agency systemic factors.

Safety Outcomes 1 and 2

Children’s Division continues to progress positively with initial contact since the Child and Family Services Review held in 2010. Missouri implemented Results Oriented Management System (ROM), which provides aggregated and case level data regarding initial contact. Missouri also provides an initial contact report which includes a rating for regions, circuits, supervisors and workers on initial contact each month. This performance report also includes the ability to drill down to the case level information. The report in ROM measures initial contact to occur within 24 hours; in contrast the performance report also incorporates educational neglect reports. Per policy, staff have up to seventy-two hours to conduct an initial contact for educational neglect reports. Missouri’s Research Unit also provided two published reports available to all staff. One is a monthly report titled Initial Child Contact for Incidents Concluded during the Month and the other a quarterly CD Outcomes report titled Improve Timeliness of Initial Child Contact. Missouri also reports initial contact times through NCANDS.

In addition to the data reports listed above, timeliness and quality of initial contact is captured in two case review processes. During Supervisory Case Reviews (SCRT) Child Abuse and Neglect (CA/N) supervisors review a hotline of a peer each quarter. One of the aspects of the case review is determining the timeliness and quality of the initial contact with the child(ren). Currently during Best

Practice Reviews, 20% of CA/N’s are reviewed by a group of selected reviewers for timeliness of initial contact including appropriate documentation of a multi-disciplinary contact. With the large amount of data available for this measure, staff have an opportunity to be truly informed and the data provides a baseline for continued improvement planning. For example this chart illustrates the improvement Children’s Division has made over the



Data source: Children’s Division Outcomes Report State Fiscal Years 2007-2013

past seven years.

Missouri has several strengths in this area of practice. One is the use of the structured decision-making protocols to classify hotline calls and to determine whether a call should be screened out or assigned. Structured decision-making protocols provide the hotline staff with key terms and definitions which allows each call to be screened consistently. If a call is screened out, all concerns are documented by the Division and the caller is provided with referral contact information when available. Another positive aspect of Missouri's child welfare system is state policy which allows multidisciplinary team members to make the initial face-to-face contact for safety assurance. The multidisciplinary teams include law enforcement, local public school liaisons, juvenile officers, juvenile court officials, or other service agencies. The CPS staff will contact the multidisciplinary person if appropriate to help with ensuring safety. Once safety is ensured, the multidisciplinary person such as a law enforcement official will contact the worker assigned. The worker is then required to follow up with the family and see all household children within 72 hours. Data provided for 2013 NCANDS includes contacts made by multidisciplinary team members.

Furthermore, Missouri added safety for children as a goal in the program improvement plan. Each circuit was monitored for compliance by the Quality Assurance unit. If a circuit failed to meet the 90% goal, circuits were required to develop strategies and action plans to improve the outcome. Technical assistance was provided to circuits and plans of change were developed to meet the goal.

Children safely maintaining in their homes whenever possible continues to be a goal of the division. Missouri strengths for this outcome are the implementation of the Framework of Safety model statewide and the continued partnership with juvenile courts through projects such as Fostering Court Improvement and Permanency Summits. Missouri's policy encompasses the Framework of Safety model which addresses protective capacity of the caretaker as well as the vulnerability of the child. Legal aspects training addressing the framework and Preponderance of Evidence (POE) standard of proof is provided on an ongoing basis to agency staff and the Judiciary.

An area of concern for this outcome was identified in the CFSR review, which found initial and ongoing safety and risk assessments were lacking in the case record. This information is monitored during the Supervisor Case Review (SCRT) process to enhance casework practices. During 2013, results for the question "Was the safety assessment completed adequately and appropriately as required?" for the last four quarters have not fallen below 97% for hotlines. However, for Family-Centered Services cases, periodic safety assessments continue to be an issue as seen in the table below. Supervisors utilize data like the information below with their staff in one-on-one conferences as well as unit meetings. An additional strength in this area of practice is the implementation of the North Carolina Family Assessment tool and scale discussed later in the document.

2013 Family-Centered Services Only SCRT Results	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Have periodic safety assessments been completed as required during the past 12 months with inclusion of safety components?	59%	61%	66%	61%

Missouri does have concerns around the two safety outcomes measures due to high staff turnover. (See chart below) High turnover affects a multitude of items such as training, quality of work, and timeliness of completion of reports. For the next five years, Missouri has developed a staff retention plan including a career ladder designed to enhance stability in the workforce. Within the next five years, Missouri will also be creating a more skilled workforce and stronger organizational culture. Missouri plans to continue and enhance legal aspect training for agency staff and stakeholders in the next five years.

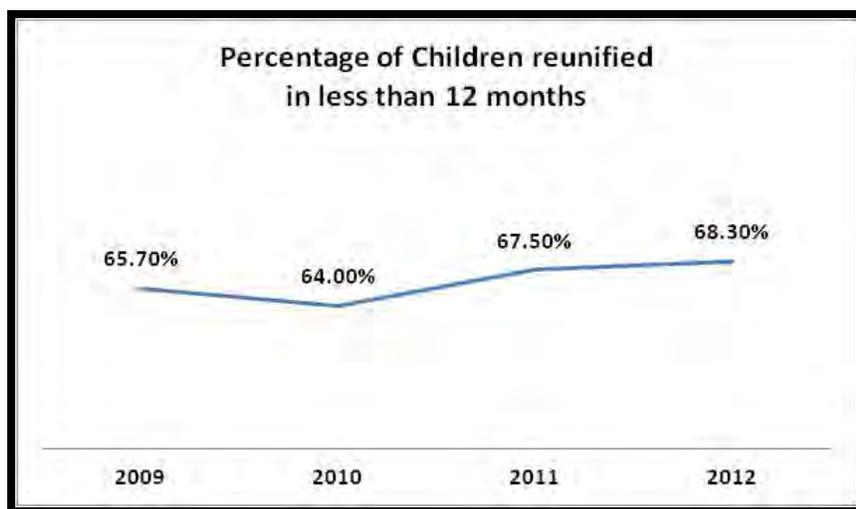
Children’s Division Turnover Rate

Worker Type	SFY 08	SFY 09	SFY 10	SFY 11	SFY 12	SFY 13
Children’s Service Worker	26%	17%	18%	20%	27%	29%
Children’s Service Supervisor	10%	9%	11%	10%	11%	17%

Missouri is currently surpassing the federal goal for children safe from maltreatment of recurrence for six months according to Results Oriented Management (ROM) system. Missouri for calendar year 2013 is at 97% of children who are safe from maltreatment. Also children safe from maltreatment by foster providers is at 99% for calendar year 2013.

Permanency Outcomes 1 and 2

Missouri Children’s Division continues to strengthen practices to ensure every child in foster care will have timely permanency and stability in their living situations. Missouri’s ROM system provides aggregated and case level data regarding timely reunification, timeliness of adoption, permanency for long-term children and placement stability reports. Missouri’s Research Unit also provides two published reports available to all staff. One is a published monthly report and includes length of stay reports, placement type reports, and adoption reports. Missouri’s quarterly CD Outcomes report includes a reducing time in foster care report, length of time until reunification report, length of time until adoption report, and reduce number of placements report. Missouri also reports on permanency outcome measures one and two in AFCARS. As seen in the chart below, Missouri continues to improve reunification for children with in twelve months of entry into care.



One of Missouri’s strength’s with this outcome measure is the supported relationship the agency has with the courts. During the program improvement plan several activities were completed to further strengthen the relationship. Permanency Summits were held with Children’s Division and court staff. Each team reviewed

MO AFCARS Foster Care File 2012

circuit specific outcomes, including, but not limited to, the number of incarcerated parents, length of time to termination of parental rights, and length of stay. From these summits and the continuing work with the Fostering Court Improvement initiative, Missouri advances the strong relationships with these stakeholders. Missouri has partnered with the Department of Corrections and established a protocol to include incarcerated parents in Family Support Team Meetings and improve visitation with children. Missouri also partnered with Child Support Enforcement on accessing a parent locator service directly instead of by a third party to locate parents and possible relative providers quickly and effectively.

In the next five years, decreasing time to permanency for Missouri's children remains a top priority for the Division. One way to address this is to further strengthen the agency's relationship with court partners who play a pivotal role in determining when a child reaches permanency. At this time, Missouri has begun work with Casey Family programs on a judicial engagement project. Several activities are outlined in the five year plan for permanency. Older Youth Summits are being held and will continue to be held for our Older Youth population and stakeholders who work with older youth to identify safety, permanency and well-being issues and develop local initiatives to address barriers. The Crossover Youth Practice model will be expanded to additional sites within the next few years. There is also collaboration with community partnerships on providing a career pathway program to older youth.

Another way Missouri is addressing permanency for children outcome measures is with a focus on caseworker with parent visits. Case managers visiting parents continues to be a challenge for the agency in both Family-Centered Services cases and foster care cases. Missouri is working vigorously to improve this case activity which will lead to permanency for Missouri's children. Performance measures were developed to provide a monthly report to staff on an aggregated and case level basis to identify who is meeting the goal for parent visitation. For CY13, 71% of parents in intact families were visited each month; Missouri's goal at this time is 80%. Each circuit continues to address the need for improvement in this area through their program improvement plan, which includes developing local strategies to improve performance. For example the Northern region created a 7-7-7 plan which means on every seventh day the case manager has to converse with the supervisor about visits held, and scheduled. This is then reported through the different levels of management.

Since the CFSR in 2010, Missouri has continued to improve on preserving family relationships and connections for children. One of the ways the state monitors the several different factors under this item is with the SCRT. The case review tool asks questions about placement in close proximity, sibling placements, visitation between children, parents and siblings, preserving connections, relative placements, and promoting relationships between the child and the family while in care. Per the table below several questions are asked on the tool under Item 13 about concerted efforts promoting the relationship between child and family. Supervisors utilize data such as the information below with their staff in one-on-one conferences as well as unit meetings. As shown below Missouri struggles with engaging fathers in visitation. The five year plan includes continued monitoring on a state and local level of worker visits with parents as well as local strategy development facilitated by the Quality Improvement Specialist.

Visit with parents and siblings in foster care	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Are concerted efforts made to ensure visitation is occurring between Child's Name and his or her mother?	98%	96%	98%	98%
Are concerted efforts made to ensure <u>quality</u> and frequency of visitation is occurring between Child's Name and his/her mother and was this of sufficient frequency to maintain or promote the continuity of the relationship?	95%	96%	97%	97%
Are concerted efforts made to ensure visitation is occurring between Child's Name and his or her father?	91%	92%	90%	90%
Are concerted efforts made to ensure <u>quality</u> and frequency of visitation is occurring between Child's Name and his/her father and was this of sufficient frequency to maintain or promote the continuity of the relationship?	90%	92%	89%	88%
Are concerted efforts made to ensure visitation is occurring between Child's Name and his or her siblings?	89%	89%	84%	91%
In regards to the visits in 13.5, were the visits of significant quality and frequency to promote the continuity of the relationship?	89%	90%	84%	89%

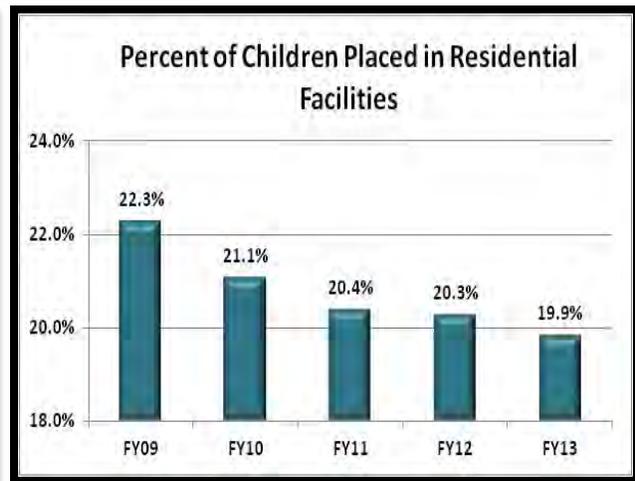
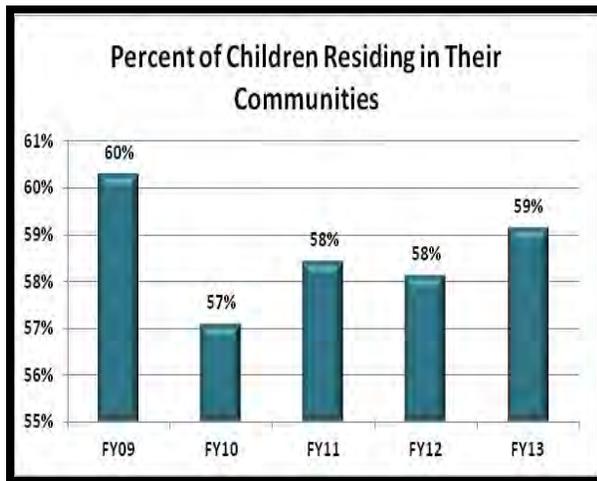
Missouri faces challenges with placement stability, not unlike other states. Missouri monitors placement stability in a variety of different ways. One is ROM; another is a report published by Research Unit titled “Reduce the Number of placements for Children in Foster Care” by time in care. As of SY13, 30 circuits were at 80% or better for children in care zero to twelve months with two or fewer placements. In the next five years, Missouri will begin to enhance the family support team process and will explore different models available.

Missouri will also explore the possibility of increasing the Team Decision Making Model. According to state policy, a family support team meeting should be convened for non-emergency moves prior to the move, or for emergencies shortly after the move has occurred.

Missouri is showing an increase in kinship and relative placements. Missouri monitors this in several ways including published reports from Research Unit, and case reviews. Missouri is in the preliminary status of evaluating whether an increase in these types of placements leads to placement stability.



Missouri has also explored and monitors two additional data sets which relates to the permanency outcome measures mentioned above. One is the percent of children who reside in their communities. As seen in the chart above, Missouri remained steady with this measure for the last several years. Local



Data Source: CD Outcome Measure 2009-2013 State Fiscal Year

initiatives are working on increasing the ability for children to remain in their communities. For example, Greene County has created a map of the placement location for each child in foster care for the circuit and from this information is in the process of developing local ideas to address this need. The other concern Missouri has is in regards to the number of children who remain in residential care. As illustrated in the chart above, Missouri is making progress on limiting the percent of children who are in traditional residential care and plans to conduct targeted residential case reviews to identify local areas struggling with this and provide support to those identified areas.

Well-Being Outcomes 1, 2, and 3

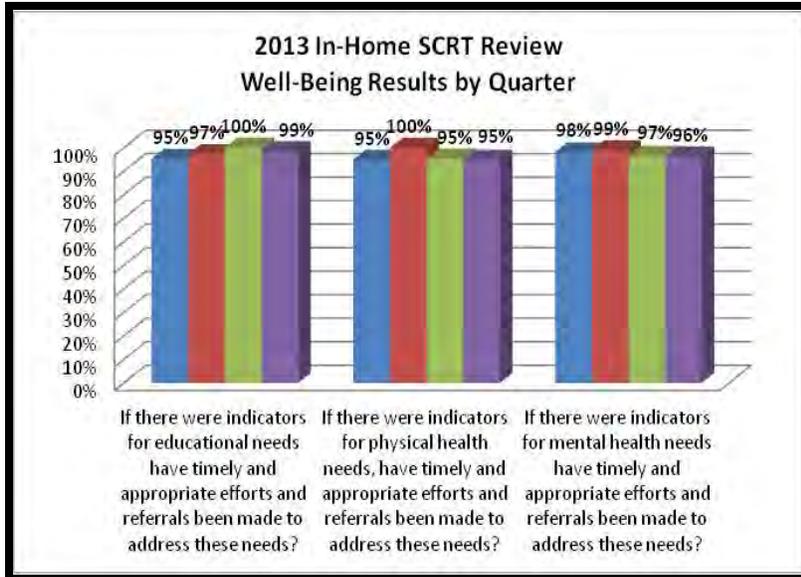
During the on-site CFSR review, Missouri was found to be effective at assessing service needs for the children in foster care, involving children in case planning, and ensuring both quality and frequent caseworker visits with children. However, Missouri struggled in other areas such as addressing the identified needs, assessing needs of other family members including foster parents, and assessing needs with the in-home cases. Missouri monitors the information for these outcomes within SCRT. The chart below shows data collected through SCRT for in-home cases on the issues of assessment and services. Missouri is making progress with the primary parent but still finds it challenging to include the secondary parent in the assessment process, thereby affecting the ability to provide appropriate services.

Needs and Services	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Have strengths and needs of Child's Name been adequately assessed?	81%	83%	78%	84%
Have appropriate services been initiated to address the identified needs of Child's Name? If the answer is "No", have substantial efforts been made toward initiating needed services for Child's Name?	81%	95%	96%	92%
Have strengths and needs of Primary Household Caregiver 1 been assessed, identified and documented?	98%	98%	99%	96%
Have appropriate services been initiated to address the identified needs of the Primary Household Caregiver 1?	98%	99%	98%	95%
Have strengths and needs of the Primary Household Caregiver 2 been assessed, identified and documented?	89%	84%	86%	79%
Have appropriate services been initiated to address the identified needs of the Primary Household Caregiver 2?	86%	85%	83%	81%

In addition to the questions above, the supervisory tool also asks about the needs and services for the resource provider. During 2013, Missouri scored high on the case review tool and never fell below 90% on this question. In regards to Item 18, child and family involved in case planning process, Missouri has improved since the CFSR in 2010. This was monitored through the Quality Assurance/ Quality Improvement Supervisory Case Review process. The QA/QI Specialists review a sub-set of cases from the supervisory case review sample including private agency cases. As reported for quarters five through nine, Missouri met the PIP goal and passed item 18.

Frequency and quality of caseworker visits with children and parents is measured in two ways. One is with the performance measures and the other is SCRT. The performance measures provide aggregated and case level data to determine the frequency of the contact between worker, child, and parent.

The case review provides data on the quality of those interactions. For example, Missouri achieved 98% for FY13 of children in care having monthly visits; and 99% of the visits conducted during FY13 were held in the child's placement. However, quality of visitation is captured in SCRT. One question asked in the review tool is "Do substantive discussions with the child occur regarding case activities" and results for the question have not fallen below 95% for 2013. Lower scores were reported for 2013 SCRT for in-home cases and visiting the child in order to ensure safety, well-being and needs. The scores for this question were within the higher 70% range. When a visit did occur with the child for in-home cases, quality was rated in the high 80% range. Caseworker visits with parents is addressed in the permanency outcomes section. For determining whether the agency is assessing and addressing educational, physical and mental health needs of children, the state relies heavily on SCRT. Both in-home and foster care cases are reviewed. The chart describes for in-home cases what percentage successfully had their needs



addressed. The supervisory case reviews report a concern with access to treatment for dental and eye health needs, as the scores for these two questions fall between the 70%-80% range for 2013.

Missouri is excited about the plans for the next five years in regards to improving well-being outcomes for Missouri’s children. Research is currently underway to identify and locate a new model for in-home cases.

The agency plans to evaluate the use of treatment service contracts and community partnerships to identify gaps in services like dental services and strategize with community partners to address need in the community. The five year plan will also focus on exploring different family support team models and develop a guide to use during the continuum of a case, including possibly with in-home cases. The agency will also be implementing the Five Domains of Well-being as a framework to the agency’s values on how to see and work with families in a different way to make lasting change. Educational summits are currently being developed to include information on how to best meet our children, youth and family educational needs, and partner with our stakeholders. Several health care initiatives are in the works for the next five years including continued participation with stakeholders on the Health Care Coordination Committee as well as developing health care homes for children. Missouri is also working towards becoming a trauma informed agency and is in partnership with Department of Mental Health, and community mental health providers to make this into a reality.

Systemic Factors

Information System (45 CFR 1355.34(c)(1))

Missouri’s statewide automated system, FACES (Family and Children Electronic System), has been fully implemented since July 2010. Missouri continues to make enhancements, not only towards the goal of achieving SACWIS compliance, but in response to system change requests submitted by staff in the field. FACES has the ability to capture a child’s case status, demographics, placement information and case goals. The system is also designed with edits to guide the worker based on policy in the following manner:

- Prevent overlapping placements, legal statuses and/or foster care episodes;
- Require that goals must be established within 30 days of custody;

- Provide alerts to staff regarding critical functions that they will see immediately upon entering the system; and
- Opening and monthly case narratives that are reviewed and approved by supervisors electronically.

Missouri strives to provide the most comprehensive view of the child's case record in FACES. Some noted strengths in the Information System are ease of use and the wealth of data that is captured and is directly available to staff as needed, rather than relying on having a paper record on hand. Staff can see the history of a child and family's involvements with Children's Division and use this information to make more informed case management decisions. Missouri continues to work on such areas as reducing duplicate data entry and providing staff with the means to be more mobile, such as working directly in FACES while on a home visit or during an investigation. Missouri is committed to continuing to enhance the Information System in ways that will benefit staff and the families we serve.

Missouri participated in a federal SACWIS review in September 2014. Although the Division has not yet received the final report, management has been given the opportunity to review and respond back to a draft copy. Missouri has already started making plans for future system enhancements based on issues from the review expected to be reflected as findings in the final report. Some examples of these issues in progress are:

- Foster care case management payments: provide an improved accounting of payments made on behalf of a foster child being case managed by a private agency.
- Searches: Improve searches and search results.
- Outside Case Review Tools: Incorporate outside case review tools within FACES.

Case Review System

Missouri Children's Division has strong policy regarding case reviews and the development of case plans with children, youth, and family and holding Permanency Planning Review Team (PPRT) meetings every six months. Permanency plans are developed during family meetings every six months for families of children who are in foster care. Monitoring the frequency of PPRT's is done through Results Oriented Management (ROM) system which is also a performance measure. As of the end of March 2014, Missouri was at 89.8% of PPRT's being held every six months. The report also allows for supervisors and caseworkers to plan for upcoming PPRT's.

Quality of the case planning and including all parties needed is monitored with the Supervisory Case Review (SCRT) process and the Best Practice Review process. Notification of foster, relative and pre-adoptive parents is monitored through SCRT. As the table below illustrates, caregivers are notified of court hearings on a regular basis.

Out-Of-Home Care 2013 Results	QT 1	QT 2	QT 3	QT 4
Was the resource provider notified of court hearings for Child's Name?	97%	98%	99%	98%

Missouri’s concerns in this area are about parent and youth engagement at all times but especially during case planning. According to the Best Practice Reviews in 2013, involvement of mother in the case plan was scored at 60% in contrast to involvement of father in case planning was 39%. The development of the five year plan focuses on addressing an improved family centered services model, increasing caseworker visits with parents, developing a family support model or multiple models to be used at different times during the case continuum. In addition, gathering feedback from parents in a variety of ways about the entire system will also be a focus of the state’s plan. Missouri has also begun working with Casey Family Programs on judicial engagement to assist in adhering to timeframes for filing and completing termination of parental rights.

Quality Assurance System

In 2012 and 2013, 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 (CQI) and again after receipt of the Children’s Bureau (CB) CQI response letter. In 2012, technical assistance was pursued and received from Casey Family Programs in the assessment process with ACF Children’s Bureau regional staff to assist the Division in a preliminary evaluation of the state’s status and effectiveness for each of the components outlined in the IM. Children’s Division received the status letter from the Children’s Bureau in 2013 which described possible enhancements to Missouri’s CQI system. Per this assessment, a detailed description for each component is provided below including identified areas of growth, strengths and initiatives currently underway to enhance Missouri’s CQI 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, as well as stakeholders, and encompasses multiple strategies. CQI examines practice performance and how practice, policy or values can be systematically improved. CQI meetings are conducted at tiered levels beginning in every local county office with all types and levels of staff, to ensure 100% staff participation and input into continuous quality improvement. For example, during the two assessments listed above, Missouri committed to ensuring the agency is engaging staff in the most effective way possible by reviewing the CQI structure in the St. Louis Region. St. Louis County and St. Louis City merged into one region and a review was conducted of the regional CQI structure within the new region. After assessing the structure, St. Louis identified a missing element of a regional meeting within the CQI structure which would allow regional staff to address items, provide clarification to state level, and to increase feedback for all CQI staff. The structure was modified to include a regional level meeting.

