

Missouri Department of Social Services, Children's Division



TITLE IV-B

2025 – 2029 CHILD AND FAMILY SERVICES PLAN

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Title IV-B
2020-2024 Child and Family Services Plan Final Report

State of Missouri
Department of Social Services
Children's Division

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Link to 2025-2029 Child and Family Services Plan found at <http://dss.mo.gov/cd/cfsplan/>

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Vision and Collaboration

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 programming. 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 Children's 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, Intensive In-Home Services, Family-Centered Services, Adoption Services, Independent Living, Foster Care, Residential Licensing, and other services to prevent child abuse and neglect within families. The division is responsible for the assessment and investigation of all reports to the Child Abuse/Neglect Hotline. All of these services are administered statewide within a centralized organizational framework.

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

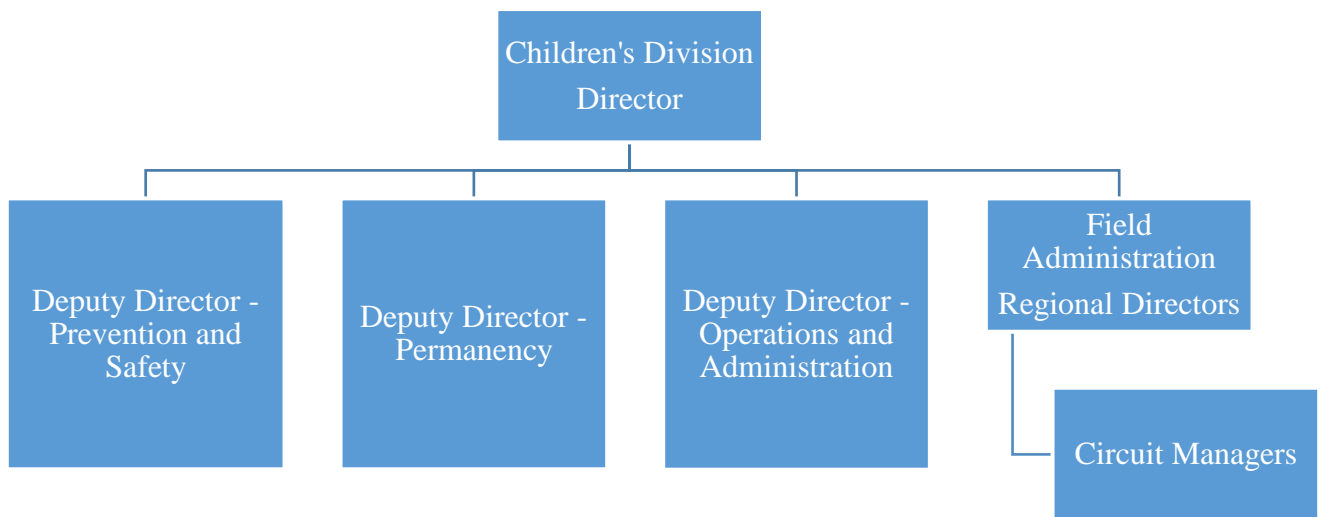
- Children's Division
 - Oversees a 24-hour child abuse and neglect hotline
 - Investigates child maltreatment reports
 - Provides preventive services to at-risk families
 - Provides intensive family supports for at-risk families
 - Provides foster care services for children who have experienced abuse or neglect
 - Assists with adoption and guardianship services
 - Provides services to older youth in foster care
- Family Support Division
 - Oversees the 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
- MO HealthNet 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 Structure

Missouri has 114 counties and the City of St. Louis, which are grouped using pre-established judicial circuit boundaries. Each of the 46 circuits in Missouri has oversight by a Circuit Manager. The state has six regions with each governed by a Regional Director. In the Kansas City urban area, the Regional Director and the Circuit Manager positions are held by the same person. The St. Louis Region includes the county and the city of St. Louis. Missouri's six regions are St. Louis, Kansas City, the Southwest Region, the Southeast Region, the Northeast Region, and the Northwest Region.

See the organizational chart below for a visual representation of the Children’s Division structure.