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. After receiving guidance from the CB letter to consider the effectiveness of multiple case reviews, the state is currently evaluating the different types of reviews, and the purpose of those reviews. This is explained further in the document below. Much collaboration exists with stakeholders towards sharing of information including data and outcome information and to solicit involvement in improving policy and practice. Consumer surveys are conducted monthly and staff surveys are administered every two years. Further collaboration is ongoing in regards to revised consumer surveys. The State Youth Advisory Board was instrumental in providing the language for the youth survey and private contracting agencies are also discussing the possibility of combining surveys to increase the response rate. 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 provided online on the Employee Learning Center. Children's Division continually evaluates the consistency of CQI processes throughout the state. Oversight is provided by the Quality Assurance (QA) and Quality Improvement (QI) Unit Managers to ensure consistent application of CQI processes and steps are taken to make adjustments when a lapse is identified. Under the leadership of the Children's Division Director and the Deputy Director over Planning and Performance Management, Children's Division CQI staff includes a central QA Unit Manager, a central QI Unit Manager, fourteen QA and QI specialists (a QA and QI Specialist team in each of the seven regions) and three centralized CQI staff. The fourteen QA and QI Specialists receive strategic guidance and assistance in planning jointly from Central Office and Regional Supervisors through structured co-supervision. Two employees in central office are additionally part of the QA Unit. As Management Analysis Specialists, one is responsible for CFSR Coordination, and the other provides support and oversight for field and centralized QA activities. A Program Development Specialist in the QI Unit 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. Quality Assurance staff evaluate trends and outcomes on a regular basis for Title IV-B programs in order to determine service delivery and program effectiveness. They provide guidance to state, regional and circuit managers through a variety of mechanisms, including but not limited to, one-on-one coaching, presentations and involvement at strategic planning meetings, and 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. They share this evaluative information with managers and QI staff in order to facilitate CQI.

Quality Improvement is a team process for achieving desired organizational results. Quality Improvement Specialists assist circuit managers, supervisors, and workers in planning and implementing change through various methods including: developing improvement strategies in collaboration with regional and local staff, managers, and stakeholders; assisting in COA accreditation preparedness, readiness, and sustainability; specialized training, case reading, and situational modeling and employee shadowing. By employing a QI process which is founded on a QA framework for data collection and monitoring, the Children's Division continues to improve its efforts to provide high quality and sustainable child welfare services.

The QA and QI staff work together to identify gaps between desired and actual performance, identify root causes for poor performance, and strategize to close the gap in service delivery. This partnership between QA and QI is a key step towards achieving best practice through CQI. Many structured CQI activities are in place to ensure practice effectiveness and the achievement of desired outcomes. CQI activities occur at a state level as well as regional level. All QA and QI activities work in conjunction with regional support to continually assess the quality of services and ensure steps are taken to address identified problems.

Even though the agency has dedicated staff to lead various CQI activities and provide oversight for CQI, staff and stakeholder involvement are a core component of CQI in Missouri. Staff and stakeholders are involved in a variety of CQI activities such as case reviews and strategic planning meetings. Structured CQI team meetings occur each quarter which involve staff at all levels. While an organized structure for CQI team meetings is in place in Missouri, the team meetings do not comprise CQI in its entirety. CQI is integrated through the use of data, information sharing and adjustments to processes through the various QA and QI activities and collaborations occurring around the state. Stakeholders participate in CQI in a variety of ways.

Stakeholder involvement in the agency's structured CQI team meeting process is specific to their community, and depends on stakeholder involvement in other collaborative meetings occurring in the circuit or region. Stakeholder involvement may also be based on the specific issues at hand. For example, in one circuit's CQI meeting, a Guardian ad Litem might be a standing participant. However, in another circuit's CQI meeting a Guardian ad Litem primarily participates in the Racial Equity workgroup. Stakeholders may join a CQI meeting at any level, with first level, front-line staff, all the way to state level, including representative staff members and executive team members. In the 4th Circuit in the Northern Region foster parents attend local CQI meetings to address concerns and develop solutions.

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. Stakeholders are involved in CQI in Missouri in a variety of ways, not just through participation in CD's CQI team meetings. Stakeholders participate in a variety of structured collaborative meetings or workgroups such as through the CFSR Advisory Committee, Juvenile Court Improvement Project (JCIP) or Fostering Court Improvement (FCI), Youth Advisory Board, Foster and Adopt Associations, Healthcare Coordination Committee, 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 data reviewing, strategizing, and revising and implementing changes to policy and practice. Stakeholders involved in Missouri CQI meetings and processes include a wide range of stakeholder types such as attorneys, foster parents, current and former foster youth, educators, physical and mental health professionals, court staff, tribal representatives, parent representatives, contractors, service providers, or other community members.

Feedback from the Children's Bureau

Structured and on-going training has been identified as a need for designated agency and contracted CQI staff. 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 facilitate a two day QA-QI Summit in February 2014 (this summit was first scheduled to occur in 2013). State agency and contracted agency CQI staff participated and were jointly trained on data analysis by Melissa Correia from Casey Family Programs, and on data indicators by Wayne Mayfield and Tracy Greever-Rice from Office of Social and Economic Data Analysis of the University of Missouri. Furthermore, the topic of sharing the heart or "whole-story approach" about the data was presented by Isabel Blanco with Casey Family Programs. The data focused on the topic of family engagement, including caseworker visits with parents and children. The division plans to continue enlisting external experts to help advance the goals of the original summit held in 2012. Unit Managers are committed to conducting an annual training summit for the CQI staff.

Missouri is currently participating in the CQI Academy and the following people are participating: QA/QI Unit Managers, QI Program Development Specialist, CFSR Coordinator, QI intern and Deputy Director. The CQI Academy will be a training influence on the CQI Unit Managers and the information may be incorporated into Missouri's CQI training curriculum in the future.

Quality Data Collection

Processes currently in place

Significant improvement has been made in Missouri over the past three years in quality data collection.

Data quality in FACES (related to conversion to SACWIS) has improved. Staff contributed to enhancements of the FACES system by identifying priority changes which would improve data entry efforts. Feedback was additionally solicited from the Supervision Advisory Committee. Children's Division leaders responded and ensured the items identified by the staff and supervisors were made a priority in the scope of work which is accomplished each year.

The state reports NCANDS and NYTD data as required. Regarding NCANDS, ongoing meetings are held between policy and technical staff who conducts the extraction of NCANDS data to review annual requirements provided by the Children's Bureau, to review the validation tool results, and to ensure any challenges from prior year reports are addressed before the submission. Regarding quality of NYTD data, a multitude of processes have been put in place to ensure quality data collection. The state level Independent Living 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. All older youth service provider contracts contain a requirement for the contractor to input NYTD information directly into the information system. Guides are also available. Missouri will participate in the NYTD Assessment Review (NAR) Pilot in SFY15.

In SFY14 several enhancements were made to the NYTD Survey and NYTD Survey Online Response Tracking Screen for usability and monitoring.

- A search button has been added at the top of the screen to provide the ability to search by youth name or DCN.
- The case manager's name is displayed as a link to the worker screen.
- A note field has been added that displays the final date that the survey can be completed by the youth.
- The initial sort for the 17 year old cohort now displays youth who have not responded to the survey first, with the youth with the closest due date being listed at the top. The 19 and 21 year old cohorts initial sort display will be alphabetically by last name with those who have not completed the survey yet at the top.
- The screen can be sorted by region, case manager name, DCN, youth's name, and date of birth by clicking on each of the labels/links.
- The percentage of youth surveyed will now differentiate for the 19 and 21 year olds if a youth is in care or out of care by displaying two percentages giving an accurate account of youth survey participation rate.
- The date the survey was received is now a link to view the survey.
- The "View History" link next to the DCN will now display the current survey for the reporting period with the ability to return to the NYTD Survey Online Response Tracking screen.

Data mining and data clean-up efforts are routinely conducted through oversight and follow up by the Quality Assurance unit. FACES unit staff and partners from the Center for Management Information Research and Evaluation unit (who create reports using FACES data) also identify and initiate data clean-up. However, with edits and modifications made to FACES from the AFCARS Improvement Plan and training on data elements provided through written instruction, the amount and need for data clean-up has drastically decreased over the last few years. In addition, the ROM report provides staff the ability to self-monitor for data inaccuracies through case level reports.

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-site or post review examination of content to ensure reviewers answered questions thoroughly and correctly. Enhancements made to specific review tools are discussed more in depth below in the Case Review Data and Process section.

Feedback from the Children's Bureau

Furthering staff understanding about the benefit of data entry efforts and advancing a culture of data informed practice is a continual area of desired growth. While staff attitudes towards data (and the importance 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 is monitored in part through Survey of Employee Engagement (SEE) data. This evaluation tool is one gauge the Quality Assurance and Quality Improvement Unit Managers use to assess the buy-in of staff in CQI and the extent to which staff are 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 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.

Administration and QA/QI unit staff focused on deliberate messaging and employing creative strategies to build staff investment and understanding about the benefit of data during the past year. Regional based QA/QI teams have developed "Data Boot Camps" for managers on the different types of data available, and how to use the different data measures effectively and with staff.

Quality Assurance and Quality Improvement Specialists are being coached to understand and know the audience participants in the data presentation or discussion. Each QA/QI regional team supports the local circuits in development of data related skills and data informed decision making. The QA/QI unit received training about the "whole story approach" with data or finding the heart of the data at the QA/QI summit as mentioned earlier. Regional teams assist circuits in building the capacity of staff to self report a higher degree of comfort with data terminology, and the discussions can gradually incorporate percentages and statistics in group discussions. The QA and QI Specialists ensure the local management is informed of the actual percentages to ensure appropriate oversight of practice.

One strategy employed to increase knowledge and understanding of 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. At first ROM was only available to managers; however, staff currently have access to ROM. Staff with access includes frontline staff and supervisors, managers, non-case carrying and administrative support staff. Through ROM, employees have 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 timely and accurate data input will be naturally reinforced. Electronic training is being used to provide 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 by Regional QA/QI staff for employees whose learning style is best supported through personal interactions. In 2013, the In-Focus newsletter, which is a data informed guide for all CQI teams, highlights a different report in ROM and instructions for staff to use the information. In-Focus newsletters are described in detail below. For example, in the July 2013 In-Focus newsletter, staff were instructed to use the caseload counts report. By using the crosstab view, staff can view a list of all youth thirteen and older. This information can be used in case conferences with supervisors to identify this population and discuss the unique service needs.

Another strategy to assist understanding was the development of a Data Accuracy Training. This training was developed due to the AFCARS Improvement plan. The training was created with input from the following groups: Supervision Advisory Committee, contracted case management providers, the QA/QI unit, and regional management. The training reinforces several AFCARS data elements within demographics, foster care, and adoption. Missouri is providing this training to alternative care supervisors to review with their units through the Employee Learning Center. Contracted providers will also have access to the training. Certain data elements will also be incorporated by the training unit into the FACES computer training sessions provided to all staff. The training is scheduled to be released in April 2014.

Using strategies which increase staff appreciation of the need for data and nurture data-informed practice will continue to occur in order to reinforce quality data collection.

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 revised 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. Revisions will be completed on an annual basis. Ongoing training is provided as new supervisors are hired. Feedback regarding the tool and the 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 (AC) and Family-Centered Services (FCS) cases; however, a peer supervisor completes the review for investigations and family assessments. Supervisors who exclusively

oversee investigative staff review two completed hotlines from each of the workers of a peer supervisor. Supervisors who oversee FCS and AC staff review one child/case for each worker. The decision to change the review of CA/N hotline 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. Each supervisor reviews the hotline 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. 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 on-going case management purposes. 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. This is explained in greater detail in the “Q” SCRT section below.

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. Supervisory Case Review results are posted on the Intranet where all staff have access. As a part of the clinical supervision process pilot, supervisors are expected to discuss case review results and other outcome information with their staff during supervisor conferences. SCRT results are used in conjunction with other data sources such as other types of case review data, ROM, 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 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 by training the specialists in March 2012. The case reviews have been completed each quarter since 2012. The specialists may 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 their ability 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 corroboration 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 during training on the 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, who then completes a third level review in order to “QA” the results. The CFSR Coordinator provides feedback to the QA or QI

Specialist after completing the third level review during the third month of the quarter. It is during the same month that the QA and QI Specialists provide their post-review coaching session with the assigned supervisors. In order to offer timely feedback, the specialists may or may not have conducted the post review session prior to the receipt of feedback from the CFSR Coordinator. If discrepancies or further follow up is needed after the QA/QI Specialist receives the feedback from the CFSR Coordinator, they contact the assigned supervisor as 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 after the PIP is completed and become a part of the QA/QI model for Missouri. The QA and QI Unit Managers are still in the process of evaluating the “Q” review system to determine the effectiveness of the process and validity of the results. This evaluation should help determine if any adjustments will be necessary including increasing sample size 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) 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 tools and process were implemented statewide on July 1, 2012. The QA/QI Unit Managers are currently in the process of reviewing the sampling methodology and creating a more representative sample to be used in circuit specific program improvement practices.

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 reviewers change according to their availability. The QA/QI regional teams provide a mini training session before each best practice review with their review teams. Best Practice Reviews address conflict of interest concerns by promoting third party review of cases.

The QI Specialists help/coach the supervisor to use all data sources as a way to see the “whole story”. As referred to in the section above the “whole story approach” was further trained at the QA/QI summit. Supervisors can use each of these review processes to detect different pieces of information. For instance, SCRT can showcase detailed information on quality, “Q” reviews can look at documentation efforts, and BPR results can share organizational/systems issues. Together these three review tools can help the supervisor see patterns or trends which need to be addressed within their program line or unit. The same variety of data sources are shared during quarterly circuit improvement planning sessions, Fostering Court Improvement 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 sharing of review results with policy and training management and staff as an area of growth, and have initiated steps to conduct periodic meetings specifically to share case review results in order to better inform policy and training. Two QA Central office staff met with program specialists in the following areas: Alternative Care, Child Abuse and Neglect, Well-being, Older Youth, and Adoption.

Each specialist was assisted in analyzing the specific data, including case review data, for their program area.

Peer Record Reviews

The QA Unit continues to administer and monitor the Peer Record Review (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 are used in conjunction with other data sources to update goals, objectives, and planned strategies.

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; however plans are in place to move this into Missouri's SACWIS system. This is discussed in more detail below. CANHU PRR's are additionally used as one of CANHU staff performance appraisal outcome measures.

Intensive In-Home Services Peer Record Reviews

Intensive In-Home Services contracted providers also participate in a Peer Record Review process, which are used to measure program outcomes. These reviews are conducted quarterly and a sample of cases is reviewed in each region. The Division and the regional contractors partner to review cases, ensuring contract compliance, and identifying 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. During SFY13, a new peer record tool was introduced and utilized for cases reviewed. A workgroup comprised of contracted and Children's Division staff from each of the regions made recommendations for changes to the new review tool. These changes better align the tool with the current contract language.

Interviews conducted during reviews

Interviews are allowed for any type of case review; however, they are primarily used in "Q" 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.

Feedback from the Children's Bureau

An evaluation of the different case review processes is currently underway. Missouri continues to explore revisions, consolidation and coordination in the CQI system. Missouri is currently evaluating the sample size for Best Practice Reviews and the "Q" Reviews to determine a representation of Missouri's child welfare system and yet maintain enough results for a strong data-informed decision making process at the state and local levels. For "Q" reviews, the state will begin to devise an implementation plan of standardizing interviews of stakeholders such as birth parents, youth, foster parents, court personnel and service providers. Within the evaluation of the CQI process, specialists have learned interviews provide a wealth of information and are invaluable in providing a holistic picture of the family and the services provided to the family. Missouri continues to evaluate the training available to reviewers for the consistency and reliability in the case review tools and plans to develop a comprehensive plan in 2015. Missouri will incorporate the lessons learned in the CQI Academy to strengthen this area.

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 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 which staff can use to determine performance in each of the identified areas. Staff then discuss their performance in their quarterly local CQI meetings and develop local level strategies for improvement where needed. The "In Focus" quarterly newsletter is meant to provide guidance for the CQI teams during each quarter. The newsletters are well received by staff and effectively aid in guiding the CQI meeting discussions. The newsletters are theme based and bridge PIP issues with COA standards, related practice outcomes, Survey of Employee Engagement results, and

updates from the Supervision Advisory Committee. A link is provided to the state level CQI minutes from the prior quarter. Issues featured during the past year have addressed the following subjects: collaboration with stakeholders, local recruitment plans, reaccreditation, quality caseworker visits, family engagement, effective supervision, court engagement, and older youth. Engagement of parents, youth, children, and stakeholders was a strong area of focus for Missouri in 2013 and will continue to be in the future.

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.

The state is currently using data for performance outcome measures. Each program area has two measures by which employees are measured as a part of their annual performance appraisal, known as PERforM. Most of the measures are involved in the PIP or are closely related to child safety. The measures are based on staff level performance, providing the ability to create targeted strategies for improvement for identified staff or units not meeting the goals. PERforM measures are not only used for field staff and manager performance, but policy staff and administration are also held accountable for their respective measures, continuing to bridge policy and oversight to practice. PERforM reports are posted on a shared drive which all CD supervisors and above have access to and are updated monthly or quarterly depending on the report. The analysis and trends are also shared via notification from the QA Unit Manager as each new report is made available.

Several CD publications are available each year and posted on the Internet, Intranet, or both. The publications include statistical information as well as outcome data. Publications include: CD Annual, CAN Annual, Outcome Measures, Federal reports such as the previous ASPR, and Monthly Management reports. Case review data is also posted on the intranet for review. Staff and managers are routinely referred to the publications by regional QA staff in support of local collaboration and improvement planning efforts. Stakeholders have access to the publications which are posted on the internet. Stakeholders are also provided with data during the many collaborative meetings that the Children's Division either initiates or is a part of during which data is shared, discussed, and analyzed. The data provided in these meetings is specific and understandable in order to meet the needs of the collaboration meeting. Each of the meetings and collaborative groups discussed in this report use 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 information.

Regional QA Specialists routinely provide trends analysis and outcome data to the circuits for their local improvement plans and fostering court improvement efforts. In addition to PIP data, QA Specialists analyzed and used data to identify a need to conduct targeted reviews during FY13. For example, the Southwest region completes targeted case reviews by reviewing the case record in FACES on items related to the program improvement plan. The Southeast Region completes targeted case reviews based on an area of need identified by the Circuit Manager. The 37th circuit completed a targeted case review on the quality of written service agreements and specifically father involvement in those written service agreements.

Every two years, the Children's Division administers a Survey of Employee Engagement (SEE) to all staff. Out of the 2,088 employees who were invited to participate in the 2012 survey, 1,505 (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. 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 within 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 include CD staff, contracted staff, as well as stakeholders. State and regional leadership considers stakeholder involvement essential to effective practice and ensures stakeholder engagement is a priority for Missouri. 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. Data from SEE is analyzed and used by central office and field managers. A description of how SEE scores were used is discussed further below. Missouri is on schedule to complete a new SEE survey in summer 2014.

Feedback from the Children’s Bureau

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 the “whole story” about the quality of services provided. Missouri will incorporate the lessons learned from the CQI Academy about creative and effective messaging for communicating with external and internal stakeholders in the future.

A new method for sharing data and other information with contracted case management agency staff is still under development. The creation of a new shared drive, which QA designees from the contracted agencies have access to, will allow a more efficient and timely method for sharing data and other information. In particular, posting information to a shared drive will allow easier sharing of reports which are too large to send through email.

Feedback to stakeholders and decision makers and adjustment of programs and processes

Processes currently in place

The CQI process in Missouri is simultaneous and self sustaining. 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. The 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 the feedback, solutions, and data are used to amend policy, enhance practice or target practice. It is also 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 2013 averaged 4.14 (on a scale of 1-5) improved from 4.09 in 2012 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 in 2012, increased 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 have the option of participating in CQI team meetings, but CQI topics are shared and assigned to individuals to follow up with stakeholders not in attendance at team meetings as well. CQI minutes are posted on the intranet and accessible by all CD and contracted agency staff. Contracted agency staff participate in CQI meetings within their respective agencies as well. Children’s Division 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. An example of a collaboration used to share feedback and adjust programs and processes were the Permanency Summit plans developed with local teams of stakeholders at the Permanency Summit in 2012. Circuits are at various stages in improvement planning and implementation of strategies.

Consumer Surveys

Consumer surveys are another method of obtaining feedback from stakeholders. Upon receiving survey feedback, information from individual surveys is entered into a central database and then original surveys are returned to the regional managers. The QA unit monitors trends and shares information during various meetings. Consumer surveys are deemed confidential in order to promote a greater response rate, so responses on individual cases are not shared directly with frontline staff unless the survey recipient 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. Also data is available to the QA/QI specialist on a monthly basis, as it is posted on a shared drive available to use in improvement planning. In addition, consumer survey scores from youth and foster parents are included on the department dashboard, which is used by Department and Division leaders as a gauge of customer service and discussed during leadership planning meetings. 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 provider the ability to request contact from the agency to discuss their feedback. Children's Division discussed coordinating survey efforts with contracted agencies and a prototype was developed for review. The details of providing a survey to meet each agency's needs are still being discussed. Possible other delivery methods are also being discussed such as an online survey. The revised survey is expected to be implemented before the end of 2014.

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. The SEE results are posted on the Division's intranet site and are used by local and regional leaders. In addition, the Survey of Employee Engagement data was incorporated as a standing item in the structured CQI process in Missouri several years ago, and continues. This begins by featuring SEE issues in each quarterly In Focus newsletter highlighting either one high scoring item from which to learn about or one lower scoring item in which improvement is needed. Each CQI team (level one through state level teams) discusses the issues and identifies strategies for improvement. Strategies can be remedied at any given level or taken to state level as necessary. 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. The SEE data is particularly important as it relates to employee satisfaction which impacts turnover. State CQI also reviews the documented discussions regarding the featured SEE issue and plans are developed. For example, October 2013 SEE data was discussed at the most recent state CQI meeting. Responses included successful and best practices from the regions regarding the featured SEE topics. The common theme throughout the SEE results reviewed is staff are concerned about the lack of communication throughout some aspects of the CQI process. The state level team provided suggestions on ways to make improvements to the process including enhanced training to staff on how CQI can be more helpful to daily work, and a more enhanced feedback loop.

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 routinely review 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

Dashboard measures, ROM outcomes, PERforM outcomes, 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 provide accountability for every type and level of staff including agency leaders. Leaders and staff at all levels communicate about outcomes and develop action plans to improve as a result of the monthly and quarterly reports. A supervision guide has been piloted which incorporates a review and discussion of the CQI data mentioned above in clinical conferences between frontline staff and their supervisors.

Champions for CQI

Champions for CQI lead change through feedback shared to administration and stakeholders. The Supervision Advisory Committee is one such champion of CQI. Representative supervisors from each region come together each quarter to discuss and develop strategies on a variety of practice issues related to the advancement of supervision. The Division Director joins the group for a brief period at the end of each meeting in order to verbally receive the recommendations from the group. The Division Director then reviews the recommendations with the Executive Leadership Team, who then incorporates the recommendations as able, and provides written feedback to the committee on their response. This feedback loop process is one example of CQI in action in Missouri and how information shared with stakeholders and administration results in adjustments of programs and processes.

Feedback from the Children's Bureau

After assessing the use of case review results, the Children's Division has identified the need to increase the sharing of case review results with stakeholders. In particular, training unit staff and policy staff do not currently have as many opportunities to review and use results (outside of quarterly CQI meetings) as field staff and stakeholders do at regular on-going PIP activities where data is regularly shared and reviewed. As discussed in the paragraph above on collaboration, stakeholders including resource providers (foster, adoptive and relative placement providers), court staff, attorneys, health and mental health professionals, tribal representatives, foster youth and others have routine opportunities to review data in the various meetings, conferences and circuit specific meetings held throughout the state. The QA unit held strategic planning meetings with the policy staff to increase structured opportunities for sharing quality practice review findings from case reviews in order to adapt policy. The unit plans to include training staff in these conversations to enhance 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.

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.

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. Missouri also recognizes a need to share the consumer survey data with all levels of staff and plans to provide intranet access to aggregated data by region and circuit. This will allow all staff to access this information on an as needed basis and can be used for improvement planning at the local levels with stakeholders. The State is currently assessing other avenues for survey methods such as an online survey and partnering with contracted providers to increase response rates. Missouri is also exploring other options for birth parent feedback such as a statewide parent advisory board.

Missouri has worked diligently to incorporate ROM into the daily culture of the Children's Division but enhancements are still needed. The QA Unit Manager has volunteered to join the ROM Leadership Council with representatives from other states. The topics to be discussed at the on-going meetings are as follows: cross-site planning, ROM updates and new releases, information sharing and problem solving. Missouri is hopeful this learning opportunity will provide valuable insight on how to increase the usability of ROM by staff.

Staff Training

This information is in addition to the content already provided in the Implementation Support and Training Plan sections. The following provides further information and data to demonstrate the functioning of the systemic factor regarding staff training.

Child Welfare Practice Training (CWPT) Focus Group

In response to issues discussed during the statewide CQI process, a focus group comprised of field staff (workers and supervisors) was organized in order to receive feedback on the structure and content of the CWPT curriculum.

Focus group questions were structured around 4 key areas: content, sequence, delivery and general information. Feedback was received from the frontline workers and supervisors.

Overall feedback gained included: strengthening the case examples used in classroom training to make them more dynamic to the functioning of the population of the families served by the agency; lengthen the time frame between weeks of training to allow more time for On the Job Training and integration of classroom experience into job; intersperse computer training with the program area being trained instead of one stand-alone week of computer systems training; additional training needed in the specific area of interviewing families using the designated tools, i.e. genogram, ecomap, culturagram, timeline, pattern of behavior.

On the Job Training Guide Revisions

As a result of feedback received from field staff via the Supervision Advisory Committee, suggestions were made for revisions to the On the Job Training Guides for Supervisors and Staff. A select workgroup of supervisors reviewed and completed revisions of guides for supervisors and staff. This included the addition of On the Job activities, revisions to some content, and restructuring of the guides to be more user friendly. The restructuring of the content and activities was aligned to flow and reinforce the Child Welfare Practice Training for new employees which occurs in the classroom.

In-service Family-Centered Services for Intact Families Training for Staff and In-service Investigation/Assessment Training for Staff

Based upon feedback on Training Evaluations from participants, input from trainers, and changes in policy and practice focus groups, surveys of frontline workers and supervisors were conducted to gain additional information for needed revisions. The Professional Development and Training Unit is currently in the process of completing revisions to the curriculum. Completion of the revisions will be followed by a field test of both curriculums. Feedback from the field tests will be used to finalize the revisions before being implemented statewide during FY 15.

Measures of Effectiveness

Training Evaluation Data

After each class of Pre-service Child Welfare Practice Training, participants are encouraged to complete an evaluation of the training. This evaluation is composed of open-ended questions asking for the participant's opinion on the content and usefulness of the training. There are 3 sets of questions which focus on capturing responses in the following categories. *Goal #1: Content is competency and skills-based according to agency policy and principles. Goal #2: Presentation skills and knowledge are demonstrated by the trainer(s). Goal #3: Materials and activities are designed to assist participant learning and skills.* Goal #1 was selected for evaluation. This goal consists of four statements for evaluation, i.e. *Content was related to the agency policy and practice; Content was well-developed and easily understood; Content addressed various levels of worker skills; There was a logical flow from one topic to another.* A Likert-type scale is used to record participant reactions.

On a scale of 1 to 5 (1 = Strongly Disagree; 2 = Disagree; 3 = Uncertain; 4 = Agree; 5= Strongly Agree) participants rank each question for each training they attend. As there were four questions being considered, a total score of 20 (5X4) would be assigned if the participant scored all four questions as a five. Thus, 20 would be the highest score possible and four the lowest. As the lowest score that could be given if the participant disagreed with all four questions would be four, a score of 12 or less was used to indicate a participant did not consider the training class effective. In evaluation of the five classes of CWPT, an overall rating for Class 1 was 18.66, Class 2 at 18.16, Class 3 at 18.57, Class 4 at 18.65 and Computer Systems at 19.00. The overall scoring for all classes was 18.60 or 94% of staff rated the training as effective and meeting Goal #1 of the Training Evaluation.

SEE Results

In the 2012 Survey of Employee Engagement, the agency received an overall score in all 14 constructs of 331, with 72% of employees responding. The highest possible score for each survey item and construct is a 5.00. Training was scored in three primary areas of the Employee Development Construct as listed below:

- 'I have access to information about job opportunities, conferences, workshops and training.' Scored as 3.94
- 'Training is made available to me so that I can do my job better.' Scored as 3.75
- 'Training is made available to me for personal growth and development.' Scored as 3.56

Case Consultation Part 3 of Clinical Supervision Training

Focus groups and field tests were held in order to develop enhanced Case Consultation Training for Supervisors. A seven-hour training was developed to assist in the ongoing development of case consultation skills for the frontline supervisor.

Overall Strengths:

- The agency staff training program has developed strong partnerships with multi-disciplinary agencies such as Missouri Office of Prosecuting Services, MO Kids First, Office of State Courts Administrator, Department of Mental Health, Missouri Coalition Against Domestic and Sexual Violence, as well as several state universities. These partnerships have resulted in an increase in on-going available training opportunities which support and supplement the agency professional and development training program.
- An enhanced training structure for both new frontline workers and supervisors. This includes competency based classroom training combined with On-the-Job training.
- The training unit reviews training curricula, classroom evaluations, feedback from focus groups, field test feedback, and Continuous Quality Improvement recommendations to ensure training is reflecting staff learning needs, policy, legal mandates and best practice methods.
- Training is provided regionally in four training regions to best address the needs of staff.
- Training is made available by different media formats such as classroom, DVD's, on-line learning, webinars, video-teleconference, and resource links.
- Strong coordination and good communication with policy and information technology staff aids in the implementation of practice and systems changes.

Overall Challenges:

- Frontline Supervisors struggle to complete On-the-Job (OJT) training with workers in a timely and consistent manner. In an attempt to remedy this problem, some circuits began having a designated mentor to complete OJT training with all new staff.
- Limited funding and manpower to develop and deliver training.

Service Array

Missouri was not in substantial conformity with the systemic factor of Service Array in the first two rounds of the CFSR. As a result, 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.

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, was just beginning the implementation

A formal evaluation was drafted and distributed to all the twelve pilot projects and management. Recommendations for next steps included:

- 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

At the close of the technical assistance, Children’s Division management met with the National Resource Center to discuss the feasibility of expanding the service array project. All parties agreed the process utilized in the project was too time intensive to be duplicated in other regions. However, the foundation has been established for smaller projects as requested by circuits.

Agency Responsiveness to the Community

During the 2003 and 2010 CFSR, Missouri was found to be in substantial conformity to the systemic factor of Agency Responsiveness to the Community and was not required to address the factor in the Program Improvement Plan.

Missouri continues to consult with a broad array of stakeholders, soliciting their input with regard to the Division's overall goals and objectives, and is responsive to their recommendations. The Children's Division benefits from a large and diverse stakeholder community available for consultation and collaboration. Consultation occurs at both the central office and circuit levels through advisory groups, Family Support Team meetings, case reviews, program improvement planning meetings, Fostering Court Improvement meetings, and other collaboration meetings. Some examples include:

- CFSR Advisory Committee – Initially created in 2005 to provide feedback for the Program Improvement Plan, the committee continues to meet and assists in the evaluation of practice and outcomes and the development of the CFSP.
- Adoption and Foster Care Coalition – This group meets with legislators to advocate for adoption and foster care issues and provides input to the Children's Division on child welfare policy.
- Task Force on Children's Justice – Established by the Division to make recommendations on improving child abuse and neglect laws, policies, programs, professional education, and public awareness, and to provide funding to support these recommendations.
- State Technical Assistance Team – This group assists in child abuse/neglect, child sexual abuse, child exploitation and pornography, child fatality, and other child-related investigations. It is responsible for managing the Child Fatality Review Program, including training and support for the program's county-based, multidisciplinary 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.
- Native American Collaboration – Although the State does not have federally recognized Indian tribes, two centers serve Native American children in the State and together they participate with the CD in training and consultation on policy development pertaining to Native children. One of the centers participates on the CFSR Advisory Committee.
- Missouri State Foster Care and Adoption Board – Established by statute in the 2011 legislative session, the purpose of the board is to provide consultation and assistance to the department; the board's authority exists to provide an independent review of the Children's Division's policies and procedures related to the provision of foster care and adoption in Missouri.
- Fostering Court Improvement – This group uses Children's Division and court data systems to improve case handling and outcomes through intensive data-focused interaction and training for personnel in judicial circuits.

Foster and Adoptive Parent Licensing, Recruitment, and Retention

This systemic factor was evaluated based upon the five items identified in round two of the Child and Family Services Review.

The State has implemented standards for foster family homes and child care institutions that are reasonably in accordance with recommended national standards.

Missouri has standards for foster family homes, group homes, and residential child care facilities including guidelines for each of the following:

- Number of children in the home
- The health of the foster family
- Training requirements
- Physical standards of resource homes
- Sleeping arrangements
- Fire and safety requirements
- Care of foster children
- Recordkeeping

The agency applies the licensing requirements to license new foster homes and during re-licensure of current resource homes. The following requirements must be met for a resource family to be licensed:

- Foster parents must complete the required training and demonstrate five required competencies.
- All members of the household 17 years and older must submit to a criminal background check and a child abuse/neglect records check and have favorable results.
- A home assessment must be completed which includes in-home consultations and approximately ten hours of interviews with all household members.

Resource homes are licensed for a 24-month period. Relative homes have the option of having non-safety licensing standards waived to allow for placement of relative children. Licensed relative providers have to be 18 years of age, and they need to complete only nine hours of The Caregiver Who Knows the Child training.

The Children's Division is responsible for the approval of adoptive homes. The process for adoptive home approval includes completion of requisite pre-service resource parent training, adoption training

and an adoptive home assessment. Relatives are strongly encouraged to participate in and complete the adoption training, but this training is not required of relatives for them to adopt.

The CD provides regulatory oversight of residential child caring agency (RCCA) and child-placing agency (CPA) licensure. Licensed RCCA and CPA sites are supervised by the CD's Residential Program Unit (RPU), where licensing consultants ensure compliance with RCCA and CPA rules. The RCCA and CPA rules are comprehensive in that they address issues such as child safety, staff educational qualifications, pertinent experience, staff training, staff/child ratios, appropriate discipline, avoidance and reporting of child abuse/neglect, confidentiality of records, child and staff health issues, fire and safety issues, children's services assessment and planning issues, and recordkeeping. When noncompliance occurs, agencies are requested to provide RPU with corrective action plans.

The CD has standards for family foster homes and child care facilities that are effective and comprehensive. The standards the State has established include training, criminal history checks, Child Protective Services checks, as well as inspections of the home. CPA foster homes must meet all the same requirements as a CD foster home.

The standards are applied to all licensed foster family homes or child care institutions receiving title IV-E or IV-B funds.

The Children's Division ensures standards are applied to all licensed family foster homes or child care institutions receiving title IV-E or IV-B funds.

Relative resource homes currently must meet all safety standards as required for non-relatives, but a relative provider only has to be 18 years of age and is required to complete only nine hours of The Caregiver Who Knows the Child training; however, they may attend Specialized Training Assessment Resources And Support (STARS) if they choose. Relatives can be granted a waiver of non-safety licensing standards such as sleeping arrangements, and space requirements to allow relative children to be placed with them.

To ensure compliance with this item, Missouri utilizes Supervisory Case Reviews and Best Practice Reviews. Additionally, the FACES system is designed to prevent entry of a license or approval without the training and criminal background requirements being met. As part of the new privatization contract, oversight staff are conducting at least a 10% quality assurance review to ensure compliance with child welfare policy and the training and criminal background requirements for families recruited, studied and trained by the contractor.

The State complies with Federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children.

Missouri Children's Division provides for comprehensive background checks as a component of licensing or approval of all resource homes.

Non-relative resource homes background checks are completed during the licensure process, and no placements are made until the clear background checks have been received, and the provider is fully licensed and contracted to provide foster care.

Fingerprints are required of every individual residing in a foster home who is at least 17 years of age and any person younger than age 17 who has been certified as an adult.

Each household member 17 years of age and older must register with the Family Care Safety Registry (FCSR). The registry is maintained by Department of Health and Senior Services (DHSS) and will search the following systems:

- State criminal history records maintained by the Missouri State Highway Patrol (MSHP)
- The Sex Offender Registry maintained by MSHP
- Child abuse/neglect records maintained by DSS
- The employee disqualification list maintained by DHSS
- The employee disqualification registry maintained by Department of Mental Health (DMH)
- Child care facility licensing records maintained by DHSS
- Foster parent licensing records maintained by DSS

For relative and kinship emergent placements, the CD requests the law enforcement agency or juvenile officer immediately conduct a criminal history record check of each person older than age 17 residing in the home by using the Missouri Uniform Law Enforcement System (MULES) and the National Crime Information Center to access records maintained by the Federal Bureau of Investigation. After the name-based search has been conducted and the child has been placed with the relative or kinship family, the relative must submit two sets of fingerprints within 15 days of the placement to Missouri State Highway Patrol through the vendor 3M Cogent to be used to search the criminal history database. Any child placed in a relative or kinship home shall be removed immediately if any person residing in the home fails to provide fingerprints on request.

As reported in the 2010 Statewide Assessment, RCCA and CPA staff currently are not required to have fingerprint checks prior to employment, although some agencies have employees submit to fingerprint checks voluntarily. Background checks are completed for RCCA and CPA staff through the FCSR, which is required on initial employment and conducted annually thereafter.

The State has in place a process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the State for whom foster and adoptive homes are needed.

Missouri Children's Division in 2012 revised practice and policy around the diligent recruitment plans for statewide process of recruiting general and specialized foster and adoptive families reflecting the ethnic

and racial diversity of the population and/or children in the foster care population. This policy revision requires circuits to maintain a circuit specific recruitment plan based on the characteristics of the youth in that circuit needing placement.

Missouri CD will continue to address in the Foster and Adoption Parent Diligent Recruitment Plan five-year plan incorporating input from each of the regions and Division partners and stakeholders. See Plan for more information.

The State has in place a process for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children.

Missouri uses a variety of cross-jurisdictional resources to facilitate timely adoptive and permanent placements for waiting children, including adoption exchanges, photo listings, and the ICPC.

PLAN FOR IMPROVEMENT

Goal #1: Safely decrease the number of children entering and in foster care.	
Measures Intact Family with a Substantiated Report, Outcome #6; Number of LS1 Children, R&E Report	
Objective Strengthen the investigation/family assessment process	
Intervention Provide comprehensive investigative training	Benchmarks Year 1: Develop a training plan and curriculum in collaboration with Law Enforcement Training Institute (LETI) Year 2: Pilot training in selected sites. Year 3: Fully implement training statewide.
Rationale The Division has been exploring ways to bolster the investigative competencies of front-line staff and supervisors who respond to reported concerns of child abuse/neglect. Current efforts are focused on offering advanced investigative and forensic training in addition to other opportunities offered by the Division and partnering agencies. The Division has approached the Law Enforcement Training Institute (LETI), located on the campus of the University of Missouri – Columbia, to explore how best to empower and credential the work of front-line staff and supervisors, specific to the civil investigations conducted by the Division pursuant to Chapter 210 RSMo. In addition to the Law Enforcement Training Academy (LETA), LETI has demonstrated the ability to develop and sustain the National Animal Cruelty Investigations School since 1990. The intended	

<p>outcome of this partnership is to create and sustain a similar ongoing Child Abuse/Neglect Investigations School, which would offer a combination of specialized training components, over three weeks and levels spanning 120 hours. Front-line staff and supervisors, who successfully complete all training components, will be considered an expert in the field of child abuse/neglect and recognized as certified child/abuse neglect investigators.</p>	
<p>Intervention Continue to strengthen CAC and other multi-disciplinary team partnerships through training</p>	<p>Benchmarks Year 1: Workgroup meet to discuss multi-disciplinary team best practices and development of a strategic plan. Year 2, 3, and 4: Implement strategic plan.</p>
<p>Rationale The Task Force on the Prevention of Sexual Abuse of Children was created in statute during the 2011 Missouri legislative session and was charged with studying and identifying strategies for preventing child sexual abuse. The Task Force met throughout 2012 and conducted four public hearings, receiving testimony from 35 experts in the field of child sexual abuse. The Multi-Disciplinary Team (MDT) Best Practices workgroup was formed as the result of one of the recommendations made in the 2012 Report from the Task Force on Prevention of Sexual Abuse of Children. The MDT Best Practices workgroup is currently working in two specific areas in an effort to fulfill the recommendations as set forth in the 2012 Report from the Task Force on Prevention of Sexual Abuse of Children. The recommendation was as follows: Multi-Disciplinary Team Excellence - Establish discipline specific best practices or standards for multi-disciplinary teams, law enforcement, prosecutors and medical providers. Develop uniform standards for how to investigate, prosecute and forensically evaluate child sexual abuse cases to provide needed clarity to practices that differ considerably from county to county. In 2014, the MDT Best Practices workgroup has met in person and by conference call and will continue to meet in its efforts to develop best practices in MDT training and MDT function. Presently, the MDT Best Practices workgroup is in the beginning phases of attempting to develop a three tier system of excellence for MDT practice: 1) Basic MDT level of practice, 2) Advanced MDT level of practice, and 3) Center for Excellence MDT level of practice. These three levels of practice are currently in the developmental and defining stages. The MDT Best practices workgroup will continue to meet and work to define these levels of best practices. The group expects for this work to be ongoing beyond 2014.</p>	
<p>Objective Strengthen the FCS Model</p>	
<p>Intervention Research and develop alternate FCS models</p>	<p>Benchmarks Year 1: Research of alternate practice models completed by September 30, 2014. Present to management for decision on strengthening FCS model. Year 2 & 3: Activities will be based upon the</p>

	outcome of research and management decision.
<p>Rationale</p> <p>Current research describes family engagement in child welfare as a series of interventions that work together to promote safety, permanency and well being for children, youth and families. The research supports the Division’s vision, mission, and guiding principles. The Children’s Division recognizes family engagement is the foundation from which change occurs and it is important throughout the life of a case.</p> <p>The executive team would like the Division to look at the current Family-Centered philosophy and organizational culture regarding engaging families. Children’s Division will look at whether the foundation provides staff with the knowledge to treat families with respect and dignity through the engagement process. Research will be conducted on successful models from other states. The goal of improving the current model is to enhance family engagement and to reduce the number of children entering foster care.</p>	
<p>Intervention</p> <p>Diversify the array of treatment services through more effective use of the CTS contract and community resources.</p>	<p>Benchmarks</p> <p>Year 1: Gather data to identify areas of the state which have gaps in the array of services.</p> <p>Year 2: Complete local assessments of the service continuum based on the data above.</p> <p>Year 3: Develop strategic partnerships with service agencies to address the systemic issues identified.</p> <p>Year 4: Engage identified communities in ongoing collaboration meetings.</p>
<p>Rationale</p> <p>The Division is in the process of developing a new Children’s Treatment Services (CTS) contract set for release by July 1, 2015. The new contract will be open to county specific or statewide bid solicitation at any time for potential providers. It combines both mental health and supplemental services under one contract. This will establish an improved continuity of care for clientele served, and enhance oversight and accountability of provider’s practice standards. The new contract will include a catalog of services and pertinent information specific to each service each potential provider may review.</p> <p>Resource acquisition continues to be a challenge for many clientele in various parts of Missouri for a number of different reasons. As a result, the Division’s current CTS Mental Health services contract was expanded to include interactive testing and therapies in an effort to provide a greater mechanism for child specific treatment modalities otherwise outside the reimbursable scope of standardized or managed healthcare plans often utilized by the Division’s clientele. Building upon the success of this client-focused contractual development, the Division plans to expand the scope of CTS services to include services such as domestic violence batterer’s intervention programming, drug testing, substance abuse treatment, therapy for children under three (3) years of age, vision therapy, speech therapy, and personal assistants for behavioral and/or medical purposes. Staff will still be encouraged to empower</p>	

<p>and partner with families to access services within and through community-based resources, but have the potential to receive CTS services through the Division’s continuum of care (i.e., from hotline through adoption and all points in between).</p>	
<p>Objective Increase family involvement and youth voice throughout all aspects of the child welfare system</p>	
<p>Intervention Explore all-encompassing methods to elicit family feedback, such as Parent Cafes and Parent Advisory Boards.</p>	<p>Benchmarks Year 1: Research and visit states with exemplary parent feedback models. Year 2: Develop proposal for implementation of chosen model based upon prior research. Year 3: Identify pilot sites in collaboration with community partners as facilitators. Year 4: Implement statewide.</p>
<p>Rationale In an effort to better engage and share information with natural parents, Children’s Division is planning to develop a format for direct, on-going parent/consumer “voice”. It is the idea that ongoing involvement/contribution from parents at a mezzo-level will create more awareness of and advocacy for parental involvement in case planning. The parent advisory board is an idea replicated from the state foster parent advisory board and the state youth advisory board. These boards, in some areas, have similar, parallel processes at the regional and local levels. These boards not only advocate on behalf of their represented populations, but they function as peer mentors and educate their communities. The Children’s Division will be researching the most effective manner in which to promote parental involvement through exploration of other states’ models. Children’s Division will not be limited to one modality but explore ways to truly engage and solicit feedback from parents in a meaningful and on-going manner.</p>	
<p>Intervention Continue Older Youth Summits</p>	<p>Benchmarks Year 1: Host with community partners two additional sites. Year 2, 3, and 4: Host at least one summit per year.</p>
<p>Rationale The Blue Ribbon Panel for Youth Aging-out of Foster Care was established in August 2008. The 17-member panel of private and public partners was charged with assessing 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 and focused on six primary topics: permanency and lifelong connections, physical and mental</p>	

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 to help youth successfully transition from care. Many achievements were made. At the close of the group in SFY13, CD and its partners moved toward Older Youth (OY) Summits.

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. The OY Summits’ focus is on education, employment and job readiness, cross systems collaboration, health and mental health, permanency and life-long connections. The goal of the summit is develop a common vision of where a community is and where they would like to be in helping older youth transition successfully to adulthood. The summit is intended to allow community members to identify next steps and responsible partners to achieve community vision. It is the intention of the Children’s Division and its partners in the Youth Independence Interdepartmental Initiative to have Older Youth Summits across the state. The first summit was in April 2013 with over 80 participants from four judicial circuits. The second summit was held in Kansas City in March 2014 for six judicial circuits. Over 140 participants registered to attend. Children’s Division plans to have more summits in SFY15 but the next location has yet to be determined.

Intervention

Increase worker visits with parents on FCS cases through local monitoring and strategy development

Benchmarks

Year 1: Incorporate analysis and strategy brainstorming exercises into the annual Q Summit. Communicate with field staff on the following: data, suggested areas of improvement, and promising practices.
 Year 2: Develop supplemental PERforM measure report showcasing all types of worker contact with parents.
 Year 3: Redesign CD webpage to include family engagement articles for staff.
 Year 4: Collaborate with training unit on developing training exercises to strengthen family engagement practices.

Rationale

Increasing worker visits with parents begins with the assessment of each circuit understanding where they are at, in terms of frequency of workers visiting one parent, both parents, or not visiting at all, and in terms of the quality of those visits which are occurring. The QA and QI Specialists can assist local circuits in this assessment. In order for the QA/QI Team to be able to assist they have to have skills in analysis and presentation of data, therefore the incorporation of ongoing skill development with the QA and QI Specialists is essential in this overall enhancement plan to improve worker visits with parents. A segment of the 2014 annual training summit for the QA/QI Teams incorporated review of data sets and the presentation of the most relevant data to begin to shape or guide the focus of the management team. The exercise also incorporated connecting the data to the values and feelings of the management and to guide the management into strategy formulation using regionally constructed logic models. Another tool to help circuit management assess their engagement with parents is an ongoing and regular report showcasing worker contact with parents in any setting. The creation of a supplemental PERforM report would give management identified areas of strength to build improvement strategies from. An example of how this concept may translate into an improvement strategy would be if a worker states that they have regular contact with the parents at court and FST meetings, and the supplemental PERforM report confirms this, yet FACES review shows a deficit in regular in-the-home contact, a strategy could be developed with worker on how to enhance the rapport-building during those contacts at court and FST meeting or delve into the worker's communication with the parents in those settings to translate into regular meetings at the home.

Having resource information available for staff to utilize, especially when working with parents that may be challenging to connect with, is crucial. It is important for resources to be up-to-date and easily accessible, therefore it is the plan of Children's Division to offer a user-friendly, visually stimulating webpage which staff can have 24/7 access to. This webpage redesign would include featured icons changed at regular intervals, highlighting promising practices, relevant policy, topical articles and research.

Assessing and updating the Children's Division training for frontline staff is an ongoing process. Linking identified needs of the field to training components is necessary to strengthen the skills and competencies of workers. The mechanisms by which the workers receive ongoing training may vary, through collaborative work with the training unit, it may be identified that a peer mentor in the field would be the best training resource for assisting a specific worker in engagement skills development; or it could be deemed that an IIS contracted provider may be able to provide a shadowing opportunity to coach a worker; or perhaps it is a classroom setting where a worker can learn the principles of motivational Interviewing which would best meet his or her needs.