Children’s Division’s Mission Statement

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.

In 2023, The Children’s Division Director authored “A Plan to Rebuild & Reform Children’s Division”. Components of the plan identify two of the cross-cutting challenges facing the child welfare system in Missouri: (1) Children’s Division struggles to recruit and retain front line

workers and (2) Children's Division lacks essential personnel needed to operate a proactive and holistic child welfare system. The plan's goals were to prevent foster care when possible, and to efficiently move families through the system when child removal is necessary.

As a result of the plan, Missouri has seen an increase in salary to the Children's Division's workforce to be more competitive in the job market and better recruit and retain Children's Division team members. The number of children in foster care has steadily declined over the past several months, allowing more focus to shift to preventative services. And, an increase in attorneys to provide legal representation has been approved to assist in the expedition of permanency.

These focuses continue in an ongoing effort to provide staff ample time and resources to effectively support children and families in Missouri.

Collaboration

The Children's Division has collaborated with stakeholders in the development of policy and practice for many years. During the second round of the Child and Family Service Reviews (CFSR), Missouri developed the CFSR Advisory Committee. At its inception, the purpose of this collaborative advisory committee was 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.

Recent revisions to the CFSR Advisory Committee's charter describes the purpose as follows: to serve as a vehicle for cross system collaboration to promote the achievement of better outcomes for Missouri children, youth, and families.

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 benefits families in improved access and service availability, and a reduction of services and funding fragmentation.

The overarching principles guiding the CFSR collaborative process include:

- The safety, permanency, and well-being of children is a shared responsibility, and child welfare agencies should make every effort to reach out to other partners who can help to achieve positive results with respect to the CFSR child welfare outcomes and system factors.
- Child welfare agencies do not serve children and families in isolation. They should work in partnership with policymakers, community leaders, other public and private agencies, and those with lived expertise to improve outcomes for children and families in their

states. This includes partnering with organizations that directly serve children, youth, and families, and those whose actions import family and community life.

- Family-centered and community-based practices are integral to improving outcomes for children and families. As such, collaboration with families, including young people, is important in identifying and assessing strengths and barriers to improved outcomes for children, youth, and families.

Standing members of the CFSR Advisory Committee include Children's Division managers, representatives of the Department of Elementary and Secondary Education, Department of Mental Health, the Court Improvement Project leads, Court Appointed Special Advocates (CASA), private child welfare case management agencies, as well as foster/adoptive parents, foster youth, and front-line staff. Membership also includes a representative of the judiciary and the Juvenile Office.

The Children's Division continues to collaborate with the courts through a variety of mechanisms. Members of the Children's Division's executive leadership team as well as the CFSR Coordinator attend the Juvenile Court Improvement Project Steering Committee meetings and regularly shares relevant information regarding the Child and Family Services Review. The Children's Division is also a member of the Partnership of Child Safety and Wellbeing, a collaborative group between the courts and the child welfare agency.

There are 19 Fostering Court Improvement (FCI) sites in the state. Fostering Court Improvement is a collaborative effort to use agency and court data systems to improve case handling, and outcomes through intensive data-focused interaction and training for personnel in selected project judicial circuits. FCI sites meet on a regular basis, led by the circuit judiciary, to review data and problem-solve areas of practice concern.

Partner agency representation, legal and court personnel, and community stakeholders, to include persons with lived experience, have been involved in ongoing review of agency performance data, case review data, assessment of system strength and weaknesses, and identification of improvement strategies beginning with the Statewide Assessment event held in March, 2023 and continued through the kick-off of the Program Improvement Plan (PIP) development phase in November and December, 2023. Stakeholders were involved in several workgroups which met weekly during those months to develop strategies and action steps to address areas of concern noted through the CFSR process.

Missouri's Program Improvement Plan was initially submitted on January 16, 2024, and is in the approval process with Children's Bureau at this writing. Much of the Child and Family Services Plan (CFSP) will be driven by the work outlined in the PIP.

The Children's Division will continue to seek the guidance of the above groups for the implementation and monitoring of the Child and Family Services Plan and Program

Improvement Plan. See the Collaboration section of the 2020-2024 CFSP Final Report for more information on the various groups and committees with whom the Children’s Division collaborates regularly. Their input is valued and necessary for the continued improvement of Children’s Division practice and outcomes.

Assessment of Current Performance in Improving Outcomes

Missouri Children’s Division is a data-informed agency and encourages all levels of staff to use data to assist in improvement planning. Missouri’s data as it relates to child and family outcomes and agency systemic factors will be described below. Missouri participated in Round 4 of the Child and Family Services Review by hosting a Children’s Bureau-led review in July of 2023. The Program Improvement Plan (PIP) is currently in the approval process with the Children’s Bureau and addresses areas for improvement in all case review items. Throughout the assessment of performance section, the results of the CFSR will be compared with Missouri’s on-going case review data. Beginning with Round 4 of the CFSR, Missouri moved all case review activities to the federal Online Monitoring System (OMS).

Safety Outcomes 1 and 2

Missouri’s most recent Statewide Data Indicator Data Profile dated February 2024 indicated the Children’s Division successfully meets both safety indicators. Also, Missouri has consistently performed better than the national performance on both safety measures since the beginning of Round 3.

For Maltreatment in Care, Missouri’s Risk-Standardized Performance (RSP) is 6.71 victimizations per 100,000 days in foster care. This is better than the national performance of 9.07. Review of the state’s context data indicates that children ages 11-16 were victimized at the highest rate (7.43) and experienced the most disparity. That age group represented 32.8% of days in care, but 48.3% of total victimizations. For this reporting period, black children (4.17) experienced maltreatment in foster care at a lower rate than white children (5.35). Hispanic children experienced maltreatment at a rate of 5.73 victimizations per 100,000 days in foster care.

For Recurrence of Maltreatment, Missouri’s RSP is 4.0%, which is better than the national performance of 9.7%. The age group with the highest recurrence of maltreatment (3.6%) was 11-16 year olds. White children (3.6%) experienced a higher percentage of maltreatment than black children (1.8%) and Hispanic children (1.3%). There were very few incidents of repeat maltreatment for minority children during this reporting period, impacting 12 black children and five Hispanic children. Foster parents and residential childcare staff represented 18% of the perpetrators of abuse or neglect while children were in foster care.

Safety Outcome 1: Children are, first and foremost protected from abuse and neglect

Missouri state statute requires all hotline reports to be initiated within 24 hours of receipt. The timeframe requirement for initial safety contact is based on the priority level assigned at the time the hotline is accepted. State policy allows multi-disciplinary team (MDT) members to make the initial face-to-face contact for safety assurance. The MDT member may include law enforcement, local public school liaisons, juvenile officers, juvenile court officials, or other service agency staff members. If a multi-disciplinary team member assures safety, Children’s Division staff must see all children within 72 hours of the report date and time.

Priority Level	Initial Contact Timeframes for Victim Children
1	Within 3 hours of report
2	Within 24 hours of report
3	Within 72 hours of report

During the onsite CFSR review in Round 4, the state achieved strengths ratings in 72% (18/25) of applicable cases for Item 1. The CFSR Final Report noted that Priority Level 2 reports, which require 24 hour contact, were the most problematic and led to all of the Area Needing Improvement ratings during the reviews conducted in July, 2023. Among the ongoing case reviews that have been completed since July 2023, Item 1 was rated a strength in 71% (25/35) of applicable cases. Of the 10 cases rated as area needing improvement, Priority Level 2 reports were the concern for all of the cases (100%). Children’s Division administrative data notes that 81.7% of the reports concluded in FY2023 had initial child contact within 24 hours of the report (Children’s Division FY23 Annual Report, Table 4).

Safety Outcome 2: Children are safely maintained in their own homes whenever possible and appropriate

Item 2, Services to Family to Protect Children in the Home and Prevent Removal or Re-Entry into Foster Care, was rated as a strength in 22 of the 31 applicable cases (71%) during the onsite review for Round 4. Foster care cases were rated slightly higher (73%, 11/15) than in-home cases (69%, 11/16). Ongoing internal case reviews completed by the Children’s Division since the onsite review have been rated as strengths 76% (42/55) of the time.