<p>Intervention</p> <p>Improve FST process through exploration of more effective models.</p>	<p>Benchmarks</p> <p>Year 1: Explore evidence-informed models for incorporation into permanency planning and policy and practice development.</p> <p>Year 2: Develop workgroup to assess FST practice throughout the state.</p> <p>Year 3: Pilot identified model in selected areas of the state.</p> <p>Year 4: Gather and analyze data on the efficacy of selected model implementation. Adjust as needed.</p> <p>Year 5: Implement statewide.</p>
<p>Rationale</p> <p>In Missouri, the Family Support Team (FST) Meeting is the practice used to engage families in making key decisions and goals to achieve improved outcomes. Outcomes can include assured safety, decreased risk, service provision, reunification and permanency. This practice applies to both intact families and families with children in foster care. Family Support Team Meetings can be difficult to conduct and Missouri has been focusing greatly on improving family engagement in this process.</p> <p>There is a possibility that there could be other models and practices that would aid in increasing family engagement, improving outcomes and be a more effective tool for workers to utilize. Other evidence informed meetings that can be explored and compared include: Family Group Conferencing, Team Decision Making and Permanency Roundtables. These models can be explored and compared to the current Family Support Team practice to see if implementation of a different practice would be beneficial to the families served. There is a workgroup developing to work on improvement and enhancement of Family Support Team Meetings and Written Service Agreements; this group, which includes workers, supervisors and policy/program staff, are excellent candidates to explore and discuss the possibility of change in the area of meetings for the future.</p>	
<p>Goal #2: Decrease Time to Permanency</p>	
<p>Measures</p> <p>Reunified within 12 Months, Outcome #10</p> <p>Length of Time Until Adoption, Outcome #11</p>	
<p>Objective</p> <p>Increase judicial engagement to include judges and court staff</p>	
<p>Intervention</p> <p>Increase staff competency in court through legal aspects training</p>	<p>Benchmarks</p> <p>Year 1: Schedule training sessions throughout the state. Evaluate field support requests for specific regional/circuit training needs.</p> <p>Year 2: Legal Aspects trainer enhance training curricula as needed to meet local needs</p>

Rationale	
<p>Legal Aspects training was developed to enhance personnel knowledge concerning constitutional, statutory and case law issues facing child welfare case managers in their daily performance. The course encompasses a wide variety of legal issues encountered from the initial hotline to removal of a child from the home, as well as potential termination of parental rights. Personnel will gain knowledge on fourth and fourteenth amendment constitutional issues and be able to apply the concepts within a social work framework. Courses are scheduled at a minimum of six times per year, with additional courses scheduled upon request of specific circuit courts. The Legal Aspects training is mandatory for all new case managers and supervisors, who have not previously taken the course. The Legal Aspects Trainer will continue to work with personnel involved in policy development to enhance trainings as policy changes, the law changes, and staffs' needs change.</p>	
Intervention	Benchmarks
Work with Casey Family Programs regarding judicial engagement	<p>Year 1: Select three sites for court observation by Casey staff.</p> <p>Year 2, 3, and 4: Based upon findings of Casey staff, determine next steps.</p>
Rationale	
<p>The division will continue working with Casey Family Programs on a judicial engagement strategy. In March 2014, staff from Casey, the CD director and staff from the Office of State Courts Administrator met with the family court committee to discuss trends in child welfare. The committee recommended three circuits (two metro and one rural) be pilot sites for the judicial engagement process. In the first year, three sites will be selected for assessment and observation by Casey Family Program staff. The Children's Division will provide data and information on these circuits to the Casey team for analysis. The Casey team will use their expertise around judicial engagement to review and assess court processes in the three original sites.</p> <p>Further strategies on judicial engagement in years two, three, and four will be based upon the findings from the initial sites.</p>	
Objective	
Create more skilled workforce and stronger organizational culture	
Intervention	Benchmarks
Implement career ladder	<p>Year 1: Coordinate with OA and Personnel to identify program descriptions. Implement the Children's Service Worker III position.</p> <p>Year 2: Develop and roll out training. In the event the career ladder is not funded in SFY15, continue to advocate for funding. Implement Children's Service Worker IV position.</p>
Rationale	
The Children's Division has experienced increased turnover of front line staff over the past several	

years. Turnover increased in several circuits across the state to a critical point. Plans and strategies were developed to increase recruitment and retention of staff. This concern became a focus for the Department of Social Services Director who assisted CD management in developing a legislative package designed to incentivize potential employees to work for our agency. Governor Nixon, in support of our efforts, included a recruitment and retention package in his FY15 Budget Recommendations. The Governor’s proposal has been approved by the legislature.

The Career Ladder was designed to provide an incentive for front line Children’s Services Workers (CSW) to continue employment with our agency. The Career Ladder would allow CSW’s to progress to a CSW III with tenure, successful performance, and demonstrated competencies. Currently, if staff wish to promote in our agency, the only avenue is through supervision or administrative positions. The CSW IV is designed for seasoned staff who wish to promote in our agency but prefer to work directly with families. There will be an application and certification process to select individuals for the CSW IV positions.

<p>Intervention</p> <p>Explore Five Domains of Well-Being as a philosophical framework</p>	<p>Benchmarks</p> <p>Year 1: Conduct a focus group to assess the appropriateness for the agency. If determined appropriate, develop an implementation plan.</p> <p>Year 2: Facilitate seven regional workshops highlighting the Five Domains with a multitude of stakeholders.</p> <p>Year 3: Create training and coaching/mentoring activities for staff.</p> <p>Year 4: Implement training statewide.</p> <p>Year 5: Assess for change within the organizational culture.</p>
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Rationale

The Five Domains of Well-being is a framework assisting the organization in seeing individual, families and communities in a holistic manner. The domains are universal, interdependent, non-hierarchical, asset-based, and reality driven. The five domains include social connectedness, meaningful access to relevant resources, mastery, safety and stability. Missouri Children’s Division is convening a focus group to review and discuss the Five Domains of Well-Being model. The focus group is comprised of a Circuit Manager, two Children’s Division Workers, Quality Assurance Specialist, Program Manager, and two Program Development Specialists. The focus group will receive an overview of the training by Katya Smyth from the Full-Frame Initiative. Katya has worked with Missouri’s Division of Youth Services in the past to incorporate the concept of the Five Domains into the daily work of the Division. The focus group is charged with evaluating the appropriateness of the model for CD and, if determined appropriate, provide recommendations for implementation. Those recommendations will be shared with the Executive Team. Also seven regionally based workshops will be held to educate state leaders and stakeholders on the Five Domains as well as facilitate a discussion on underlying philosophy/values and application of the Five Domains to child welfare.

<p>Intervention</p> <p>Use University Partnership grants to explore leadership development training</p>	<p>Benchmarks</p> <p>Year 1: Apply to be a Workforce Excellence site. Year 2, 3 and 4: Steps will depend upon level of organizational intervention by National Child Welfare Workforce Institute</p>
<p>Rationale</p> <p>In April 2013, Missouri was the recipient of two University Partnership grants through the National Child Welfare Workforce Institute (NCWWI). The aim of the grants was to focus on meaningful partnerships between social work programs and child welfare agencies. It is also an opportunity to collaboratively address workforce challenges through leadership, education, professional development, and organizational change activities.</p> <p>As a grantee, the division has the opportunity to apply to be a Workforce Excellence site and become engaged with the Leadership Academy for Middle Managers, Leadership Academy for Supervisors, and an Organizational Intervention. As Missouri desires to receive full benefit from the University Partnership grants, the division applied in year one to be a Workforce Excellence site. Strategies for years two, three, and four will be dependent on the level of organization intervention by NCWWI. Missouri should be notified in June of their qualification to be a Workforce Excellence site.</p>	
<p>Intervention</p> <p>Develop and implement QA/QI Training</p>	<p>Benchmarks</p> <p>Year 1: Expand current workgroup to include QA/QI Specialists and regional staff. Year 2: Review Managing with Data Framework and aspects from the CQI Academy, as well as data analysis training models, for possible implementation. Year 3: Workgroup to develop a more comprehensive stakeholder feedback model.</p>
<p>Rationale</p> <p>After an internal assessment of the state’s continuous quality improvement process, the decision was made to enhance staff development for Quality Assurance and Quality Improvement Specialists. A workgroup will be expanded to include more Children’s Division personnel and stakeholders to develop a training plan for QA/QI staff. Information from Managing with Data Framework provided by the National Resource Center for Child Welfare Data & Technology and the CQI academy will also be included in the development of the training plan. The workgroup will also explore data analysis training models to be included in the enhanced training plan. The workgroup will develop and implement a more comprehensive feedback model for stakeholders such as sharing data through multiple venues.</p>	
<p>Goal #3: Increase Health and Well-Being of Children</p>	
<p>Measures</p> <p>SCRT Items 21, 22, and 23</p>	
<p>Objective</p> <p>Ensure effective transitions of young people</p>	

<p>Intervention</p> <p>Expand implementation of the Crossover Youth Practice Model</p>	<p>Benchmarks</p> <p>Year 1: Hire Program Development Specialist to manage the Crossover Youth Practice Model. Research and develop assessment tools.</p> <p>Year 2: Add two additional pilot sites. Identify dually involved youth and implement a statewide data integration tool. Develop state policy guidance and a joint case management protocol.</p> <p>Year 3: Assess validity of assessment tool.</p>
<p>Rationale</p> <p>In 2012, Missouri was selected to participate in the Crossover Youth Initiative. Crossover youth are defined as youth who move between the child welfare and juvenile justice system. An implementation team from Missouri attended training with Georgetown University where system level and community level initiatives were established. The community level initiative of piloting a Crossover Youth practice model in two communities occurred in SFY13. Missouri intends to continue working on the Crossover Youth initiative over the next four years.</p> <p>In year one a Program Development Specialist (PDS) will be hired to manage the Crossover Youth initiative. The Crossover Youth Policy Team and the PDS will research and develop an assessment tool which assesses the risk of youth crossing over. In year two, two additional pilot sites will implement the Crossover Youth practice model. Also in the second year, state policy guidance and a joint case management protocol will be developed allowing youth to receive services in a more fluid and integrated manner from the various systems which serve them. In year three, the validity of the risk of crossing over assessment tool will be evaluated.</p>	
<p>Intervention</p> <p>Collaborate with multiple community partners to develop a Customer Service Partnership career pathway pilot to help former and exiting foster care youth access good jobs and career advancement.</p>	<p>Benchmarks</p> <p>Year 1: Develop outcomes, supports, recruitment plan, and the Memorandum of Understanding with partners. Enroll first cohort of youth not on a post-secondary path, have a high school diploma or HiSET, and are unemployed or underemployed.</p> <p>Year 2: Refine the process based upon lessons learned. Assess for potential to expand to additional sites.</p>
<p>Rationale</p> <p>The Missouri Customer Service Partnership will bring together business, government, and young people aging out of Missouri’s foster care system to achieve mutually-beneficial goals. Through shared commitment and responsibility, the partners will address business demand for good customer service employees, meet public expectations for reliable and courteous service, get young people started on meaningful career paths, and grow Missouri’s middle class.</p> <p>Identified are six customer service occupations designated as “bright outlook” by the U.S. Department of Labor. This designation means that they are growing and that numerous openings can be expected in the near-term – a forecast that is consistent with the most recent economic reports.</p> <p>The goal of the proposed partnership is to prepare young people aging out of the foster care system to</p>	

begin meaningful and self-supporting careers, starting with these six occupations.

- Hotel, motel, and resort desk clerks (SOC 43-4081.00)
- Receptionists and information clerks (SOC 43-4171.00)
- Customer service representative (SOC 43-4051.00)
- Retail salesperson (SOC 41-2031.00)
- Cashiers (SOC 41-2011.00)
- Hosts and hostesses (SOC 35.9031.00)

A number of key factors mitigate the risk of young people getting stuck in ‘dead-end jobs’ in these occupations. These factors include careful, targeted preparation (to be delivered by the state and its educational partners) and career coaching to be provided by a trained member of the community, who will follow the young people throughout a period of employment and ensure that they are on a career track – and not just “in a job.”

The career-seeker in this project is a young person between ages 17 – 26 who is aging out/aged out of foster care, and is not on a post-secondary or career path, and is at risk of becoming dependent on public assistance, including Medicaid. In addition, they must do the following:

- Indicate readiness to begin his/her career by writing a letter of application that expresses his / her career goal and commitment to the program
- Complete the necessary preparation for employment and career development. This includes a high school diploma or HISET, a National Career Readiness Certification, a Microsoft Digital Literacy Certification, and a drug screen. Present him/herself well in the application / interview portion of the process.
- Exhibit consistent good work habits and behaviors once hired.
- Cooperate with a career coach in ensuring a successful employment and career development, in accordance with a plan established by the career-seeker, the coach, and their work supervisor.
- Participate in other activities that might be recommended by the career coach, such as financial literacy education, group mentoring, or other.

Intervention

Conduct residential reviews and develop alternative approaches to safely decrease number of children in traditional residential care.

Benchmarks

Year 1 and 2: Convene workgroup to develop a protocol for review of children in residential longer than six months, and a residential review tool.
 Year 3: Pilot review process in selected sites based on data review.
 Year 4: Evaluate pilot for applicability statewide.

Rationale

Missouri Children’s Division has approximately 40% of children in custody who spend various amounts of time in traditional residential care. Due to this, the Children’s Division has included residential reviews in the five year plan. A workgroup including stakeholders will be convened to develop protocol and procedures for ongoing residential reviews. From the information gain in the workgroup, improvement strategies will be developed to decrease children in traditional residential care.

<p>Intervention Conduct Education Summits to develop education improvement strategies.</p>	<p>Benchmarks Year 1: Workgroup to develop a formal educational plan based on American Bar Association's Blueprint for Change. Year 2, 3, and 4: Implement recommendations of the workgroup.</p>
<p>Rationale The CD plans to build upon existing and continuing work regarding the importance of education and how it relates to outcomes for youth in a personal format with staff so that it is more meaningful. The CD has consulted with Kristin Kelly from the American Bar Association regarding recommendations for an educational plan.</p> <p>The CD plans to empower/train staff in the format of a statewide summit with local groups convening throughout the state to formalize an action plan, explore credit recognition similar to a statute for military families legislatively, look at communication within school districts to identify youth in foster care, obtain reliable data as it pertains to graduation or HiSET, share a school timeline for those working with youth, and discuss options for state access to parent portals and DESE databases.</p>	
<p>Objective Increase coordination of healthcare</p>	
<p>Intervention Continue participation in the Health Care Coordination committee</p>	<p>Benchmarks Year 1: Committee will meet quarterly to review data and develop strategies to improve health of foster children. Year 2, 3, and 4: Continue to review data and implement identified strategies.</p>
<p>Intervention Develop and implement a statewide health information system</p>	<p>Benchmarks Year 1: Revise and award the Request for Proposal to vendor to create information system to connect to the Health Information Network (HIN). Year 2: Develop the information system. Year 3: Implement the information system. Year 4: Assess and evaluate efficacy of the information system, and enhance as needed.</p>
<p>Intervention Explore and develop health homes for children in foster care</p>	<p>Benchmarks Year 1: Continue stakeholder workgroup meetings to determine service needs and select most appropriate model for care. Year 2: Implement health homes in selected pilot sites. Year 3: Assess pilot areas to determine need for</p>

	<p>changes, especially as related to urban vs rural areas.</p> <p>Year 4: Implement statewide.</p>
<p>Rationale</p> <p>In order to improve the health and well-being of children in foster care and to remain in compliance with the Fostering Connections to Success and Increasing Adoptions Act of 2005, the Children’s Division created a healthcare coordination committee. The purpose of the committee, comprised of stakeholders and partner agencies, is to develop and implement a coordinated strategy and plan to ensure access to health care for all children in foster care, including their mental health and dental health care needs. In addition to the action items noted in the CFSP, the Division plans to partner with community stakeholders to ensure youth transition effectively into adulthood, to increase healthcare coordination, and to implement a trauma informed system of care.</p> <p>An internal review of health care coordination for children entering alternative care was completed for the months of February, March and April of 2013. This data analysis prompted the Children’s Division to focus on gaps in health care provision and began a dialogue with the state’s health care services as well as community partners/medical providers across the state.</p> <p>The Children’s Division is in the process of development of a health home/health monitoring system for children in alternative care. This model will address the entire age range of children in CD custody from ages 0-25 years; include both physical and behavioral health; promote wellness and prevention services; support resource parents; be capable of effectively adapting to the itinerant and sometimes transient nature of child welfare; allow for choice of service providers (for Medicaid compliance and for resource parent convenience/expediency); work collaboratively with all providers and agents engaged in the child’s care; support CD and contracted case managers; be data driven (provider must have the capacity to report to the state on specific common data components); be able to effectively operate in all areas of the state including both urban and rural areas; be scalable, to allow for immediate piloting and implementation where possible and able to incorporate other areas later; if at all possible, maximize federal funds by adopting a health home model that has the following characteristics and provides the following services and supports: comprehensive care management, care coordination, health promotion, comprehensive transitional care from inpatient to other settings, including follow-up, individual and family support, which includes authorized representatives, and referral to community and social support services, if relevant.</p>	
<p>Objective</p> <p>Become a trauma informed organization</p>	
<p>Intervention</p> <p>Partner with Department of Mental Health to include an awareness assessment and training, as well as secondary trauma training.</p>	<p>Benchmarks</p> <p>Year 1: 25% of staff trained in the National Child Traumatic Stress Network Trauma Toolkit or other approved training on trauma. Create online resources to assist staff in learning about and working with people who have a trauma history. Assess for the feasibility of contracted staff</p>

	<p>receiving the training. Two policies reviewed by CD Executive Team in respect to being trauma informed.</p> <p>Year 2: 50% of CD staff trained. Six policies reviewed by CD Exec Team (includes previous two)</p> <p>Year 3: 75% of CD staff trained. Ten policies reviewed by CD Exec Team</p> <p>Year 4 - 90% of CD staff trained. Fourteen policies reviewed by CD Exec Team</p>
<p>Rationale</p> <p>Research has shown the broad and significant impact trauma has on social and health outcomes through the Adverse Childhood Experiences Study. We now also know that trauma is prevalent in the general population but for some groups it is almost universal. Children who are abused and neglected are at significant risk for the impact that trauma has on their brain functioning, developmental trajectory, relationships, and health outcomes. Because of the high prevalence and significant potential harm, Children’s Division has elected to become a trauma informed system. In Missouri, the Department of Mental Health has laid out a continuum to guide the work in the state moving from being trauma aware (learning about the prevalence and impact) to trauma responsive (learn how to interact in a healthy and supportive with people who have trauma histories) to trauma informed (organizational change process in which all aspects of the organization have been reviewed and revised to reflect a trauma approach). Children’s Division has made an intentional commitment to alter practices and review policies and environments to mitigate the impact of trauma and support the development of resilient children and families.</p>	
<p>Intervention</p> <p>Continue to develop the model for MOST (early trauma intervention using home visitation model) and pilot in select areas of the state</p>	<p>Benchmarks</p> <p>Year 1: Identify pilot sites and develop Request for Proposal</p> <p>Year 2: Implement pilot site</p> <p>Year 3: Continue pilot work with analysis and assessment</p> <p>Year 4: Implement model in 75% of the state</p> <p>Year 5: Evaluate outcomes and services</p>
<p>Rationale</p> <p>Children who have experienced trauma are more vulnerable to future trauma. Separation from a caregiver can be extremely traumatic even if abuse or neglect existed. Because brain development is critical during this young period, the Division is committed to mitigating the effects of separation trauma on young children in foster care through an initiative known as Missourians Overcoming Separation Trauma (MOST). When a child is removed from his/her home, children ages 0-8 will be assigned a home visitor. An educational and skills building approach with the provider working directly with the caregiver with a strong focus on communication between the child and caregiver will be utilized. The provider will have an individual session with the biological parents who will assist the child through the transition. This will occur in the first 30 days following removal. The caseload size should range from 8-10 children at any one time. Enhanced training for workers, supervisors, and foster parents will also be developed.</p>	

Staff Training, Technical Assistance and Evaluation

During 2014 and ongoing, several steps are being taken to better support communication and practice between training management, quality assurance/improvement staff and regional executive staff. The Training Coordinator and QA/QI management are now part of the executive team which meets on a regular basis each month. This has resulted in better communication and decision making at the executive team level among regional management, the training unit and the QA/QI unit. It provides a structured, ongoing way to discuss practice trends, training needs, as well as areas of strength in field practice. These strategies to increase and enhance ongoing communication will serve to ensure the goals and objectives are continually in the forefront. As the goals and objectives are routinely discussed with the executive team, the training unit is in a good position to fully support the implementation of the five-year plan.

Another step that has been taken is the regionalization of the agency trainers. The trainers, along with other designated regional mentors and coaches, will now be a part of a local professional development team which will provide classroom training, field mentoring and on the job coaching. The regional team structure aligns with the overall organizational philosophy of providing concentrated practice support and coaching of field staff at the local level. This model will promote stronger leadership, quality assurance oversight and mentoring in the field, where the direct work with families occurs. This structure will help the Division be more responsive to staff's needs.

The curriculum produced by the training unit is always based on a family-centered practice. As the Division moves forward with restructuring and regionalizing the training process, it is anticipated this core philosophy will be more effectively communicated to front-line staff, thus improving the family-centered interventions practiced by staff at the local level.

A specific example of staff training in support of the goals and objectives is the Training Unit's Legal Aspects training related to investigations, Family-Centered (intact and out-of-home) and adoption cases. The training teaches the fundamentals of the law that apply in child welfare cases from investigation to removal from the home through permanency; how constitutional, federal and state law impact permanency planning and concurrent planning; and, an introduction to termination of parental rights. The training supports the goal of decreasing time to permanency, through a better understanding of reasonable efforts leading to earlier reunification, or more effective termination of parental rights packets being provided to the courts.

The QA/QI management, in partnership with the training unit, have worked together to create and make available on-line training entitled "Results Oriented Management", also known as ROM. This on-line training provides information for supervisors and staff on the interpretation of data and how data can be used to support practice in the field. Beginning in 2013, the Quality Assurance (QA) and Quality Improvement (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.

Technical Support

Limited use of technical support is planned at this time. Most of the goals and objectives of the five-year plan are early in the planning process. It will be determined throughout the planning stages if technical assistance will be required.

It is known that technical assistance will be provided by the National Child Welfare Workforce Institute (NCWWI). Missouri has been chosen as a Workforce Excellence site. The Division will partner with NCWWI to provide leadership academies for supervisors and middle managers. This partnership will help the state to meet the goal of decreasing time to permanency and the objective of creating a more skilled workforce and stronger organizational culture.

Technical support may also be provided by Casey Family Programs on the judicial engagement objective. In the first year, three sites will be selected for assessment and observation by Casey Family Program staff. The Children's Division will provide data and information on these circuits to the Casey team for analysis. The Casey team will use their expertise around judicial engagement to review and assess court processes in the three original sites.

Research and Evaluation Projects

There are a few research projects underway that may prove useful to meeting the goals and objectives of the five-year plan. The University of Georgia and University of Missouri have provided Healthy Relationship and Marriage Education Training. The goal of this project is to meet the safety, permanency, and well-being needs of vulnerable children and reduce racial disproportionality in the child welfare system. Children's Division staff who have completed the training have the materials and resources and can use it for local training as well as their work with parents/families. The training will continue to be made available as a stand-alone, one day training through the University of Missouri Extension and can be accessed by Children's Division.

The Crittenton Children's Center has been researching Evidence Based Trauma Therapy (EMDR) outcomes among children and adolescent inpatients. A Division goal is to increase and expand treatment modalities to children and families. The purpose of this study is to determine if EMDR therapy is more effective for both younger children and adolescents in acute hospital and residential placement. It may also provide the Division with the option of using this treatment modality for children with a trauma history. Information from this study will be beneficial in meeting the objectives of strengthening the Division's Family Centered Services model, as well as diversifying the array of treatment services.

The collaborative study between Missouri State Courts Administrator and Missouri Department of Social Services Children's Division titled Capstone Project – Crossover of Older Youth in Jefferson and Greene Counties with Child Abuse/Neglect and Status or Delinquency Referrals relates directly to the intervention to expand implementation of the Crossover Youth Practice Model.

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.

The University of Kansas is researching the Determinants of Resilience: Mental Health, Maltreatment and Adaptive Behavior. The study will test how children exposed to maltreatment develop adaptive behavior. The results could be used to create treatment options to create, enhance, and maintain the resiliency of foster children via therapy and individual interventions.

Implementation supports

The CFSP five-year plan consists of three primary goals with accompanying objectives:

- Goal 1: Safely decrease the number of children entering and in foster care
 - Strengthen the investigation/family assessment process
 - Strengthen the FCS Model
 - Increase family involvement and youth voice throughout all aspects of the child welfare system
- Goal 2: Decrease time to permanency
 - Increase judicial engagement to include judges and court staff
 - Create more skilled workforce and stronger organizational culture
- Goal 3: Increase health and well-being of children
 - Ensure effective transitions of young people
 - Increase coordination of healthcare
 - Become a trauma informed organization

Supports that will be necessary to implement the first goal in some ways consist of resources already in place such as staff time. If a new FCS model is selected or if the old model simply needs strengthening, it is likely that training will be necessary. A binding contract may need to be developed for investigative training. With some of the interventions, policy changes and data system updates or changes will need to take place. Additionally, the Division may look to Casey Family Programs for technical and financial assistance with specific strategies to increase family involvement.

Casey Family Programs assistance is being utilized to meet the second goal, in particular with partnering with the judiciary. They have also provided financial assistance in contracting with the Full Frame Initiative, to explore embedding the Five Domains of Well-Being as a philosophical framework for

division practice. As explained in the technical support section above, the National Child Welfare Workforce Institute is working with CD on providing leadership training to supervisors and managers.

Several interventions within the third goal of increasing the health and well-being of children are in the early stages of development. As CD moves further into the development stage, additional supports are likely to be identified. At this time, it is known that funding for the Community Service Partnership will need continued funding from the Department of Social Services TANF grant. In addition, the Health Care Coordination Committee is currently in the process of hiring a pediatrician to serve as a consultant to the group.

As the interventions within each goal and objective are further developed, it is anticipated that more specific supports will be identified.

SERVICE CONTINUUM, COORDINATION AND DESCRIPTION

Family-Centered Services

Family-Centered Services (FCS) is a family-focused intervention method utilized by the Division to keep children safe and to strengthen families. The safety and well-being of children and families served is a top priority. Families entering the child welfare system due to reports of child abuse or neglect are often referred for Family-Centered Services. 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, strengthening families, and promoting health and appropriate parenting skills. Family-Centered Services seeks to empower the family and minimize its dependence upon the social service system. Services are intended to be time limited; however, the needs of the family dictate the number of face to face visits each month and the actual length of the intervention. The risk level of the family is reassessed every 90 days, or more frequently if needed, to ensure services continue to meet the needs of the family.

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;
- 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 aide for mentoring. The worker uses community providers when he/she assesses that some, or all, of the services cannot be delivered directly; and
- 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.

The Children's Division's Guiding Principle of Practice to understand the family is the basic building block of society and is irreplaceable. The family is seen as a whole with each individual having the ability to contribute to the family functioning. Family Engagement begins with having frequent and meaningful contact with families in the home. Having good family engagement practice strengthens the Children Division's mission and increases success for the children and families served. The Children's Division will continue the effort to encourage family engagement through training and guidance to staff.

In 2013, the Division implemented a campaign to improve family engagement. This campaign is to heighten awareness and provided an increased focus on worker with parent visits and family engagement. 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 of 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. Over the next five years a strategic plan will be utilized to address the frequency and quality of visits with parents.

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). 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. Staff utilize the risk assessment to determine the number of visits with the parents each month with a minimum of one visit per month required.

During CY13 progress was made on this measure due to attention paid to practices related to this performance measure. The 2013 statewide performance for this goal is 71%. While that does not meet

the 80% statewide goal, an improvement of 2% was realized over the course of the year. A continued effort will be made over the next five years to meet the statewide goal of 80%. In the future, concentration will be given to successful practices that can be replicated in other areas of the state.

In response to feedback from field staff and stakeholders, a new assessment tool is being utilized to improve family engagement and enhance practice. The North Carolina Family Assessment Scale for General Services and Reunification (NCFAS G+R) was trained and implemented statewide in the fall of 2013. This tool for engaging and assessing families is research-based and has been found to be valid and reliable.

The NCFAS G+R tool measures change over a period of time. A key indicator in reunification or case closure is whether or not the family has made the changes necessary to remedy child abuse or neglect. The NCFAS G+R has a readiness for reunification domain which allows staff to quickly determine whether reunification or case closure should occur. The evidence based tool utilizes a six-point scale ranging from clear strength to serious problem and allows staff to calculate an overall domain score. This tool highlights the strengths of the family and assists staff in conducting a thorough and comprehensive assessment of family's history, structure and functioning, identifying protective capacities and child vulnerabilities. The NCFAS G+R assists staff in identifying areas of need, leading to the development of a written service agreement. Services are then catered to meet the unique needs of each family. The goal is for families to be connected with a variety of community supports which will increase their protective capacities and reduce their dependency on state services.

The Children's Division recognizes the family as the primary social welfare institution. Because families are irreplaceable, Division policies and practice must serve to strengthen and empower families toward this goal. A focus will be put on Family-Centered practices over the next five years. Field support will be offered across the state to increase the awareness of the FCS program. Through field support, policy changes, training, and circuit support, guidance will be provided to staff on the decision of when to open and close FCS cases.

Development of Results Oriented Management (ROM) FCS reports is underway. Testing has begun and implementation is expected during FY15. The ROM is a dynamic monthly report, meaning it is refreshed monthly and updated with the most current data from FACES.

Results Oriented Management reports and outcomes can be viewed at many levels including statewide, regional, circuit, county, office (private agencies included), supervisory unit, or at a worker caseload level. The reports can drill down to the case level, allowing supervisors and workers to monitor child specific outcomes. The ROM is useful for frontline staff in planning case management activities and for supervisors and managers in providing oversight and in targeting improvement strategies.

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 as safety is the primary concern. 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.

Upon determination that Intensive In-home Services are appropriate for the family, the IIS specialist shall complete an initial family assessment which:

- Evaluates the safety of the child(ren) and all family members;
- Identifies areas in need of improvement by considering information obtained from the family, referring agent, and observations by the IIS specialist;
- Identifies frequency, intensity, and/or duration of behaviors;
- Examines the environmental conditions and their influence upon the family;
- Considers all family members' interactions regarding areas of need and solutions;
- Determines the contingencies impacting family needs; and
- Identifies behavioral assets and strengths.

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 all family members. Specialists teach families problem-solving and other life skills using a holistic approach, 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.

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. 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. The 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.

Intensive In-Home Services are available to all 45 circuits within the State of Missouri. This program is provided through purchased services by vendors contracted with the state. 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 has been a decrease in utilization of the IIS service over the last fiscal year. Over the next five years, better education regarding the IIS program will be an intentional focus. Training and field support will be 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 IIS program has successfully diverted a significant number of children from entering alternative care. 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 is also used to measure program outcomes. In the future, the Program Development Specialist plans to attend more Peer Record Reviews in all regions of the state. 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, ensure contract compliance, and help identify barriers to providing quality services. The review typically includes, but is not limited to, IIS specialists, IIS supervisor(s), site coordinator(s), regional site coordinator, and the Central Office program development specialist. The Division regional site coordinator sends a list of cases to be reviewed to the contractor and a date is set for the review.

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

The overarching goal of IIS is to protect children through the enhancement of family capabilities. As a result, the agency tracks the number of substantiated reports three months following the IIS intervention. According to the IIS contract, 85% of families who have received IIS intervention shall not have confirmed child abuse/neglect within the first three months following the completion of IIS intervention. For the last five years, contractors and state staff have exceeded this requirement. 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.

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 used on a short term basis only not to exceed 30 days.
- **Foster care placements** —Foster homes are a licensed home caring for six or 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.

A decrease in the number of children in residential treatment and a significant increase in the use of relative and kinship care has been a CD focus over the last several years and will continue to be a focus for the next five years. The Division recognizes the importance of placing children in the least restrictive environment and keeping children with family. To continue focus on these efforts, youth placed in residential placements have an approval process to access if a lesser restrictive environment can be used, as well as an ongoing review process to determine if youth are able to move back into a family based setting. Relative and kinship placements will continue to be a focus during SCRT and BPR reviews, to monitor compliance with policy and best practice.

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. For the next five years, collaborations will continue to be an important part of the child welfare system.

Foster Care Population Increase

Over the previous five years, Missouri has continued to see an increase in the foster care population at a rate of nearly 20% growth over five state fiscal years. Steps continue to be taken to understand the growth in the foster care population and if possible, make changes to safely curtail the growth.

Exits from foster care have also increased over the past five years, at a rate of 8.3% increase; the increase in exits has not nearly equaled the increase in entries. In August of 2013, Missouri expanded those eligible for guardianship subsidy to include all placements, such as foster and kinship care; the anticipation is that this will raise guardianship numbers, therefore increasing exits for the next five years.

In an effort to find explanations for the increase in the foster care population growth, a number of factors varying by circuit will continue to be 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. Local trends will continue to be explored to determine if there are any regionalized reasons for any increases in foster populations in certain areas. Data outcomes and best practice results

will also be used to analyze the increased foster care population as well as better serve families in the community, both in and out of foster care.

On August 28, 2013, SB 205 and SB 208 went into effect, which allows children who left foster care after the age of 18 but are still under the age of 21 to come back into care. If it is deemed to be in the best interest of the youth, the youth may have his or her custody returned to the Children's Division through a petition to the court from the youth, Children's Division, or Juvenile Officer. This has only been in effect a short time and there have been few re-entries; however, this could be a potential reason for an increased foster care population in the future.

Key themes, tied to the foster care increase or stabilization, will be strengths in some circuits and areas of need in others.

Some of the strategies addressing the key themes previously identified will be continued and/or expanded. They are as follows:

1. Expand Family-Centered practices as a way to keep families intact and achieve permanency
 - Continue to stress the importance of diligent search and locating absent parents.
 - Continue to analyze Supervisory Case Review Tool (SCRT) data to promote family engagement and best practice.
 - Continue staff PERforM measures to ensure staff visits with foster children are emphasized.
 - Continue partnering with Department of Corrections to improve support to incarcerated parents and their children.
 - Continue monitoring of initial contacts with children during CA/N responses and developed improvement plans.
 - Continue Team Decision Making (TDM) meetings in St Louis County, possible expansion to Jackson County and throughout the state.
 - Continue 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
 - Expand Fostering Court Improvement (FCI) projects to additional circuits.
 - Continue to hold statewide FCI meetings twice a year.
3. Build organizational development capacity with the Children's Division
 - Continue a case consultation guide for supervisors on how to incorporate outcome data into the case consultation process, there are plans to go statewide with this guide in SFY14.
 - Continue to improve family engagement and shared decision making FST templates that were developed for use during Family Support Team Meetings.

- Continue to use the North Carolina Family Assessment Scale General + Reunification (NCFAS G+R) as a family assessment tool. These tools are designed to assist staff in conducting a thorough and comprehensive assessment of family's history, structure and functioning, identifying protective capacities and child vulnerabilities.
 - Use improved Best Practice Review Tools to further assess and improve practice.
 - Add enhancements to FACES, to continue to improve ease of use and increase quality of documentation.
 - 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
 - Continue input from Supervision Advisory Committee on usability of key factors that could be explored to improve practice.
 - Continue the clinical case consultation guide for supervisors on how to incorporate outcome data into the case consultation process.
 - Continue a FACES newsletter to highlight changes and enhancements and promote best practice.
 - Continue staff PERforM outcome measures to monitor benchmarks and desired outcomes tied to safety, permanency and child well-being.
4. Increase service delivery capacity and align funding stream for preventative and reunification services
- Continue to hold interagency collaborative meetings to create new avenues to access health information for children in foster care.
 - Reallocated (Intensive Family Reunification Services (IFRS) services to areas of the state with the largest foster care populations.
 - Increase IIS and FCS services to increase preventative services.
 - Continue the Home Visitation program which was introduced in 2013 and designed to improve parenting practices through home visitation, group training and networking activities. The target population for this program is families that have a child under the age of 3 and a household income under 185% of poverty. The goals are to support and encourage care that promotes positive brain development, provide services that lead children to school readiness, ensure low-income children and children with special needs have equal access to services and reduce incidences of child abuse/neglect.

Other Foster Care Contributing Data

Worker Visits with Children

For the next five years the goal will be to maintain a high level of completion for worker visits with children. The FACES personal home page, worker visit with children reports, and performance expectations are all ways of tracking and promoting the important practice of visiting with every child, every month.

Length of Stay

The goal for the next five years will be to continue to decrease the length of stay for children in foster care.

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

In SFY13, a Clinical Supervision Process and Guide was introduced to staff and piloted in several areas of the state. The Clinical Supervision Process and Guide were developed to provide supervisors with a framework and tool for evaluating the depth and completeness of information collected as well as the worker's practical application toward treatment planning and provision of services. Enhanced treatment planning and provision of services can have a direct impact on a child's length of stay in foster care.

To explore decreasing length of stay in foster care, family engagement efforts became an important factor. Family engagement is a key factor in service planning and permanency. Over the past five years, family engagement has been an increased area of focus. The Division continues to develop strategies and guides to aid staff in increasing family engagement. One area of focus over the next five years will be to increase worker parent visits for parents of children in foster care. Increased engagement with parents could potentially shorten a child's length of stay in foster care.

Placement Stability

As a result of the CFSR, the Division developed a workgroup to develop strategies to increase placement stability. This workgroup formed several subcommittees and completed some tasks. The work group has since stopped meeting because the Recruitment and Retention Task Force was planning on taking on some of the tasks. The work group can reconvene if needed, but wanted to take time to gather data and information on the tasks from the Task Force before moving forward again.

Some of the strategies that were explored and/or implemented by the placement stability workgroup, sub-committees and Central Office included:

- **Making Connections** - The purpose of this sub-committee was 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. The work that continues from this committee is that Central Office is exploring the use of several different search engines to use in locating relatives, currently funding options are being explored for this project.
- **Placement Stability Family Support Team (FST) Meetings** - This sub-committee implemented the utilization of Placement Stability FSTs and policy was enhanced. This sub-committee continues examining the use of training DVDs to teach staff how to conduct constructive placement stability FSTs.
- **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. 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. This will continue to be available as a resource in the future.
- **Sibling Administrative Review** process was enhanced and explained more thoroughly, encouraging a more concrete review of why siblings are not placed together, ensure efforts are being made to place siblings together if possible and to ensure the siblings are maintaining contact with one another on a regular basis. It is expected that these reviews should occur every 30 days until the siblings are placed together. The review of sibling placement should occur at many levels to include; worker, family support team, supervisor, and circuit manager. Placing siblings together initially can lead to fewer placements as well as siblings being together is a more stable and familiar environment for foster children. Sibling placement and connections will continue to be a focus for the next five years.

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.

Relative and kinship care for foster children has seen a tremendous increase over the past five years, at an increase of nearly 63%. Along with the increase in placement of foster children with relatives and kinship providers comes an increase in exits from relative and kinship providers and an increase in guardianships, all positive outcomes for foster children. In the next five years Children's Division will continue to focus on placement with relative and kinship providers. In August of 2013, Missouri expanded those eligible for guardianship subsidy to include all placements, such as foster and kinship care; the anticipation is that this will raise guardianship numbers for the next five years.

Strategies to be used and continued to promote and enhance kinship and relative placement are:

- Emphasis on identifying, locating, and placing with relatives whenever possible. This includes emphasis both at removal and ongoing, as well as both maternal and paternal relatives.
- Exploring new and enhanced ways to expand diligent search capabilities. Central Office is exploring the use of several different search engines to use in locating relatives; funding options are being explored for this project.
- Information provided to staff that included tools to inform relatives and kin. The notification letter, brochure and talking points were intended to provide staff with tools to educate potential relative/kinship providers regarding the placement process and to aid staff in fulfilling the statutory requirement to notify all adult relatives within 30 days of custody.
- Continue using STARS for the Caregiver Who Knows the Child training curriculum, a version of the foster parent training, 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.
- Continue using the Legal Aspects of Relative Placements Training DVD 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 will continue to be available to staff as well as foster parents, juvenile officers, and other community partners and will continue to be a valuable resource for staff when making placement decisions.

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.

Staff use the Life Skills Strengths/Needs Assessment Guideline Questions (CD96) and Life Skills Strength/Needs Assessment Reporting Form (CD97) to assist in the planning process. The strengths/needs assessment allows staff to develop rapport and engage the youth and develop goals. The Casey Life Skills Assessment is also used as a practice tool and framework for working with youth in foster care. It assesses independent living skills and provides results instantly. Permanent connections are also captured on the Adolescent FST Guide and on the Case Member screen in FACES. In SFY14, enhancements are being made to this screen to display more clearly who permanent contacts for a youth are and if the youth is a permanent contact for another youth.

The Planned Permanency Agreement (CD-129) continues to be used. The purpose of the agreement is to identify an appropriate planned permanent living arrangement in which the youth wishes to continue living by specifying an adult who will play a permanent role in the youth's life.

In SFY14, Missouri is exploring the use of FosterClub's Permanency Pact. This is a tool designed to encourage life-long, kin-like connections between a young person and a supportive adult. Missouri has

shared this resource with staff in the past but would like to begin use of it in a more formalized way in case planning for youth with the goal of APPLA.

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

The goals for the next five years will be to continue to ensure that APPLA is being selected appropriately for foster youth. Also that foster youth with the goal of APPLA have a care provider willing to enter into the Planned Permanency Agreement with the Division. 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.

Specialized Care Management Contract

The Specialized Care Management contract was awarded to Missouri Alliance for Children and Families (MACF) in April 2006 and again with the new contract which began on July 1, 2012. Children and youth referred for services under this contract must be between the ages of six through twenty years, placed in out-of-home care or shall 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 and supports. 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. The contract provides intensive wraparound services and supports by ensuring a maximum case management ratio of one to ten, although some caseloads are below this limit. The contract is capped to serve 325 youth in designated service areas within the Central, Eastern, Western, and Southwestern Regions of the state. Once the youth is stabilized in a community setting, the youth is dis-enrolled and the state agency resumes case management activities. This service approach is characterized by:

- Maximizing family and community strengths to support children in their transition from restrictive to less restrictive placements;
- Successfully moving children with severe behavioral health needs from highly restrictive, congregate settings to stable community and family based alternative;
- Moving children with severe and complex behavior health needs into stable and ultimately permanent placements with families; and
- Successfully transitioning children to independence with appropriate connections to vocational and/or educational resources, and permanent adult relationships.

Children’s Division recognizes the successful outcomes for youth served under the Specialized Care contract and plans to maintain this service provision over the next five years. However, in keeping with

the Division's commitment to quality improvement and best practice in child welfare, there are aspects of this public-private partnership to which efforts will be streamlined over the next five years. These efforts include:

- Collaborating with the contractor in the collection and review of more qualitative data to identify where practice can be enhanced for this population.
- Strengthening the partnership with the contractor through routine collaborations to discuss performance standards and outcomes.
- Increased definition of the Specialized Care stability service array and factors which distinguish it from other case management services focused on permanency.

Foster Care Case Management Partnerships

Child welfare is a complex arena which requires innovative approaches for case managing foster care children. There is a long-standing public-private partnership in the delivery of services to Missouri's child welfare population which serves as the foundation for foster care case management contracts. These contracts create an opportunity to increase the coordination of care in hopes of improving outcomes for children. They also allow for shared responsibility, whereby multiple systems can address the complex issues faced by the child welfare population. Both private and public agencies pursue foundation and grant funding to bring innovative services to address needs which are not met through government funding streams.

Missouri's foster care case management contracting is built on a public-private partnership with accredited agencies. The combination of reducing the caseloads of state case managers and limiting, by contract, the number of children private case managers can serve has allowed the Children's Division to meet Council on Accreditation (COA) caseload standards across the system. Allowing those working with vulnerable children and families to hold to these reasonable caseload standards directly impacts the quality of work done by all to ensure child safety, permanency and well-being.

Children's Division recognizes that open communication with contracted providers for problem solving and discovery of best practices is a critical component of Missouri's privatization effort. When agencies work together and share common goals they are also able to more effectively convey the issues and challenges faced by children in foster care and achieve positive resolutions. Children's Division plans to maintain and expand this service over the next five years with the ultimate goal of improving outcomes for children and families through the public-private partnership. The result will be an increased capacity for quality services to be available to vulnerable children and their families.

State Youth Advisory Board

The Children's Division recognizes the importance of and remains committed to youth involvement and development. When possible, youth are asked to assist in foster parent STARS pre-service and in-service trainings. Youth also speak at the OYP training which is provided to all new employees. The Professional Development and Training Unit receive the State Youth Advisory Board (SYAB) members

contact information on a quarterly basis and work with the contracted Chafee providers. Other trainings include Transitional Living Advocate and Court Appointed Special Advocates. Youth are often invited to participate and speak on youth panels and facilitate and lead workshops. Youth will continue to speak at requested events, such as foster parent appreciation dinners, throughout the state.

Through the 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. Members of the SYAB 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.

Members of the SYAB represent all children and youth who have been in or are in out-of-home placements from his/her area of the state. Each member of the board is an outstanding youth in foster care or youth who obtained adoption or guardianship after the age of sixteen. Advisory Board members are responsible for providing Children's Services policy and procedural input to Children's Division administrative staff/Juvenile Court. The SYAB decides what goals and activities they want to pursue for upcoming meetings and carry those out accordingly. The SYAB also works as a network by bringing back important information to the Area Youth Advisory Board (AYAB). The youth must be ages 15-21, but if a youth turns 21 during the term, or leaves Children's Division custody, he/she can finish the remainder of the term if in good standing. The youth must be an active participant of a Chafee or Transitional Living Program (TLP) and must have a good attendance record for activities in which he/she is involved, such as AYAB meetings, school, work, etc. The SYAB has a Chair, Co-Chair, Scribe, Co-Scribe, and Censor. Officer elections are held annually in the summer. The board also may consist of three non-voting, ex-officio members. An ex-officio member must be a current or former foster care youth who served at least a one year term as a board member or alternate, within the last three years. 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.

The Chafee contract contains language requiring each region to nominate up to three youth for potential membership on the board. Regions are allowed to have additional youth as well but membership overall is kept at approximately thirty youth to be manageable and productive. The SYAB vote and determine if the youth nominees become a delegate member of the SYAB. The SYAB has final authority on membership approval. As a regional delegate/SYAB member, the youth is expected to attend or otherwise participate in the SYAB meetings for a one year commitment. The regional delegate/SYAB member is also asked to participate in speaking engagements and leadership activities. The Chafee contracted providers transport the regional delegates to and from the meetings and provide chaperoning throughout the attendance at SYAB meetings and activities.

The Transitional Living Program contract contains language for youth to participate in a local board as well. Contracts for Chafee and Transitional Living Program will be rebid in SFY15 - 19 and the requirements regarding SYAB will be reevaluated at that time as well as at a stakeholders' meeting to be held in April 2014. The SYAB handbook will be reviewed and revised as needed in SFY15 - 19.

The SYAB meets on a quarterly basis and will continue to meet quarterly in SFY15 - 19.

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.
- Several youth from across the state have participated in Older Youth Summits which is an extension of the Youth Independence Interdepartmental Initiative that began in April 2010. Missouri plans to continue summits throughout the state and youth will be an integral part of these events.
- A former SYAB member is a member in the Missouri Juvenile Justice Advisory Group. This is an appointed position by the Governor.
- SYAB members participate ongoing in STARS training.
- A youth from the SYAB is a member of the Healthcare Coordination Committee.
- A youth has been selected to be a member of the Child and Family Services Review (CSFR) Advisory Committee.
- Youth have been invited to participate in a stakeholders meeting in April 2014 and will continue to be invited to meetings of this nature.
- Youth were invited to participate in an educational summit in July 2013 and a youth was a presenter. Youth will continue to be invited to events of this nature.
- Youth will continue to participate annually in Foster Care 2 Success internship.
- Youth will continue to participate in FosterClub All-Star internship.

Youth are made aware of opportunities for speaking engagements and memberships in advisory committees and internships as they become known or requested at the local, state and national level via meetings, email, and Facebook and this will continue in SFY15 - 19.

Input will continue to be provided as needed in SFY15 - 19.

For SFY15 - 19, SYAB members and youth from regional boards will participate in Child Advocacy Day. Missouri's annual Child Advocacy Day is an opportunity for parents, providers, youth, and community members to speak up and ask lawmakers to make the health, safety, and education of Missouri's children a top priority for the state. The SYAB develops talking points and meets with legislators from their area. Youth participate in a rally at the Capital and an educational workshop on advocacy.

Missouri has had a youth attend the FosterClub All-Star internship program since 2006 and will continue to do so in SFY15 - 19. The FosterClub All-Star program is in Seaside, Oregon during the summer. Youth

are provided with intensive leadership and public speaking training, and then sent to teen conferences and foster care-related events across the country. In addition to motivating, educating and empowering foster youth across America, the FosterClub All-Stars raise awareness about foster care. Missouri plans to utilize the youth upon his or her return to teach other youth leadership and advocating skills, particularly SYAB members, as well as represent Missouri in speaking engagements.

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. Missouri will continue to nominate youth for this honor in SFY15 - 19.

The SYAB will continue to host an Adult Leadership and Empowerment conference biannually in SFY15 - 19. The conference will be held over three days with 200 youth and adults in attendance from throughout the state. The event will continue to be planned and facilitated by members of the SYAB every other year which much of the year being devoted to this project in the conference year. Workshops and presentations will be geared toward topics related to transitioning and life skills including NYTD, Chafee, and ETV. The event will continue to be fun, educational, and allow youth to interact with other youth and supportive adults throughout the state.

The 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 and this will continue in SFY15 - 19.

The SYAB developed a strategic plan in SFY12 to direct their work after the youth conference and no changes have been made to the plan and work continues on each of the goals.

They have 3 goals:

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

Although the SYAB has grown and stabilized throughout the last five years, local regional boards continue to struggle with development and implementation in some parts of the state and work on this issue will continue in SFY15 - 19. Membership stability will continue to be a focus in SYF15-20.

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 creed will be modified as needed in SFY15 - 19.

The Children's Division will continue efforts to include Native American youth participation in leadership activities in SFY15 - 19 as well as incorporate diversity of all cultures.

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

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

The SYAB will continue to be the voice of youth in care and increase their visibility and participation in communities in SFY15 - 19.