Item 3, Risk and Safety Assessment and Management, was rated as a strength in 58% (38/65) of the cases that were reviewed. The CFSR Round 4 Final Report indicated that ongoing risk and safety assessments that accurately assessed all concerns were found to be lacking in roughly 35% of the cases that were reviewed and there was no difference between performance when comparing foster care cases and in-home cases. Item 3 has been determined to be strengths in 68% (63/93) of the ongoing case reviews that have been completed since the onsite review.

Permanency Outcomes 1 and 2

Missouri's most recent Statewide Data Indicator Data Profile dated February 2024 indicated the Children's Division successfully exceeds or meets the national performance for three of the five permanency data indicators. These three measures have traditionally been areas of successful performance for Missouri's child welfare system.

For Permanency within 12 Months for children who have been in foster care for 12-23 months, Missouri's percentage is better than the national performance. Missouri's risk standardized performance is 47.3%, while the national performance is 43.8%.

For Permanency within 12 Months for children who have been in foster care for 24 months or longer, Missouri's performance is no different than the national percentage. The risk standardized performance for Missouri is 37.5% and the national performance is 37.3%.

The remaining permanency data indicator that Missouri meets is Re-Entry into Foster Care. Missouri's RSP, 3.8%, is better than the national performance of 5.6%.

Permanency within 12 Months for children entering foster care is an area in which Missouri ranks worse than the national performance. Missouri's RSP is 26.7% and the national performance is 35.2%. Timely permanency for children entering foster care will be addressed in the Program Improvement Plan for CFSR Round 4.

The final permanency data indicator in which Missouri is performing worse than the national rate is Placement Stability. The rate of placement moves for the nation is 4.48. Missouri's performance in February 2024 was 6.23. Placement stability is another area that will be addressed in the Round 4 Program Improvement Plan.

Permanency Outcome 1: Children have permanency and stability in their living situations

Item 4, Stability of Foster Care Placement, received strength ratings in 80% (32/40) of cases during the Round 4 onsite review. All but two children were determined to be in stable placements at the time of case closure or at the time of the review. However, of children reviewed who had placement moves during the Period Under Review (PUR), only 30%, or 3/10, experienced placement changes that were planned by the agency in an effort to achieve the case goals or meet the needs of the child. The CFSR Final Report for Round 4 noted that supports to relative foster care providers in particular may be a need that impacts the number of placement moves children in foster care experience. Seventy-six percent (76%, 42/55) of cases reviewed by Children's Division Quality Assurance System staff since the onsite review have received strength ratings.

Item 5, Permanency Goal for Child, was determined to be strength ratings for 52.5% (21/40) of the cases reviewed during the onsite review in July 2023. However, the individual question responses were rated as 75% positive or higher. Goals were specified in the case file for all 40

cases reviewed (100%). The permanency goals were established in a timely manner for 78% (31/40) of the cases and the goals were appropriate to meet the child’s needs in 75% (30/40) of case reviews. Petitions for termination of parental rights were addressed appropriately in 79% (19/24) of cases. Further discussion regarding the timely filing of terminations of parental rights will be addressed in the Case Review System systemic factor. Item 5 in ongoing case reviews since the CB-led review have been rated as strengths in 63% (34/54) of cases.

Item 6, Achieving Reunification, Guardianship, Adoption, or Another Planned Permanent Living Arrangement, was the lowest performing item during CFSR Round 4, with 27.5% (11/40) of cases receiving strength ratings. The CFSR Round 4 Final Report noted concerns not only with the timely permanency with 12 months of foster care entry but with the timeliness of adoption within 24 months of custody. Internal case reviews have found that Item 6 was rated as strength in 33% (18/55) of cases.

Missouri’s administrative data relevant to permanency is based on exit cohorts, giving a different perspective to timely permanency.