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 SFY15 - 19.

Adoption Recruitment Training Support

The Adoption Recruitment Training Support (ARTS) team consists 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. The team's focus is on statewide recruitment tools, post adoption services and prevention of adoption disruptions. The ARTS team also has an interest in 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.

In SFY15, ARTS plans to continue as a state wide recruitment group focusing not only on recruitment but on post adoption services and prevention of adoption disruptions. This would mean taking a closer look at how staff are choosing families for the adoption of children as well as providing more education to families pre-adoption as well as post. The ARTS team recognizes the need for support to adoptive families. They would like to explore new ways of providing support, highlighting the family's natural strengths and encouraging continued communication with CD. The ARTS team's goals 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. The team will also continue to be a sounding board for any new or revised adoption policy, practice and training.

Heart Gallery

Children's Division plans to continue using the Missouri Heart Gallery as a recruitment tool. Heart Gallery events help find children forever homes, raise awareness in communities about the need for such homes, and recruits foster and adoptive families. Children's Division is open to new ideas and changes which would better the Heart Gallery. The ARTS team plays a role in coming up with fresh ideas and innovative ways of using the Heart Gallery as a major recruitment device.

Subsidized Adoption and Guardianship Program

In keeping with the Children's Division's goal to achieve permanency for all children in the care and custody of the Children's Division, adoption or legal guardianship is a desired outcome for children who cannot be reunified with their families. This goal is founded in the belief that every child has a right to a permanent and stable family.

An adoption subsidy is available to a child who is designated as having special needs (section 453.065, RSMo) and who does not have an adoptive family readily available. Guardianship subsidy is available to a qualified relative or qualified close nonrelated people (section 453.072, RSMo) who are granted legal guardianship of the child in the same manner as such subsidies are available for adoptive parents. Subsidies are available to children in the care of the Children's Division, Division of Youth Services, Department of Mental Health, and licensed child-placing agencies at the time of placement for guardianship or adoption.

Missouri will continue to offer the subsidized adoption and guardianship program to qualified families with the expectation of increased numbers in the number of guardianship subsidies. For FY14 and FY15 the annual cost savings was estimated at \$735,807; an increase to General Revenue of \$181,349 with a loss of FFP of \$917,156. Because a child must first be in the custody of the Children's Division prior to moving to guardianship placement, CD projects there will be a reduction in foster care costs as a result of children moving to guardianship. The annual placement cost for a child in foster care is \$4,395. The total annual placement costs for the 639 children if they had remained in foster care would have been \$2,808,405. (\$1,821,035 GR and \$987,370 FFP). Over the next five years, CD will be able to see if there is a significant increase in guardianship subsidies based on Missouri's new law change.

Foster and Adoptive Parent Recruitment

Missouri will continue utilizing 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. Circuits will continue to develop and implement annual recruitment plans which reflect the characteristics of available children needing placement and strategies for recruiting specific to the circuit.

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 material 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 two-year pilot is currently being 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. Missouri plans to have data over the next two to three years on the outcomes of this pilot. Once more information is gathered, CD will be able to evaluate and strategize on what the next step will be.

In an effort to improve recruitment efforts, Missouri CD will continue to strive for 75% of children with a goal of adoption to have a profile featured on AdoptUSKids.

Family and Children's Electronic System

For FY14, Missouri is planning several large enhancement projects to target not only potential SACWIS findings from the formal review, but also staff usability. These enhancements will be divided among three large project efforts and will include changes to the Child Abuse Neglect Hotline, Investigation and Assessment, how contacts are documented throughout all case functions, and Financials and Resources. Management is committed to making changes that will make the system flow easier, reduce duplication of data entry and make the system more user friendly overall for staff. These three large enhancement projects will resolve over 30 pending system change requests submitted by field staff.

In addition to the three large enhancement projects listed above, Missouri will be working on incorporating such features as spell check and document imaging into FACES. Missouri is also in the process of developing a Mobile app for field staff. Through the use of an iPad, staff will have access to specific FACES apps in the field in which they can upload data, enter information and then sync back to FACES when they return to the office. This is a very exciting project for Missouri. With the growing number of staff who use this type of mobile technology every day in their personal life and the need to

have access to certain critical data while out in the field, it made sense to begin the transition to this type of technology.

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. However, the Department of Social Services is planning to use IV-B funds for Adoption Assistance maintenance in FY15.
- 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:

- FFY14, the percentage for IV-B, Subpart 2 will change slightly from FFY11 and FFY12 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 FFY14 are as follows:

- 69% 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.
- 7.6 % 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.
- 23.4% on Community Based Family Support - CD mainly provides these services through contracted providers. In FFY13, the State of Missouri started a two-year pilot project for the recruitment and retention of foster and adoptive families through a contract. This contract has been partially funded by IV-B.

- 0% Adoption Promotion Activities - The division has the equivalent of 70 FTE (\$2.3 million in salaries) devoted to maintaining and supporting current adoption placements. However, since the IV-B grant is fully utilized, these staff are funded from other sources. Additionally, approximately 78 FTE focus (\$2.6 million in salaries) on developing foster and adoptive homes. Some or all of these activities could be claimed through IV-B funding. However, since the IV-B Subpart 2 grant is being fully claimed by the above activities, other funding sources are used.

Children's Division estimated that \$0 of IV-B funds would be spent on Administration and Management. Actual expenditures will exceed this amount for Administration and Management.

3. FFY 2013 Funding – Revised Budget Request

4. FFY 2014 Budget Request – CFS 101 (see CFS 101 attachments)

- In FFY12, the amount estimated for IV-B subpart 1 was \$5,733,207. The amount expended was \$5,733,207.
- In FFY12, \$9,850,198 was spent on IV-B part 2 type activities. \$3,712,123 was spent on Family Preservation, \$782,828 on Family Reunification, and \$5,355,197 on Community Partnerships which provide community-based family support and other services including adoption promotion and support services. Expenditures in excess of the grant are taken to other sources including state funds and other allowable federal sources. The above expenditures on Family Reunification are for contracted services only. The Division also contracts with private agencies to develop Adoptive and Foster family resources.
- For IV-B part I, the amounts are similar
- For IV-B part II, the expenditure amount represents the amounts claimed by area. Activities in these areas exceed 25% of the IV-B subpart 2 grant; however, not all of the activities are claimed against the IV-B subpart 2 funds. The amount set up in CFS 101 Parts 1 and 2 in FFY12, 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 FFY12 was \$3,230,073, the total expenditures including the state match was \$4,037,591.
- The amount of Chafee grant funds expended in FFY13, year to date, is \$2,787,809 the total expenditures including the state match was \$3,484,761.
- In FFY14, the Children's Division expects to fully use this funding. For the FFY13 grant, \$ 6,458 was used for housing and maintenance aftercare payments for youth. FFY14 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 FFY13, 291 youth received an ETV Grant. In FFY14, a total of 277 youth has received an ETV grant.
- The CD is in a partnership with a private agency, Foster Care to Success in order to reach more children who need and qualify for the ETV grant. This is increasing the usage of the grant. The goal is to fully use the ETV grant to help more foster children pursue post secondary education. Based on the maximum grant of \$5,000 the goal is to reach 300 children who are in need of assistance.
- For FFY13, the amount of ETV grant expenditures was \$1,346,301 (federal share of \$1,077,041) and FFY14, year to date, is \$714,956 (federal share of \$571,965).

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 2012, total expenditures were \$252 million, of which \$139.2 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 2012, the amount was \$10.3 million. Approximately, 54% of the \$10.3 million was taken to the IV-B grant (\$5.5 million). The remaining \$4.8 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 SFY2012, approximately \$1.8 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.

Service Decision-Making Process for Family Support Services

Children's Treatment Services (CTS) contracts are used in order to provide family support 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 are used, as a payer of last resort, with children and families to prevent child abuse and neglect. Contracted services to an individual or family shall be provided based on the goals developed by the Children's Service Worker and family. Since effective communication between all treatment agents is a prerequisite for successful intervention, the worker must carefully define the nature and scope of services to be delivered. These services are administered by community-based third party providers, which may include the provision of mental health services including counseling and therapy, parent aide and education services, family reunification, and 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.

The Children's Treatment Services (CTS) Mental Health and Supplemental Services contracts are open year-round for organizations and individuals to bid to provide services to abused and neglected children and their families in accordance with the terms and conditions set forth within the contracts. The process involves a request from the organization/individual, and subsequent submission of the required documentation to the Department of Social Services – Division of Fiscal and Administrative Services (DFAS). Once procured, the organization/individual's information is entered in FACES for use by field personnel working directly with the provider.

In many cases, the local CD office determines a need for the service and they approach an organization or individual within the community about providing the service. There are also occasions when a community provider will approach the local office or DFAS with a service they are interested in providing for the Division. Because child welfare requires a community wrap-around approach, it is important that service providers are located within the community.

Populations at Greatest Risk of Maltreatment

The primary concern of the Children's Division throughout the continuum of care is always child safety and well-being. The Division utilizes protocols built upon Structured Decision Making (SDM) and the Framework for Safety (FFS) to assess for risk, to address threats of danger, and to focus treatment services on families at the greatest risk of child maltreatment. The Framework for Safety model enables staff to identify vulnerabilities and protective capacities, thus allowing services to be targeted to the most vulnerable children and to caregivers with limited capacities. The Risk Assessment (SDM) assesses the likelihood a family will maltreat their child(ren) within the next 18 to 24 months. For active family-centered service cases, the risk level is used to guide the minimum amount of contact with the family each month. These guidelines are considered "best practice" and help focus staff resources on the highest risk cases. 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.

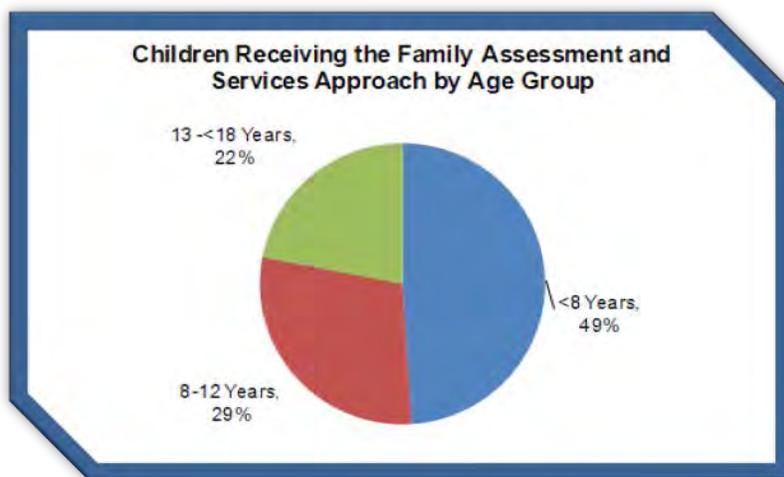
Identified Population

Children birth to ages seven and eight are typically more vulnerable and at the greatest risk of maltreatment because they are completely or primarily dependent on others to meet their nutritional, physical, and emotional needs. Young children lack the ability to protect themselves from abuse or neglect. They lack speech capacity and important social, cognitive, and physical skills which are developed in early childhood.



Source: Child Abuse and Neglect Annual Report, SFY 13, Page 12

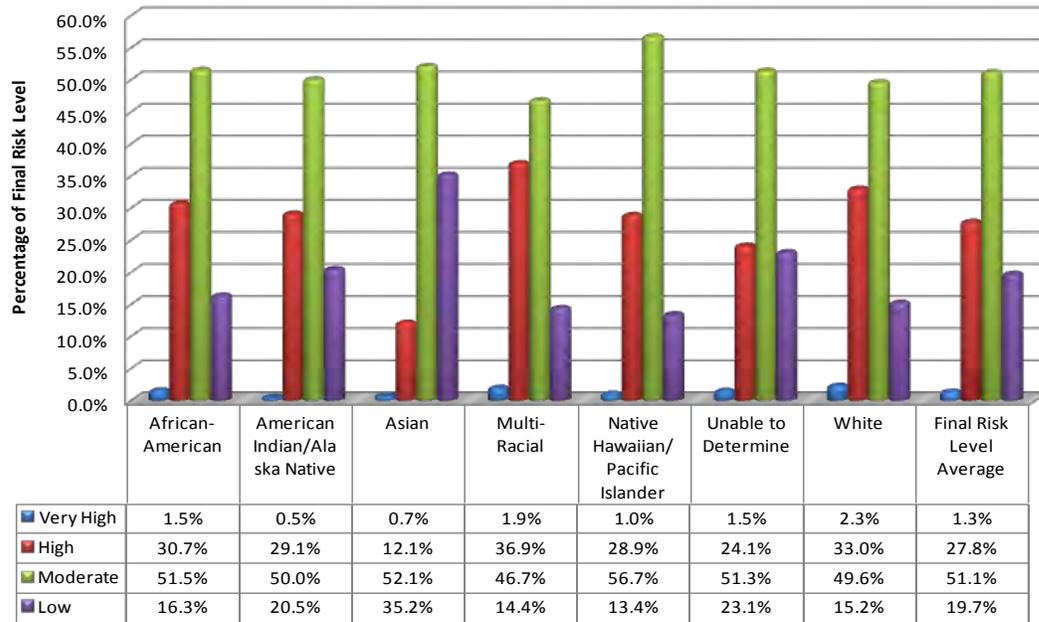
Based on the chart above, children birth to age seven constituted 53% of all substantiated victims in SFY13. Similarly, the chart below shows the highest population (more than half) of children involved in family assessments to be children birth to age eight.



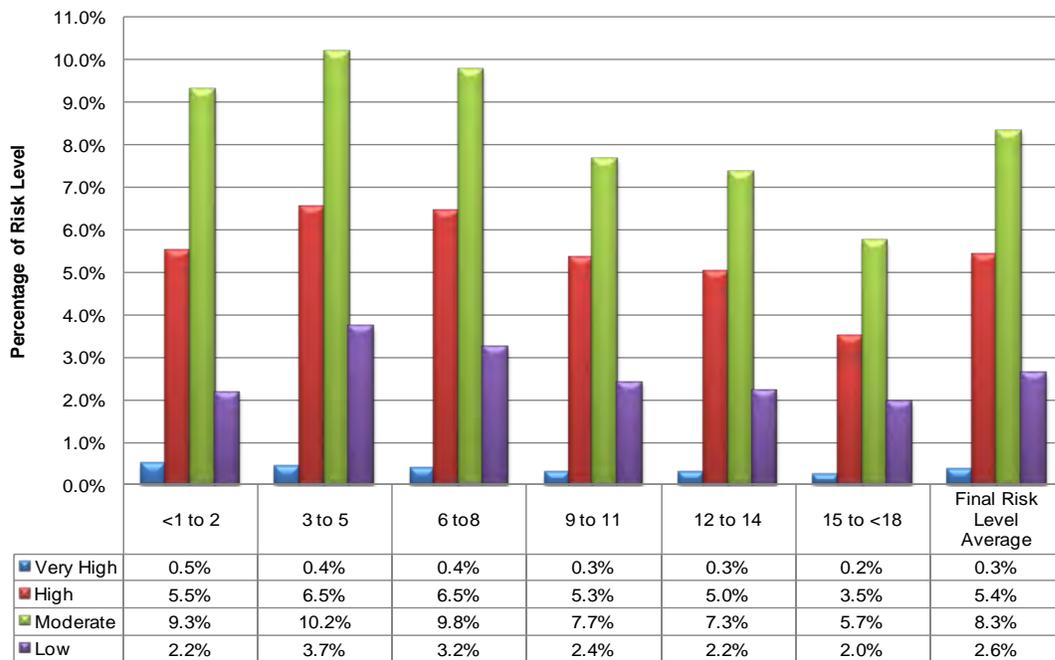
Source: Child Abuse and Neglect Annual Report, SFY13, Page 23

In addition, after the children come to the attention of the Division, the data shows the highest percentages of risk level (moderate, high, and very high) exist within the birth to age eight group.

Final SDM Risk Levels by Children's Race FY13



Final SDM Risk Level for All Children by Age Group FY13



Source: Child Abuse and Neglect Annual Report, SFY13

The data above provide an opportunity to identify the probability of future maltreatment for children who were involved in a CA/N Investigation or Family Assessment during SFY13. Children between birth and eight years of age presented the highest probability of being at moderate to very high risk for future maltreatment. Children's race was also slightly indicative, but not exclusively predictive with regard to placing children at greater risk for maltreatment.

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

- Children in families with prior history of abuse or neglect
- Children in families who have previously received services
- Children who had three or more siblings under the age of eighteen living in their home
- Children who presented a history of delinquency, had a developmental disability or a concerning characteristic related to their mental or behavioral health
- Children whose primary parent/caretaker had a historical or current substance abuse problem, or mental health concern
- Children whose primary parent/caretaker had a history of abuse/neglect as a child
- Multi-Racial (36.9%) and African-American (30.7%) children represented the highest percentage of high risk level when controlling for all risk levels assigned within each race

Services Targeted to this Population

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

The Children's Division and Department of Elementary and Secondary Education (DESE) are currently coproducing a Memorandum of Understanding (MOU) to enhance collaboration efforts to ensure children in need are referred for early intervention services. The MOU will include the provision of an annual report by DESE detailing various data elements relating to Children's Division referrals to the First Steps program.

Intensive In-Home Services (IIS) is one intervention targeted to children age five and under. The percentage of children age five and under receiving IIS services has remained stable for the last five years. The program has outcomes which demonstrate the efficacy of the program for keeping children

safely in their homes. Children’s Division will continue to make this program a priority over the next five years.

In addition, the division has extensive reference materials available for staff including information on Chronic Neglect, developmental milestones, domestic violence, substance abuse, failure to thrive, and many other issues leading to increased risk for children.

Young children from birth to age six have been identified at a great risk of maltreatment because their still developing brains are vulnerable. As a result, Missouri has created the Missouri Early Trauma Initiative (MET). Some strategies for addressing the trauma of young children include:

- Increasing access to local mental health professionals trained in child specific traumas
- Supporting financial incentives/Medicaid for trauma specific evidence-based practices
- Working with higher education to increase pre-service training on trauma specific evidence-based practices.
- Increasing community collaboration/coordination
- Strengthening families/protective factors/resiliency/framework for safety
- Increasing parent supports
- Encouraging a holistic model of service (prevention, health, mental health, development)

Children who have experienced trauma are more vulnerable to future trauma. Separation from a caregiver can be extremely traumatic even if abuse or neglect existed. Because brain development is critical during this young period, the Division is committed to mitigating the effects of separation trauma on young children in foster care through an initiative known as Missourians Overcoming Separation Trauma (MOST). When a child is removed from their home, children from birth to age eight will be assigned a home visitor. An educational and skills building approach with the provider working directly with the caregiver with a strong focus on communication between the child and caregiver will be utilized. The provider will have an individual session with the biological parents who will assist the child through the transition. This will occur in the first thirty days following removal. The caseload size should range from eight to ten children at any one time. Enhanced training for workers, supervisors, and foster parents will also be developed.

Crittenton Children’s Center in Kansas City, Missouri has a new initiative called Head Start Trauma Smart which addresses the high incidence of complex trauma that negatively impacts the lives of three to five year-old children. This trauma includes, but is not limited to:

- Family and/or community violence
- Family members’ arrest and/or incarceration

- Caregiver substance abuse or untreated mental illness
- Homelessness
- Separation from their parents
- Family member's death

Through this program, staff improve parent and classroom personnel's understanding of the symptoms of trauma, identify its impact on children, teach specific skills for responding, and provide access to therapeutic services when appropriate.

Services for Children Under the Age of Five

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. Children's Division 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 with expected implementation during FY15. Services may be provided by direct case management or may require the use of purchased services. The worker will use community providers when he/she assesses some, or all, of the services cannot be delivered directly. Providing and improving services to the youngest, most vulnerable population will continue to be a focus for the next five years and 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)
- First Steps services for ages birth to three (mandatory referral for POE finding for children under the age of three)
- School district services referral for children over the age of three with a developmental concern or delay
- A special or therapeutic preschool, including day treatment or child care facilities which can meet the child's needs
- Referrals to Early Head Start and Head Start
- Parent aide services for the parents

- Mental Health services for the child or parents

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

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

A critical area of services for the next five years to focus on in particular is First Steps. Missouri's early intervention system is known as the First Steps program. The Missouri Department of Elementary and Secondary Education (DESE) is the state's lead agency for the First Steps program and is responsible for ensuring the provision of early intervention services to eligible children and their families consistent with the requirements of Part C of the IDEA.

Children's Division policy – pursuant to the federal mandate of CAPTA – requires staff refer to First Steps any child under the age of three years who has been determined abused or neglected by a preponderance of evidence in a child abuse/neglect investigation. In CY13, 815 children were eligible for referral to the First Steps program pursuant to CAPTA requirements. Yet, DESE reports only 78 of these referrals received from the Children's Division cited a referral reason of "CAPTA" to signify compliance. When a preliminary data report from DESE in September of 2013 revealed the disparity, Children's Division issued a Practice Point (PP13-IA-05) to all staff. The Practice Point reinforced the policy requirement for making referrals and outlined referral process instructions, including instruction to select CAPTA as the referral reason.

Additionally, the Children's Division and DESE are currently coproducing a Memorandum of Understanding (MOU) to enhance collaboration efforts to ensure children in need are referred for early intervention services. The MOU will include the provision of an annual report by DESE detailing various data elements relating to Children's Division referrals to the First Steps program.

Under Age Five Children without Permanent Families

The Children's Division will continue to monitor data and outcomes for children under the age of five. Data that is currently monitored and will continue include demographic data such as percent of the foster care population, gender, race, placement types, and placement and age at exit.

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 (SFY10-13) 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.

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 five 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 five, there are no anticipated changes or updates forthcoming.

The Division will also continue to monitor children available for adoption and continue efforts to achieve permanency for them. There has been an increased focus on ensuring children who are available for adoption are matched and placed in pre-adoptive homes. This will continue to be a goal and focus for the next five years.

The recruitment activities to locate pre-adoptive families will continue to be a focal point for the future. The efforts include:

- 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 traveling gallery. The display is featured in many public venues where people who have not considered adoption can be exposed to the opportunity.
- Adoption events from around the state are posted on the CD website.

- 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.
- Continue local, circuit specific strategies for recruitment.
- Performance requirement will continue 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 complete the employee's annual performance appraisal, a portion of the rating will be based upon this item. The report is based on a quarterly point in time comparison of all children having a case goal of adoption (not placed in pre-adoptive placements, having the goal of adoption for at least the last 90 days) listed in AdoptUSKids Data Base. The AdoptUSKids Comparison Report is provided by the Adoption Unit at Central Office.
- 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.
- Developing local processes for reviewing young children who have not yet achieved permanency.

The Children's Division will continue 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 cases are staffed on a monthly basis with their juvenile office to ensure children do not remain in foster care indefinitely. These reviews help move children towards permanency.

The DVD, "The Legal Aspects of Barriers to TPR and Adoption", will continue to be used 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 First Steps (ages 0-3), the school district (ages 3+), and the Regional Diagnostic Center for evaluation. There is a regional center servicing every county in the state. Preschool is highly recommended for any child who is functioning below age level. Some communities have special preschools. The school age child who is developmentally delayed will be evaluated by the school. Any child who is receiving special services in school should have a semi-annual IEP (Individual Educational Program).

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

Services for Children Adopted from Other Countries

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

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

CONSULTATION AND COORDINATION BETWEEN STATES AND TRIBES

Coordination and consultation will continue to be 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 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.

The Children's Division will continue to work on developing a consistent 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 will 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, will be sent to the BIA, Juvenile Office and Judge in cases where the child is eligible for tribal membership. Judicial notice will be taken in the first 90 days and will apply for the duration of the case.

As stated in policy, staff are able to contact the two Native American Indian Centers to consult on ICWA related cases. Staff are to contact the specific tribes related to their ICWA case to help in case management and planning.

The Missouri Indian Centers participated with the CD in regard to training and consultation on the latest policy developments. In addition, Indian Center 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 Indian Center for review of ICWA compliance. Dr. Prue who works with the KC 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. Dr. Prue shared the information provided by the Division to the Board of Directors of the Kansas City Indian Center meeting. The board reviewed and made recommendations and suggestions to improve policy and training. At this time the Division is taking all suggestions and recommendations under advisement.

The Division will also continue to partner with Dr. Prue on developing new ICWA training for all CD staff as a refresher. Goals for the next five years 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
- Continue to have discussions with the KC Indian Center in regards to training of all CD staff
- Complete a Systems Change Request in the SACWIS system to better capture the accurate number of children with Native American heritage and those who are eligible for tribal membership or who are already card carrying members
- Regularly share data from SACWIS with courts and Missouri's Native American Indian Centers

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.

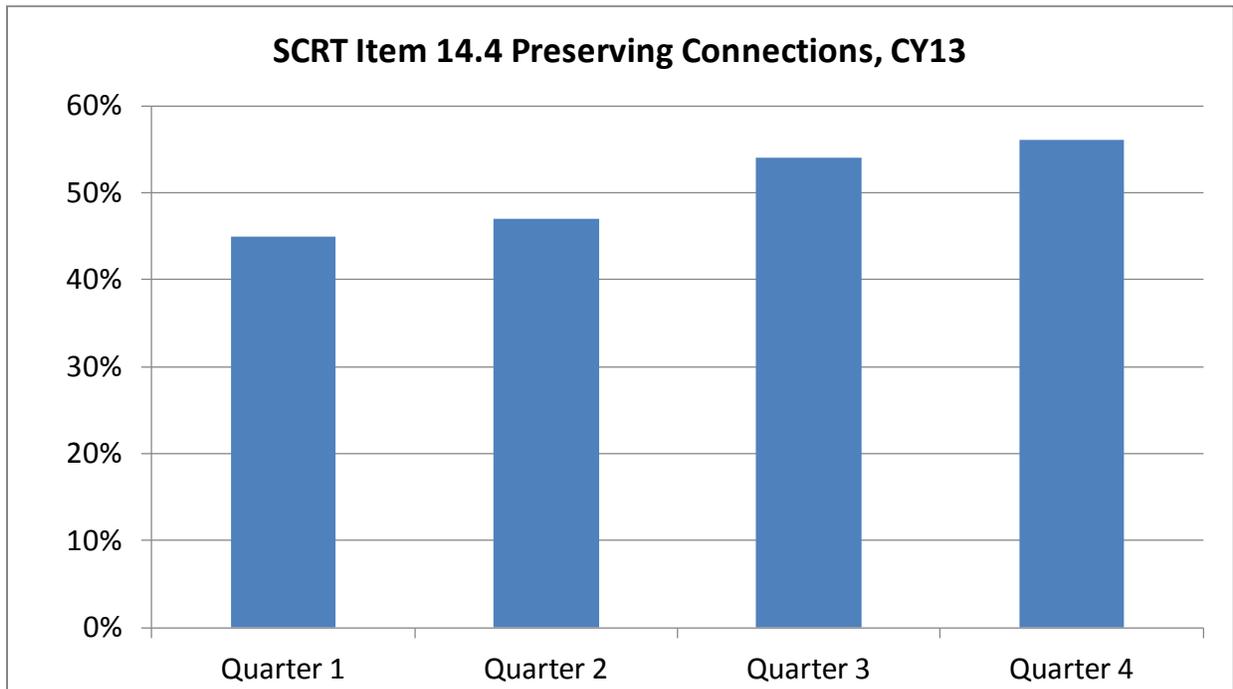
Barriers to accomplishing the five year goals include; completing changes to the SACWIS system, as this can be a lengthy process, coordinating or collaborating with tribes, as Missouri does not have any federally recognized tribes and the tribes already working with specific cases are not always the same tribes and are not always in neighboring states. Most of the tribes Missouri works with are in Oklahoma, however, they are not the same tribes. Some tribes are difficult to communicate with and do not always participate in case planning possibly due to the lack of funding on their part.

As of February 28, 2014, there were approximately 143 foster children in Missouri who identify themselves as having Native American heritage according to the data pulled from Research and Evaluation. Nineteen of those children are registered tribe members. Of the 143 children, 70 were from the Southwest part of Missouri. It is the goal of the Division to work very closely with staff and collaborate even more so with the Springfield Indian Center.

A specialist in CD Central Office requests a report, once 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 Best Practice Review (BPR) results recently, as discussed in the QA Section, and found in CY13, 48% of cases reviewed had the checklist completed as required. In addition, the Indian Ancestry Questionnaire was used in 47% of the cases reviewed. The BPR's are on-going and practice improvements for these are addressed through on-going CQI processes at the local circuit level.

Missouri also uses the Supervisory Case Review Tool (SCRT) results. There are two ICWA related questions in the tool supervisors are to answer. The results are used during case consultation between

supervisors and their staff to make improvements where needed. Item 14.3: *Was there sufficient inquiry conducted with the parent, child, custodian, or other interested party to determine whether the child may be a member of, or eligible for membership in, an Indian tribe?* The results for the fourth quarter, which were very similar to the first, second and third quarter, were 94%. The second question, item 14.4; *if the child is a member of, or eligible for membership in, an Indian tribe, was the policy followed?* The results, while lower than preferred, increased each quarter as seen in the chart below:



In June 2013 a Practice Point was posted for all staff titled, *Indian Child Welfare Act (ICWA) Throughout the Life of the Case*. The purpose of this Practice Point was to remind staff of the statutory requirements to comply with ICWA. In the work of each of the programs of the Children’s Division, staff should engage the family to collect a comprehensive assessment of the family’s culture, including cultural heritage. Staff are directed to continue to ask and document findings and steps towards ICWA compliance throughout the life of the case.

In August 2013, the 72 Hour Plan, FST-2 form was developed to assist staff in completing a preliminary written plan which allows the family to begin working on tasks while the assessment process is completed. The FST-2 is required to be used during a Family Support Team meeting should be held within 72 hours of the child coming into alternative care. The FST-2 is required to be used during this meeting. Specifically the form has an ICWA check box and a question asking if the child has any Native American Heritage. This process is just one way to remind staff of the importance of asking if the child or family has Native American heritage. By asking these questions in the beginning of case planning, staff are able to proceed as needed with ICWA compliance.

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

Monthly Progress Summary views on the case narrative screen in FACES as of March 2014. Indian Child Welfare Act (CD-116 and CD-123) is now a narrative section in the Opening Summary and is mandatory. Staff are encouraged to continue efforts throughout the life of the case documenting information in regards to ICWA in the AC Monthly Progress Summary.

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. The information is also obtained based on the race code provided by the caregiver or child when a Departmental Client Number (DCN) is assigned to a child. As of February 28, 2014, there were approximately 143 foster children in Missouri whom identify themselves as having Native American heritage according to the data pulled from Research and Evaluation. Nineteen of those children are registered tribe members.

Because there are no tribes in the state to exchange copies of the CFSP with, Missouri will make the CFSP and APSR available on the public website.

CHAFEE FOSTER CARE INDEPENDENCE PROGRAM (CFCIP)

Planned activities for each of the first five purposes of the Chafee Foster Care Independence Program (CFCIP):

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

In SFY15 - 19, the CD will continue to use the CFCIP funds to staff one state level coordinator. The state level coordinator position will continue to be responsible for program development and coordination, implementation, resource development, training, administrative oversight, technical assistance, and policy development. The coordinator will also be responsible for management and oversight of the Chafee, ETV/Missouri Reach, and Transitional Living Program (TLP) contracts, NYTD, and State Youth Advisory Board.

The Children’s Division will use CFCIP funds to staff four Older Youth Transition Specialist (OYTS) positions to cover six regions of the state – St. Louis, Kansas City, Northwest, Northeast, Southwest, and Southeast.

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, and participation in community workgroups, task forces, and initiatives concerning older youth. The OYTS will attend Family Support Team Meetings and court hearings on older youth in which case plans are discussed. The OYTS will provide feedback on program related memorandums, assist with the process for re-entry youth, aftercare youth, and exit packet information when requested, assist with promotion and recruitment for older youth related events such as focus groups or youth conference, and develop regional plans for increasing number of referrals, etc.

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 and 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 will verify eligibility for the ETV Program and Missouri Reach. The OYTS will assist with compliance in reporting for the National Youth in Transition Database (NYTD). They will assist with survey reporting, approving services entered by contracted providers, and ensuring current grade level is available on youth ages 14-21. In SFY15 - 19, the OYTS will assist 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 of agency staff, providers, and the community. The four OYTS may also assist with program coordination in their designated regions. Conference calls will be held with the OYTS and ILC quarterly and in-person meetings as appropriate. Duties will be revised as needed.

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. Missouri will continue to serve all eligible youth in SFY15 - 19. Missouri's criteria are youth in the care, custody, and control of the Children's Division regardless of case plan; however, youth with extreme special needs are excluded from being referred for services upon discussion and approval with the Family Support Team. Youth are referred to Chafee services regardless of whether or not he or she has case management with the state or a Foster Care Case Management agency.

Native American youth are eligible and receive the same benefits as other youth in care. A listing is received quarterly from Research and Data Analysis. If a youth is identified as Native American or having tribal affiliation and has not been referred to Chafee services, the ILC contacts the case manager or regional manager to ensure a referral is made. The Chafee and TL providers are made aware to include Native American youth in youth leadership activities and since March 2012, Native American youth have been represented by one or more youth on the State Youth Advisory Board. When the biannual conference is held, providers are made aware to make efforts to include Native American youth as participants. Older youth of Native American descent are primarily in the Southwest region of the state and providers in this region assist with identification and efforts.

As a response to Fostering Connections and to ensure all youth residing in Missouri that are in care receive supportive services, Missouri began supervision of older youth in foster care placed in Missouri over the age of 18 in SFY14 and this will continue. Youth eligible for this service are wards of another state and are in Missouri for the purpose of attending college, living in an Independent Living Arrangement (ILA) or Transitional Living Arrangement (TLA). The financial responsibility for supporting these placements remains with the state from which the child was sent to Missouri. The sending state should arrange for Chafee services directly via the Chafee contractor from the youth's residence region. The sending state should also provide for the Educational Training Voucher services if they are needed.

Although the referral and reports are being processed through the ICPC unit, these older youth are not included in the Interstate Compact Placement of Children, which ends at age of majority (18). This is a service to accommodate the federal law allowing youth to remain in care until age 21. It ensures safety and well being of all youth in care, custody, and control of a child welfare state agency residing in Missouri who are not covered by the compact.

Within the Older Youth Program (OYP) there are services and funding provided through the Chafee Foster Care Independence Program. The CFCIP is contracted out to private agencies to administer and deliver services and funding to older youth in foster care, youth adopted or who have obtained legal guardianship after the age of sixteen as well as former foster youth. Services have been contracted out since January 2008. Services began under the current contract on October 1, 2011. The Chafee contract remains in effect until October 31, 2015, with annual renewals, and will be rebid in SFY15. Six agencies are providing services for six regions and one circuit of the state. Regional variances are not noted as all operate under the same contract. Any variance is due to rural versus urban settings.

The Transitional Living Program contract was rebid in April 2012 and expires June 2016 with annual renewals. There are 16 agencies across the state providing Transitional Living Group Home Services, Transitional Living Structured Services, and Transitional Living Unstructured Services. The TLP services will continue in SFY15 - 19.

On-going communication occurs with the providers of Chafee and TLP services via electronic mail from the Independent Living Coordinator as well as quarterly visits from the OYTS. In SFY15, contract revision input will be received. Communication and meetings will continue as needed in SFY15 - 19.

The Chafee and Transitional Living Program contracts contain language about the Four Core Principles identified by the Muskie School of Public Services, University of Southern Maine and the National Resource Center for Youth Services for successful adolescent transition programs - positive youth development, collaboration, cultural competence and permanent connections. The expectations and requirements are that Chafee and TLP contracted providers will engage the youth in case planning, design life skills instruction specific to the youth's needs with youth input, and offer a variety of methods in which youth can gain competency in life skills. These principles will continue to be the basis of and guide the Older Youth Program in SFY15 - 19 and will be included in future contracts.

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

- The philosophy of youth permanency and positive youth development
- The responsibilities of case managers of older youth, Chafee Contractors, TLP Contractors, and Older Youth Transition Specialists
- Procedures for using the Casey Life Skills Assessment and the Adolescent FST Guide & Individualized Action Plan (IAP) Goals

- Helpful resources to engage youth in transition planning and self sufficiency

The Adolescent FST Guide and Individualized Action Plan (IAP) Goals (CD94) assists 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 and updated every six months and 90 days prior to the youth leaving care. The use of the Adolescent FST Guide and Individualized Action Plan (IAP) Goals will continue in SFY15 - 19 and will be revised as needed.

The Casey Life Skills Assessment (CLSA) is an evaluation of youth's independent living skills. It consists of statements about life skills 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. The use of the CLSA to evaluate life skills will continue in SFY15 - 19.

A portfolio assessment is used for each youth ages 14-21 to give the youth the opportunity to take some control of the assessment and demonstrate what they have learned. The portfolio is a collection of samples which communicate a youth's interest and give evidence of the youth's talents. It is used to show others what the youth has accomplished, learned, or produced. The portfolio is created during life skills instruction and is guided by the learning goals. The portfolio process involves the appreciation and evaluation of one's work. Portfolio items are completed for each life skill instruction and may include report cards, resumes, and certificates for example. The youth may share their successes included in their portfolio at a job interview, court, FST or other time as appropriate. All contracted life skill providers must assist the youth with portfolio development. Performance and portfolio items are recorded on the Individual Life Skills Progress form so staff may see the concrete results of instruction. The portfolio assessment will continue to be a contractual requirement of Chafee and TLP providers in SFY15 - 19.

The Individual Life Skills Progress Form (CD95) is used to record performance of youth in achieving life skills by using a Likert scale of Got It, Working On It, or Needs Assistance. It is completed through direct observation of the youth's work during and just after instruction has taken place and helps the youth appreciate what has just been demonstrated. Together, the youth and the instructor decide where the youth is on the three-point scale. It also provides the agency with historical data on the youth's life skill overall development. This form is completed quarterly by the person teaching life skills, typically a contracted Chafee or TLP provider and this will continue in SFY15 - 19.

The Life Skills Strengths/Needs Assessment Guideline Questions (CD96), and Life Skills Strength/Needs Reporting Form (CD97) 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 (need statement) right now for goals in the Adolescent FST Guide and Individualized Action Plan Goals and is filed in the youth's record. The youth receives a copy of the completed form. This form is completed within the first 60 days of a youth turning 14 or coming into care after the age of

14. The form can also be completed again as the youths achieve their goals and need to set additional goals. The usage of this tool will continue in SFY15 - 19.

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, and education financial assistance. 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. Services provided will continue to be individual in nature.

Children's Division will continue work ensuring youth receive Older Youth Program services. Monitoring via information extracted from FACES through the research and evaluation unit will begin in SFY15 - 19. Information from NYTD enhancements made in SFY14 will be used to identify if youth are receiving exit packet information upon release from care. Re-entry youth will be evaluated to see if there are trends in regions or providers. Monitoring will continue in SFY15 - 19 to ensure completion of transition plans and updated goal identification as well as other Older Youth Program forms.

The following Older Youth Program forms are available in FACES:

- Adolescent FST Guide (CD-94) (Transition Plan)
- Individualized Action Plan (IAP) Goals (CD-94) (Transition Plan Goals)
- Individual Life Skills Progress Form (CD-95)
- Life Skills Strengths/Needs Assessment Reporting Form (CD-97)
- Quarterly Outcome Reporting
- Referral - Chafee Independence Services
- Referral - Transitional Living Group Home / Scattered Site Services
- Referral - Chafee Aftercare Services

The dates of the CLSA and credit checks can be captured electronically as well as on the Adolescent FST Guide.

The NYTD/Older Youth Outcome Comparison Report displays outcome information on youth who complete the NYTD Older Youth Survey. The survey contains the youth's direct response on outcome areas such as employment, education, and healthcare. The Outcome Report is the contracted Chafee or TLP provider's record of a youth's outcomes in these same areas. The report can be used to see strengths and needs related to education in a format that is youth reported versus agency reported. As more youth have completed surveys, this information will be more evaluative in SFY15 - 19.

The monitoring of referrals for eligible youth and efforts to maintain and increase referrals to the Chafee program will continue in SFY15 - 19. This has been a barrier over the last year when the Older Youth Program referrals were converted to FACES. Prior to conversion, these were tracked on a spreadsheet by the four Older Youth Transition Specialists and it was difficult to manage due to volume and workload. Once the program was converted, tracking stopped due to the information being in the database system now and the need for tracking became unnecessary. However, it was unanticipated that it would take over a year to get a report from the information that was now in the database. The first report was received in August 2014.

The requirement for Chafee and TLP contract providers to serve a minimum of 65% of referred youth every quarter in the identified domains will continue in SFY15 - 19. This became more feasible in SFY14 with an additional improvement made in the FACES system. On the NYTD Older Youth Services and Financial Expenditure Screen, the percentage of services provided in a quarter per agency, the number of youth who received at least one service per agency, and the percentage of services provided by an agency out of all service domains can be viewed monthly and quarterly. This was initially a contractual change due to the NYTD data received indicated a majority of services being in the independent living needs assessment category. In an effort to direct services to the outcomes that might impact a youth's future more directly, contractual changes were made and the FACES system now allows for monitoring of the services on a daily basis.

The older youth program will continue to serve youth in transitional and independent living placement settings.

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 Goals 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. A critical alert notifies the case manager that a youth's transition plan needs to be updated per the federal requirement within 90 days of turning 18 and 21.

Exit packets are also provided to youth upon discharge from care. Exit packets contain information on ETV, MoHealthNet, Chafee Aftercare Services, National Youth in Transition Database (NYTD), Healthcare

Treatment Decisions, re-entry, local community resources, and a consent form to access administrative data for NYTD. A verification letter indicating the youth's time in care is also provided to aid the youth in receiving assistance within the state and out of state for services which require eligibility verification. A PowerPoint presentation on exit planning is available on the CD intranet. If a youth is age 17.5 or older at the time of case closing, an exit packet section will appear and require Yes/No checkboxes be answered along with the date the information was provided. Education of staff around transition planning will continue in SFY15 - 19.

Youth will continue to receive information about available Chafee services through their case manager, OYTS, youth boards, CD website, and Facebook page. Services are to be used to assist youth in complementing their own efforts to achieve self-sufficiency and to ensure they recognize and accept personal responsibility in preparation for a 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 (CD97), the Casey Life Skills Assessment, Portfolio Assessment and Performance Assessment are used to establish goals and monitor progress and achievement. The Adolescent Family Support Team Guide and Individualized Action Plan Goals are utilized by case managers for development and documentation of the youth's transition plan, for youth ages 14 to 21.

The use of technology as a means to stay connected to Older Youth will continue in SFY15 - 19 via a Facebook page entitled "Missouri's Older Youth Program." This Facebook page began in 2010. Events, web resources, leadership opportunities, NYTD information, and general information pertaining to Older Youth are posted to this page. It is also connected to other youth serving organization's pages. As of March 2014, 270 people like the page. The Children's Division hopes to increase this number in SFY15 - 19. Links to web resources regarding Older Youth will continue to be added to the intranet and internet. In addition, several of the OYTS have a Facebook page through work and have used this as a means to connect and contact youth to complete the NYTD survey.

In SFY12, Missouri implemented the provisions of the Child and Family Services Improvement and Innovation Act which amends the case review system definition to require that each child age 16 and older in foster care receive a copy of any consumer credit report each year until discharged from foster care. 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 Division of Legal Services assists in resolving any inconsistencies or identity fraud. If there is a need to further educate youth regarding credit, Children's Service Workers are to document this on the Adolescent Family Support Team Guide and Individualized Action Plan Goals, and submit new goals to the Chafee provider. The Chafee provider will assist with the identified tasks related to the new goals. The Adolescent Family Support Team Guide and Individualized Action Plan Goals, has been revised to include a section on credit reports. It is to be updated to reflect when a credit report has been received on a yearly basis, beginning when the youth turns 16 or comes into care after age 16 and each subsequent year thereafter while in foster care. All documentation pertaining to the credit checks is filed in the Older Youth Section

of the youth's case record. Supervisors are to monitor completion of credit reports on a yearly basis during case consultations.

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

Missouri has an agreement with TransUnion to use a web based portal for 16 and 17 year olds in a batch process. Central Office personnel run the process and send information via email to staff regarding the checks.

Missouri will continue monitoring credit for youth age 16 and older and assisting with credit recovery for discrepancies. Missouri will continue to educate staff on this topic in SFY15 - 19.

In October 2010, Missouri implemented the National Youth in Transition Database (NYTD). Identification of at least three permanent connections used as supports, mentors, and emergency contacts who will know how to locate the youth in the next few years regardless if status in care is entered on the permanent contact section in the FACES case member screen. The permanent contacts are also recorded on the transition plan, Adolescent Family Support Team Guide and Individualized Action Plan Goals. Information entered on this screen is used to survey youth if an attempt was made to survey the youth electronically via e-mail and no response is received within 15 days from the time the survey is sent. A hard copy of the survey is mailed to the permanent connections and the youth's last known address when this occurs and will be used in connecting with the youth in the follow-up survey. Missouri has designated the OYTS to locate and survey those youth no longer in care. Children's Service Workers continue to follow-up with youth in care. A listing of both reporting periods of youth that are in the baseline population and need to be surveyed is distributed statewide prior to the survey period. The listing is updated throughout the reporting period denoting survey completion for each youth and distributed to the regions. A case manager receives an email when a youth on his/her caseload with an active AC function, legal status 1, turns 17 or 19. The email will be sent only on youth who are in the NYTD survey population as a reminder that the youth needs to complete the NYTD survey.

Since NYTD went into effect in October 2010, Missouri has been compliant. Missouri intends to use all available resources to continue to be compliant in SFY15 - 19 but anticipates difficulty with the 21 year old cohort.

Each month a listing of all youth in care with the most recent education data is distributed statewide to the OYTS who in turn distribute it locally. Contracted providers enter services in FACES and this allows CD to have updated information available as well as statewide monitoring of services.

Enhancements were made to the database system in March 2014 which aids in monitoring of services. A report was received in August 2014 on Chafee referral information, transition plans, and other information that was converted to FACES in June 2014. Data has been a barrier since implementation of NYTD in terms of what is going on in the state for older youth, first because many forms used for the Chafee and TLP programs were only in paper format, thus monitoring could only occur via a paper file review. Once the Older Youth Program converted to FACES in June 2014, due to other priorities

Research and Evaluation was not able to provide a report on the information in FACES until August 2014. The state is now in a position to be able to see what is happening with all youth age 14 and older. There are still some reports that have been requested and not received that would aid in this process and a meeting is to be held in August 2014 to discuss this. Consequently, analysis of the data has not been fully implemented and this will become a focus in SFY15-19.

Missouri will participate in the NYTD Assessment Review (NAR) Pilot in SFY15 and will use these findings to drive work in SFY15 - 19. The purpose is to evaluate the state's policies and practices related to collecting and reporting reliable and accurate data on youth in transition. Going beyond the compliance checks performed on semi-annual data files, the NAR assesses the extent to which a state is meeting all of the NYTD data collection and reporting requirements and has sustained a high level of quality data. A complete review of the state's survey methodology also will be conducted. Children's Division views this as a learning opportunity to improve upon services accordingly from the recommended changes.

Children's Division staff and contracted providers are and will continue working jointly in the NYTD effort in SFY15 - 19. The program and information technology units work closely to ensure timely submission and compliance measures are met and this will continue in SFY15 - 19.

Children's Division plans to be in compliance with the requirements set forth in order to receive the full Chafee allotment in SFY15 - 19. It will be challenging to survey the 21 year old cohort in SFY15 but this will be a learning opportunity for CD.

Children's Division will continue to cooperate in any evaluation of services.

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

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

Foster Care to Success, the Educational Training Voucher Program provider, will continue to provide education around this domain.

In SFY14, CD began collaborating with Department of Economic Development Division of Workforce Development to develop and initiate a pilot project in the St. Louis and Springfield areas. The Missouri Customer Service Partnership is a partnership bringing together business, government, and young people aging out of Missouri's foster care system to achieve employment readiness goals. Through shared commitment and responsibility, the partners will address business demand for good customer service employees, meet public expectations for reliable and courteous service, and get young people started on meaningful career paths. Youth enrolled in the program will receive training and mentoring as well as a certification and initial follow-up once employed. Subcommittees have been formed and

specifics are still being worked out such as employee selection, marketing, and recruitment. Another planning meeting has been scheduled for May 2014 with the plan to implement in Fall 2014.

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

Missouri plans to continue to support and sponsor national internship opportunities for youth through FosterClub All-Stars and Foster Care to Success as well as other opportunities that present themselves for Older Youth in SFY15 - 19.

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

(See Educational Training Voucher Section on page 113 for additional information)

Early and on-going support for education is extremely important in preparing youth for self-sufficiency. Education is being approached in a comprehensive and integrated manner in the early years. Setting and monitoring educational goals assist 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. Children's Division case managers are encouraged to utilize the education supplements available through the Casey Life Skills Assessment, which is required for all youth 14-21 receiving Chafee services. Chafee and TLP contracted providers are required to assist youth participating in their programs with academic achievement by providing an array of services including but not limited to advocating, planning, and coordinating for education needs, goals, and aspirations; assisting youth in assessing financial aid opportunities; ensuring the development of technology skills; and preparing the youth to make the transition from high school to post secondary education or employment. Missouri plans to continue supporting contracted providers in providing these vital services and increasing the number of youth serviced by these programs.

A meeting was held in February 2014 with representatives from Department of Elementary and Secondary Education to continue discussions on how to assist youth in graduating from high school. Children's Division is evaluating how to share educational information with staff to make it more meaningful in order to improve educational outcomes. A workgroup is convening on this topic in March 2014. More work will be done in this area in SFY15 - 19 but the format to be used is being developed.