In FY 2023, 6,692 children exited foster care. The exit category and percentage of children who achieved permanency in each category is described below.

<u>Exit to Reunification</u>	<u>Exit to Adoption</u>	<u>Exit to Guardianship</u>	<u>Exit to Independence</u>	<u>Exit to Other Outcomes</u>
<u>43.60%</u>	<u>21.88%</u>	<u>23.46%</u>	<u>7.38%</u>	<u>3.68%</u>

FY2023 Child Welfare Outcomes Report Measure #8

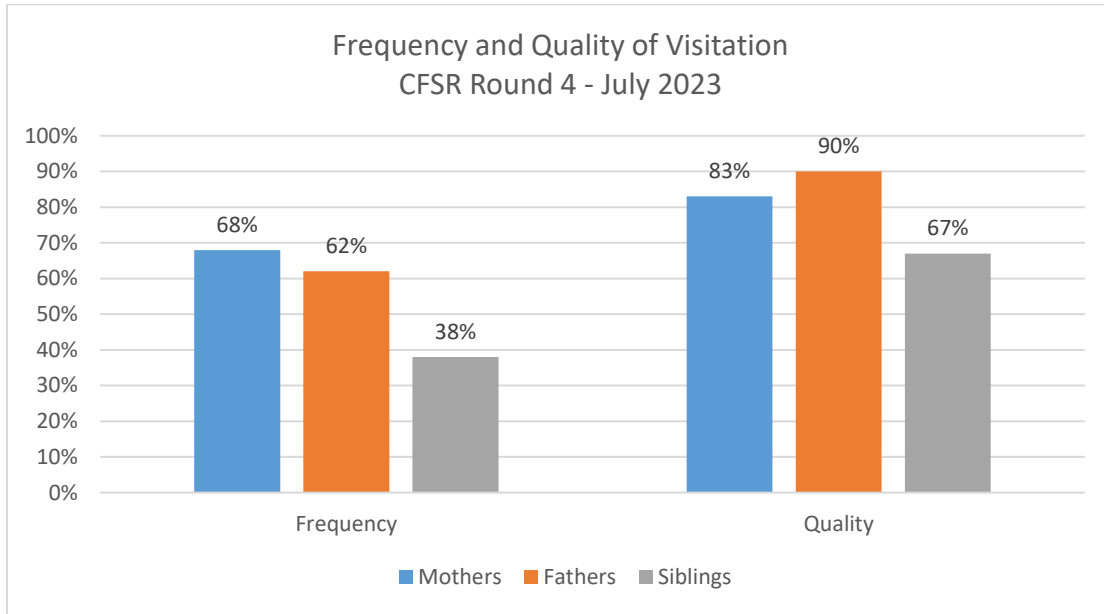
Of the children who exited to permanency by reunification, 44.69% (1304/2918) achieved permanency within 12 months of custody. Of the children who exited to adoption, 36.75% (538/1,464) achieved that outcome within 24 months of custody.

Permanency Outcome 2: The continuity of family relationships and connections is preserved for children

Item 7, Placement with Siblings, was the highest scoring case review item in the Round 4 CFSR, with 89% (25/28) of cases receiving strength ratings. Eight children who were reviewed were not placed with their siblings and there was a valid reason for the separation for five children. Ongoing case reviews completed since the onsite review have rated Item 7 as a strength in 80% (28/35) of cases.

Item 8, Visiting with Parents and Siblings in Foster Care, received strength ratings in 59% (19/32) of applicable cases during the onsite review for Round 4. The chart outlines the percentage of cases in which the frequency and quality of visitation between the target child and

their mothers, fathers, and siblings was found to be sufficient. Ongoing case reviews have been rated as strengths for Item 8 in 47% (22/47) of cases.



Item 9 assesses the efforts made by the agency to maintain the child’s connections which were important prior to their entry into foster care. In CFSR Round 4, 72.5% (29/40) of cases were rated as strengths in this area. Ongoing case reviews that have been completed since the onsite review have resulted in 58% (32/55) strength ratings.