As a result of legislation passed in SFY14, beginning July 1, 2014, youth age 15 or older who are in the foster care system within the Children's Division are to receive a visit to a state university, community or technical college, or an armed services recruiter before being adopted or terminated from foster care. The visit will include an entry application process, financial support application and availability, career options with academic or technical training, a campus tour, and other information and experience desired by the youth. Children's Division is developing the process for this new legislation in SFY14 and it will be implemented in SFY15 - 19.

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

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. The ETV and Missouri Reach contract expires March 2015 with annual renewals.

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 as this is an integral part of the NYTD requirements.

Community service or volunteering is a critical component in life skills training. Youth who volunteer in community service programs have an opportunity to develop work skills and to meet and develop relationships with adults and other youth who are involved in the same projects. Some of the contractors have implemented their own mentoring programs by connecting to resources in their communities. The SYAB has implemented in their strategic plan in CY2012 that local boards complete at least one community service activity a year and youth regularly report at meetings about community activities the local boards are involved in.

The Missouri CD promotes interaction between youth and dedicated adults through the Transitional Living Advocate program. This program will continue in SFY15 - 19. 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.

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

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

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

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

Local and State Youth Advisory Boards are a means for youth to have peer mentorship opportunities and this will continue in SFY15 - 19.

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, or prepare for and enter post-secondary education and training.

In SFY14, Missouri legislators passed re-entry legislation per SB 205 (2013) and SB 208 (2013). Effective August 28, 2013, youth who left care and are over age 18 but are not yet 21 may elect to come back into care, if it is deemed to be in the best interest of the youth. The youth may have his or her custody returned to the Children's Division through a petition to the Court from the youth, Children's Division, or Juvenile Officer. Youth are expected to participate in the case plan, meet with his or her Children's Service Worker, Juvenile Officer, and Chafee provider, and/or go to school and work to demonstrate his or her own efforts towards independence. As of March 13, 2014 there are seven youth in care from re-entry. For the purpose of this legislation, Children's Division is defining a youth as a person who meets all of the following criteria:

- Any person age 17 through 20 who was previously placed in the care, custody and control of the Children's Division.
- Was released from care, custody and control within the last 24 months.

- Is otherwise competent, and not in a guardianship or conservator relationship and is not in the legal custody of any other individual or institution.
- Is not incarcerated or committed to any jail, detention facility, or the Department of Corrections.

Youth will work in conjunction with the Children’s Division for services to be provided and:

- Participate in and comply with any transition plan developed by the Children’s Division, Family Support Team, and the youth;
- Meet with his or her Children’s Services Worker, the Juvenile Office, and Chafee Provider, as required;
- Participate in any services provided such as Chafee and Transitional Living Program Services;
- Enroll in and attend a “secondary school program of instruction” or an “institution of vocational or higher education”, if determined the program will benefit the youth in their efforts to achieve independence by the Family Support Team;
- Find and maintain employment to supplement the youth’s transition plan; and
- Work to maintain his or her own efforts toward independent living.

Children’s Division may amend the transition plan from time to time in conjunction with the Family Support Team, as determined by the Children’s Division, and as it is in the best interests of the youth.

Children’s Division may request the court terminate custody, and dismiss the case when:

- The youth is unwilling or unable to develop, implement, or otherwise cooperate with the implementation of the transition plan;
- The youth pleads guilty or is found guilty of any felony, or any misdemeanor in which the youth is sentenced to a period of incarceration;
- The youth is committed to the legal custody of any sheriff or the Department of Corrections; or
- Any other circumstance where the youth fails to cooperate with the Children’s Division or the Children’s Division does not have services available or the ability to provide services.

If a youth is returned to custody under the re-entry legislation, and is then consequently released for jurisdiction for any of the above reasons for termination, another petition will not be filed by Children’s Division on behalf of the youth.

Youth who exit foster care on their 17.5 birthday and have not yet reached age 21 are eligible to receive Chafee Aftercare services. Youth may access Chafee services as needed while in the Division’s care and custody or as a former foster youth. Missouri also follows federal requirements of serving youth with

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

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

Case managers are required to provide an exit packet to youth prior to their release from CD custody. The packet includes information on aftercare, ETV, Missouri Reach, MO Healthnet, NYTD, re-entry, consent to access administrative data for NYTD, and a pamphlet on healthcare treatment decisions. A PowerPoint presentation is on the CD intranet for Children's Service Workers to review as needed. Information on aftercare services is on the CD internet 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. Language is contained in the contract that the contractor shall attend the exit meeting with youth who are aging out of care when possible and share information regarding the contractors' aftercare program with the youth.

Since 2007, Missouri has extended medical and behavioral health coverage through MO HealthNet Division (MHD) for youth who left care after age 18 but are not yet 21. Effective August 28, 2013, SB127 expanded this coverage to include youth "in foster care under the responsibility of the state of Missouri on the date such persons attain the age of eighteen years, or at any time during the thirty-day period preceding their eighteenth birthday, without regard to income or assets, if such persons:

- Are under twenty-six years of age;
- Are not eligible for coverage under another mandatory coverage group; and
- Were covered by Medicaid while they were in foster care."

Youth who are "not eligible under another mandatory coverage group" are those who are disabled, receiving Supplemental Security Income (SSI), or receiving Medicare.

Youth must have aged out in Missouri and reside in Missouri. Coverage can still be provided in another state if a provider is willing to participate in the MHD program. As of December 2013, there are 1,417 youth receiving this service.

Efforts will continue to ensure that youth are made aware of this benefit and how to access it in SFY15 - 19. There may be additional changes in youth application process in SFY14 and SFY15 as well that are being discussed at the Department level.

The Missouri Customer Service Partnership will also serve youth who have transitioned from foster care in SFY15 and future years.

Training Planned for SFY15-19

All new employees are trained through a separate curriculum regarding the OYP requirements. The Older Youth Program Training, which includes training on the Casey Life Skills Assessment, Adolescent FST Guide and Individualized Action Plan Goals, positive youth development, permanency issues specific to older youth, cultural competency, and community collaboration was incorporated into the core curriculum for all new hires in July of 2008. The training is conducted by CD staff trainers in the Professional Development Unit. Sessions are held across the state with youth co-trainers, if available. 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.

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

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

As webinars and other training opportunities present in SFY15 - 19, staff will be notified and invited to participate.

CD has begun work on how to educate staff on educational success for youth in foster care. Assessment as to the needs of Children's Division and the best way to implement training is being explored. A planning meeting was held in March 2014 to hear from stakeholders and staff as to ideas for this and a conference call was held with the American Bar Association in April 2014 for additional guidance. Work will continue on this topic.

Mental Health First Aid for youth is being explored for SFY15. Initial discussions have been held as to feasibility. Mental Health First Aid (MHFA) is a course designed to teach the general public how to recognize symptoms of mental health problems, how to offer and provide initial help, and how to guide

a person towards appropriate treatments and other supportive help. The youth portion is geared towards those who work with young people.

Service Design and Delivery of the Trust Fund Program

Missouri has not established a trust fund program for youth receiving independent living services or transition assistance. Some of the Transitional Living Providers and Chafee Providers have been able to initiate Individual Development Accounts within their regions through private donors and United Way.

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

In November 2012, Children's Division and Citizens Bank & Trust (CB&T), a regional bank, entered into a Memorandum of Agreement to provide a Student Checking Account Program (SCAP) for youth age 14 and older in foster care, employed, and participating in Chafee. This is collaboration in which youth receive instruction about bank accounts and then can open an account without having to have a co-signer, which is a major barrier to youth in foster care.

The purpose of the program is to assist with basic banking skills while having an account for hands on learning and asset development.

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 Older Youth Transition Specialist by sending an email with a verification letter and the youth's Individualized Action Plan Goals. 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 Goals 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 Older Youth Specialist 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 Older Youth Transition Specialist 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 will continue in SFY15 - 19.

The ILC is a member of the Missouri Asset Development Coalition which discusses asset-building efforts in Missouri and shares resource information.

Older Youth Efforts

In SFY15 - 19, the Children's Division would like to incorporate more information into practice and policy on lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth.

An awareness memo has been drafted in SFY14 and is pending. The purpose of this memorandum is to share resources to increase staff awareness of the diverse well-being needs of lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth in the child welfare system. Well-being embraces many things, including an individual's sexual orientation and gender identity. Missouri has addressed this issue minimally but will continue to work on improving efforts.

In SFY14, the ILC became a member of a listserve for the Central Missouri Stop Human Trafficking Coalition. A presentation was provided by this organization at the SYAB Youth and Adult Leadership and Empowerment Conference in 2011. A Central Office CD employee is a member of an advisory board regarding human trafficking. CD Memo 14-22 was issued in SFY14. The purpose of this memorandum was to inform staff of a new anti-human trafficking website which has been released for use by law enforcement agencies statewide to notify the Department of Social Services of human trafficking pursuant to Section 566.223 RSMo. In SFY13, PP12-OT-01 was issued to advise staff of resources available for use when working with cases that involve human trafficking. Resources will continue to be shared in SFY15 - 19 on this topic and incorporated into practice as appropriate in venues such as the Youth and Adult Leadership and Empowerment conference.

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 Children's Division entered into an 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 to selected foster care youth.

“Making Proud Choices: 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, other STDs, and significantly decrease their chances of being involved in unintended pregnancies. The curriculum acknowledges abstinence is the most effective way to eliminate these risks. However, realizing abstinence is not the path many young people will choose; the curriculum encourages the practice of safer sex and condom use. The curriculum also addresses the underlying attitudes and beliefs many young people have about condoms; provides information and exercises which teach adolescents how to use condoms correctly; and give them the confidence they need to choose and negotiate safer-sex practices.

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

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

- Healthy relationships, including development of positive self-esteem and relationship dynamics, friendships, dating, romantic involvement, marriage and family interactions;
- Positive adolescent development, to include promotion of healthy attitudes and values about adolescent growth and development, body image, racial and ethnic diversity, and other related subjects;
- Financial literacy, to support the development of self-sufficiency and independent living skills;
- Parent-child communication skills;
- Education and employment preparation skills; and
- Healthy life skills, such as goal-setting, decision making, negotiation, communication and

interpersonal skills, and stress management.

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

The Children's Division worked in collaboration with DHSS to amend Chafee contracts with the Community Partnership providers of Chafee services in Jackson County, an urban area and the 25th Circuit, a rural area.

Continuation of grant funding has been awarded through September 2015. The Department of Health and Senior Services would like to expand this program for youth in foster care throughout the state, regardless of continuation of federal funding in SFY15 - 19. Children's Division will continue to collaborate on this project in SFY15 - 19.

In FY11, CD developed and implemented policy to be in compliance with the Patient Protection and Affordable Care Act (HR 3590). All youth participating in the Older Youth Program are provided education about the importance of designating another individual to make health care treatment decisions on their behalf if they become unable to participate in such decisions and the youth does not have, or does not want, a relative who would otherwise be authorized under law to make those decisions. They are provided information regarding a health care power of attorney, health care proxy, or other similar document recognized by state law and how to execute such a document if the youth wants to do so. Youth exiting care receive information regarding health care needs in the exit packet. Information includes options for health insurance, information about a health care power of attorney, health care proxy, or other similar document recognized under State law and options on executing such a document.

The Adolescent FST Guide and Individualized Action Plan incorporates documentation of discussion of the option of designating another individual to make healthcare treatment decisions on their behalf if the youth becomes unable to participate in such decisions.

The Blue Ribbon Panel for Youth Aging-out of Foster Care was established in August of 2008. The panel met from October 2008 until May 2009. 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 to help youth successfully transition from care. Several recommendations center on the CFCIP purposes.

At the close of the group in SFY13, CD and its partners moved toward Older Youth (OY) Summits 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. The OY Summits' focus is on education, employment and job readiness, cross systems collaboration, health and mental health, permanency and

life-long connections. The goal of the summit is 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 is intended to allow community members to identify next steps and responsible partners to achieve community vision. It is the intention of the Children's Division and its partners in the YIII to have Older Youth Summits across the state. Two summits have been held. Children's Division plans to have more summits in SFY15 - 19.

The Department of Insurance, Financial Institutions and Professional Registration in conjunction with the Children's Division through the YIII 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 (non-owner insurance).

In SFY14, legislation has been introduced which would allow youth age 16 and older to sign a contract for the purpose of obtaining automobile insurance. This is a follow-up to the non-owner insurance policy that was achieved through the YIII. The policy assists youth 18-21 in foster care with obtaining auto liability coverage for vehicles they drive but do not own. This coverage is available to youth placed away from their parents or guardians and for whom the 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 care giver's car differently than when driving a non-caregiver's car. Although the premise for this policy was it would be beneficial, because of statute limitations, the youth who could most benefit (those under 18) are not able to currently access this policy. To date no youth have taken advantage of this policy. It is thought this is because youth age 18 and older are able to obtain insurance on their own accord and may be a population less likely to live in a foster home, are living independently, and thus not having to be put on someone else's policy. If this legislation is passed, CD will promote this benefit as was done in CY12. The SYAB will continue to advocate for this in SFY15 - 19 if legislation is not passed in SFY14.

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. Professional development is a component of CASH. Members of the task force share resources via e-mail on a regular basis and connect to collaborate on efforts for other projects. The ILC will continue participating in this task force.

The ILC is a member of the Child and Family Services Review Advisory Committee and a member of the Department of Elementary and Secondary Education's Missouri Interagency Transition Team (MITT). The MITT was formed in 2007 to promote interagency collaboration in Missouri at the state-level by establishing a group vision for improving outcomes for young adults with disabilities. The MITT,

consisting of diverse state-level membership, meets quarterly to share resources, develop goals and promote concrete activities to improve transition education and services. The ILC will continue participation in both groups in SFY15 - 19.

The ILC is a member of the Emerging Adults Initiative (EAI) Transition Team with Department of Mental Health and will continue involvement with this team. The group meets on a monthly basis at the state level and works closely with a pilot project which is funded through a grant. The focus population is youth with a serious emotional disturbance ages 16 - 18 and young adults between the ages of 18 - 25 with serious and persistent mental illness who are currently being served by the community mental health center, or young adults who left treatment and have returned for ongoing services. The group does look at policy at the state level and changes have been made. The ILC will continue participation in EAI in SFY15 - 19.

The OYTS will continue involvement on local workgroups and boards pertaining to older youth in SFY15 - 19.

The Children's Division will continue to issue memos specific to older youth and provide program presentations and trainings in SFY15 - 19. Issues on older youth will continue to be incorporated in newsletters in SFY15 - 19.

The Children's Division intranet and internet will continue to be updated in SFY15 - 19 with resource information specific to older youth. 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. This will continue in SFY15 - 19.

For SFY15 - 19, CD will continue contracting Chafee, TLP, ETV, and Missouri Reach services, and will continue development of community resources to support these contracted services. The Children's Division continues to monitor and provide support to providers of the ETV, Chafee and TLP contracts, as well as, continue to educate staff and stakeholders about providers and the services they offer. The Children's Division will continue reporting services and outcomes on older youth. Meetings for providers will be held as needed in SFY15 - 19. A stakeholders meeting will be held over two days in April 2014 which will continue to guide work for the Older Youth Program and CD.

Education and Training Vouchers 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 for 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 eight years. The contracting out of services has allowed for a central means for youth to apply as well as providing a database and evaluative reports on services. As part of the

contract, Foster Care 2 Success is also required to provide community outreach and awareness to identify eligible youth and the organizations that work with youth such as high schools, colleges, etc. Foster Care 2 Success provides promotional brochures and posters and has a website.

There are no plans to change the eligibility criteria for youth at this time.

Currently, eligible youth access the ETV program through the Foster Care 2 Success website at <http://www.fc2sprograms.org/>. Eligible youth are those who currently qualify for Chafee services and are in the process of transitioning out of foster care or are former foster care youth between the ages of 17.5 – 21. Foster and former foster care youth participating in ETV on their 21st birthday shall remain eligible until their 23rd birthday, provided they are making satisfactory progress. ETVs are also offered to youth who were adopted or achieved legal guardianship after age 16. Youth who move to Missouri for residence after transitioning out of care from another state are eligible for funding as well.

The application and all record keeping are online and available to appropriate state staff for oversight purposes. The website allows CD to monitor the youth's application and paperwork at each step of the process. Foster Care 2 Success looks at every ETV applicant individually, assessing their tuition need and cost of daily living, and each student gets the ETV disbursement that best suits these needs.

Youth must complete the FASFA application prior to applying for ETV in order to prevent duplication of benefits. Youth apply online and the web portal allows for the Older Youth Transition Specialist to view information on youth such as amount funded,

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.

The MO ETV Program is administered by Foster Care to Success in accordance with federal guidelines:

Prior to funding students:

- FC2S confirms that post-secondary institutions are Title IV as per the Higher Education Act

- Each semester, students grants their school permission to verify in writing, directly to FC2S their enrollment and financial aid information including the Cost of Attendance (COA), financial aid awarded – grants, scholarships and work study as well as student loans offered and accepted.
- The student’s unmet need is calculated based on information provided by the institution.
- As needed, students who receive benefits such as child care assistance, a housing subsidy, etc. complete a budget form that is used to determine that ETV funding does not duplicate or supplant other federal funding or exceed unmet need as per the Higher Education Act.

Each semester, in compliance with the Higher Education Act, the student’s Financial Aid Office is sent an award letter detailing the amount of the ETV grant and how and when it will be disbursed. This coordination with the institution prevents duplication of funding, reduces student loan amounts and confirms that the with ETV funding the student will not exceed the COA

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.

Missouri will continue to monitor any fluctuation in our funded youth numbers. If there is a significant change, CD will evaluate with service providers.

Foster Care 2 Success also continues to reach out to non-starters and offer suggestions about how they can develop a plan as long as Foster Care 2 Success can contact them. Foster Care 2 Success continues

to send care packages, e-mails, and texts to youth who correspond with them, even when no longer receiving assistance.

In the 2009 legislative session, House Bill 481, Section 173.270, Tuition and Fee Waiver for Children who have been in Foster Care, passed. This legislation requires the Coordinating Board for Higher Institutions to make provisions for institutions under the board's jurisdiction to award tuition and fee waivers for undergraduate courses at state institutions of higher education for any incoming freshman beginning in the 2010 fall semester or term. This funding is dependent annually on budget appropriations. Funding appropriations were provided for this program for SFY14 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 <http://www.fc2sprograms.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 has utilized the funding since the inception of the program and will continue to do so. As Missouri is utilizing all of its funding and youth who apply are receiving funding, there are no plans to change the program at this time. The goal is to continue funding youth at the current rate. In the spring of 2014, a stakeholder's meeting was held. Most of the recommendations from the meeting are contractual changes. The Division is gathering additional comments at this time from providers and then will meet internally to discuss changes as the contract is due for rebid in 2015.

The ETV report has been shared with numerous stakeholders and all feedback on this program has been positive. Missouri does not have any program changes at this time – the plan is to continue serving the same number of youth as that fully utilizes the available resources.

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.

Foster Care 2 Success was awarded the contract on April 1, 2012. The contract is for one year with two annual renewals and will expire in March 2015. A stakeholders meeting will be held in April 2014 to

evaluate the current program and services and the contract requirements. Information gathered will be used to determine the direction of the program and will be shared in future reports.

As part of the contract, Foster Care 2 Success provides an annual report.

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.

Children's Division plans to continue the program structure in place as funding is utilized and CD is able to meet the needs of youth with the additional funding of Missouri Reach.

Foster Care 2 Success implemented a new program in SFY14 entitled Aim Higher. Aim Higher is a peer-to-peer mentoring program that seeks to improve college readiness for foster youth who are still in high school by tapping the experiences and unique perspectives of successful Foster Care 2 Success Scholars. The program is designed to help foster youth gain a better understanding of the differences between high school and college and to develop the academic and life skills they need to graduate.

The program has 22 carefully selected Foster Care 2 Success upper-class college students known as Fellows, three of whom are from Missouri. The Fellows spent three weeks in June in Washington, D.C., participating in workshops and training sessions to hone their communication and presentation skills and learn how to share the Foster Care 2 Success's Academic Success Model with foster youth in their home states.

They discuss time management, goal planning, study techniques and other important life survival skills with the younger students. Fellows share their experiences to help teens understand the role of a college student. They also will emphasize how much hard work is required to progress and how earning a diploma can change a life.

Fellows are drawn from Foster Care 2 Success students who are majoring in education, social work, communications, public policy and similar fields. As participants, they receive valuable training and experience that can enhance their career potential and build their resumes. The program also provides Foster Care 2 Success Scholars with the opportunity to give back and lend support to other foster youth.

Missouri has utilized this program and will continue to do so.

The CD will continue outreach and education efforts to youth, staff, and community partners on the ETV and Missouri Reach program. Missouri will continue to use different formats such as focus groups, webinars, and summits to share information and train staff on educational resources and improving outcomes for older youth.

For FFY15 - 19, Missouri plans to continue providing ETV services through Foster Care to Success and to continue education and outreach efforts regarding the program.

MONTHLY CASEWORKER VISIT FORMULA GRANTS AND STANDARDS FOR CASEWORKER VISITS

The state reported FY13 visits as required and anticipates will have successful submissions for FY14 and FY15. Missouri has increased or maintained the percent of monthly visits with children by caseworkers every year since the new standard was implemented.

Missouri achieved 98% for FY13 of children in care having monthly visits based on the data reporting methodology, consistent with the changes in the law made by P.L. 112-34 as explained in ACYF-CB-PI-12-01. In addition, 99% of the visits conducted during FY13 were held in the child's placement.

Worker Visit Measure #1: Monthly Worker Visit with Child

Number of Children: 15,977

Total full months kids were in care during FFY12: 129,878

Total months with visits: 126,675

Percent Visited Every Month: 98%

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

Total full months kids were in care during FFY12: 126,675

Total number visit months where child was visited in the placement: 125,438

Percent for Worker Visit Measure #2: 99%

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

State Standards for Caseworker visits:

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

The following activities occurring throughout FY13 to continue to maintain or improve caseworker visits with children 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
 - 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
- 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
 3. QA Specialists notify local managers monthly when their performance is below the required goal.
- Local Managers in conjunction with QI Specialists add circuit specific strategies to their local program improvement plans.
 - Technical assistance, oversight and coaching efforts by Quality Assurance and Quality Improvement Specialists.
 - Inter-agency QA/QI teams routinely monitor performance on visits and share strategies with each other. (Includes CD and FCCM QA/QI staff according to FCCM coverage areas).

Barriers in reaching the goal included the following:

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

The monthly caseworker grant will continue to be used to address the above barriers when appropriate. In addition to continuing efforts to increase the frequency of visits, the Supervisory Case Review Tool (SCRT) includes questions which address the quality of the visits. Supervisors were trained to self monitor results of their assigned staff. The SCRT results are also regularly used by the Quality Assurance and Quality Improvement staff to evaluate performance and to coach staff to improve the frequency and quality of worker visits with children.

FFY14 caseworker visit data using the full population will be submitted by December 15, 2014 as required.

ADOPTION INCENTIVE PAYMENTS

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

FY 2008 \$488,000

FY 2009 \$576,000

FY 2010 \$472,000

FY 2011 \$1,108,000

FY 2012 \$1,099,039

These funds have been utilized to support the Missouri Adoption Heart Gallery, as well as development of a recruitment campaign for foster and adoptive parents, including a new media campaign which premiered in 2012 with commercial advertisement featured on television stations in major media markets around Missouri, as well as a web banner campaign around the developed theme of *Life is Better with Kids Around*. Additionally, these funds have been used to provide financial support to Missouri Adoption Resource Centers each year the Division has been able with this funding to expand support of the centers. As a result, in September 2013 two additional centers were supported by the Children's Division/Adoption Incentive Funding. Payment has also been possible for funding of contracted termination of parental rights attorneys to expedite timely TPR and adoption. In 2014, the Division will be able to support attendance of foster and adoptive parents as well as staff at the North American Council on Adoptable Children Conference which will be held in Kansas City in July 2014.

In the next 5 years Missouri Children's Division will continue to work on expansion of the recruitment campaign materials in collaboration with the privatized recruitment and retention contractor, Cornerstones of Care. This expansion includes finalizing a recruitment video for which the video footage has been taped and an initial demo video developed. The video is comprised of three segments. The first segment is a commercial length video to be used at church services or other recruitment venues. The second segment is approximately 5 minutes long and is for use at orientation class or information meetings for prospective foster and adoptive resource parents and the third section is approximately 15 minutes in length and for use in pre-service training. The video segments are interviews with foster and adoptive parents, youth who have been adopted as well as youth who have exited the foster care system without legal permanency. These segments were shot with the intention of expressing to interested resource parents the reality of parenting children from foster care temporarily or permanently through adoption and the perspectives of the youth touched by this system.

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