Relative placements are assessed in Item 10 of the CFSR and 79% (31/39) of cases received strength ratings in Round 4. Twenty-one of the 39 children applicable for this item were placed with relatives at the time of the review and all of the relative placements were determined to be appropriate to meet the child’s needs. Efforts to identify, locate, inform, and evaluate maternal relatives were required for seven cases and occurred for four of them (57%). The same efforts were required for paternal relatives in six cases and steps were taken as required for five children (83%). Internal case review results indicate that 66% (33/50) of cases reviewed were determined to be areas of strength.

Item 11, Relationship of Child in Care with Parents, assesses efforts above and beyond regular visitation to support and maintain the child’s relationship with their mother and father. Item 11 was determined to be areas of strength in 38% (11/29) of cases reviewed during Round 4 of the CFSR. Similar ratings have resulted in ongoing internal reviews, with 35% (16/46) of cases determined to be areas of strength.

Wellbeing Outcomes 1, 2, and 3

Wellbeing Outcome 1: Families have enhanced capacity to provide for their children’s needs

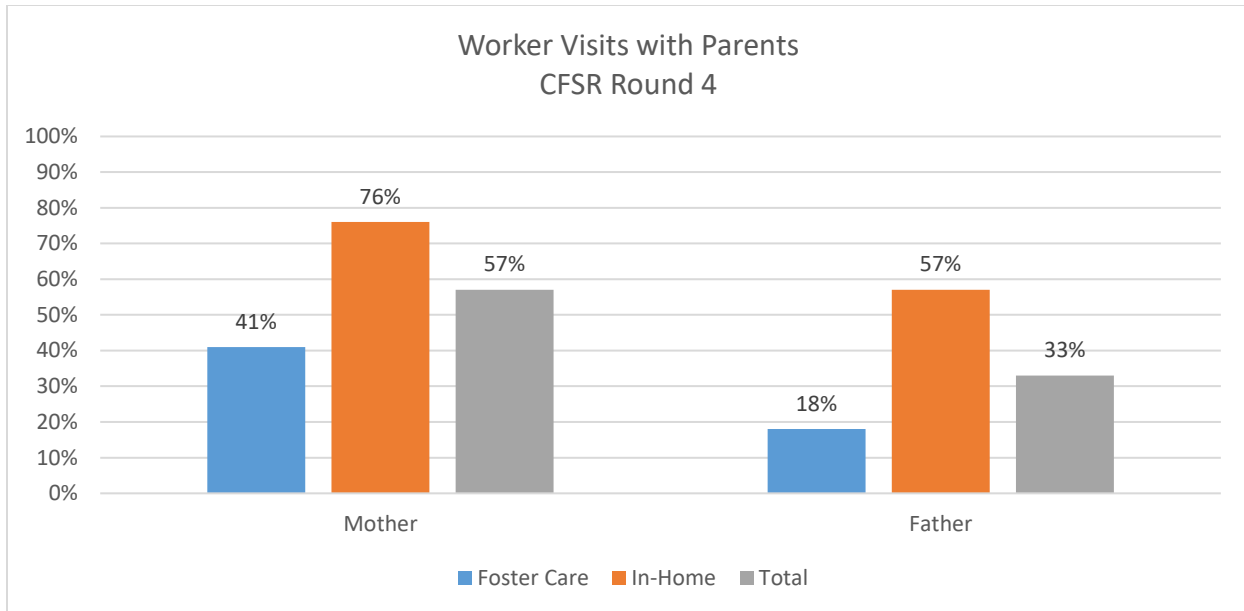
Overall, Item 12 (Needs and Services of Child, Parents, and Foster Parents) received strength ratings in 38% (25/65) of cases reviewed in Round 4 of the CFSR and in 32% (30/93) of subsequent internal case reviews. The following chart outlines the percentage of strength ratings for the subsections of Item 12 during the onsite review.

	Foster Care Cases	In-Home Cases	Total Cases Reviewed
12A – Children	70%	60%	66%
12B – Parents	34%	48%	40%
12C – Foster Parents	67%	N/A	67%

Child and family involvement in case planning is assessed in Item 13 of the CFSR. During the onsite review, 39% (25/64) of cases received strength ratings. In comparison, 51% (45/88) of cases that have been reviewed through the Children’s Division’s CQI process were rated as areas of strength. Further analysis of case review data from the CFSR onsite review noted that concerted efforts were made to involve children in the case planning process in 65% (24/37) of the cases reviewed. Efforts were made to involve the mothers in 59% (32/54) of cases and efforts were made to involve the fathers in 33% (12/36) of the applicable cases.

Item 14, Caseworker Visits with Child, was determined to be an area of strength in 68% (44/65) of cases reviewed during CFSR Round 4. The frequency of visitation between the caseworker and the child was determined to be sufficient in 86% (56/65) of cases and the quality of the visitation was sufficient in 69% (45/65) of cases. Ongoing case reviews have rated Item 14 as strengths for 75% (70/93) of children reviewed. Further information on the frequency of worker visits with children in foster care can be found in a later section of this report (Monthly Caseworker Visit Formula Grant).

Caseworker visits with parents is reviewed in Item 15 of the CFSR. Thirty-eight percent (38%, 22/58) of cases reviewed during the Round 4 onsite review received strength ratings. The chart below notes that the sufficiency of visits with parents was more evident in in-home cases than with parents whose children were in foster care. Visitation with mothers was more often of sufficient frequency and quality than visitation with fathers. Ongoing case reviews have found Item 15 to receive strength ratings in 43% (37/86) of cases.



Wellbeing Outcome 2: Children receive appropriate services to meet their educational needs

Wellbeing Outcome 2 consists of one case review item. Item 16 determines whether children’s educational needs have been assessed and addressed through appropriate services. During Round 4 of the CFSR, Item 16 received strength ratings in 74% (29/39) of applicable cases. Ongoing reviews completed by Children’s Division since the onsite review resulted in 84% (48/57) receiving strength ratings.

Wellbeing Outcome 3: Children receive adequate services to meet their physical and mental health needs

Item 17 (Physical Health of the Child) assesses whether the agency has accurately assessed the physical and dental health needs of children and then appropriately addressed any identified needs. Children’s Division policy is used to determine compliance with Item 17. Policy requires an initial physical examination within 30 days of custody when possible. Ongoing physical health assessments should follow the Bright Futures periodicity schedule. Dental exams are required for children beginning at age one or when the first tooth erupts. Ongoing dental assessments should occur every six months or annually, at a minimum. During the onsite review for Round 4, Item 17 was rated as strengths in 48% (24/50) of cases reviewed. Forty percent (40%, 16/40) of foster care cases received ratings of strength, while 80% (8/10) of in-home cases received strength ratings. Item 17 has been rated as strengths in 56% (44/78) of ongoing case reviews completed by Children’s Division staff since the CFSR onsite review.

Item 18, Mental/Behavioral Health of the Child, received strength ratings in 47% (18/38) of cases reviewed during the Round 4 CFSR. Foster care cases were rated as areas of strength in 41% (9/22) of applicable cases and in-home cases were rated as areas of strength in 56% (9/16) of applicable cases. The CFSR Round 4 Final Report noted concerns that mental health services

may not be available or accessible for children in the CFSR sites. Stakeholder interviews also indicated needs for more mental health services for children. Ongoing reviews completed after the onsite review have resulted in 73% (46/63) strength ratings.

Systemic Factors

Statewide Information System (Item 19)

The state operates a statewide information system known as the Family and Children Electronic System (FACES). The system is to be utilized for all of the children in foster care, child abuse, and neglect reports, and families enrolled in preventive services. FACES can identify the status, demographic characteristics, location of the child's placement, and permanency goals of every child in foster care. Staff is expected to update the electronic case record in FACES timely and accurately to capture the required information for federal reports and best practice. Case Managers must use FACES as a case management tool; therefore, they are expected to enter assigned case information. The Children's Service Worker must record any placement changes into FACES within 24 hours of the change. All other Family-Centered Out-of-Home activities should be recorded at least every 30 days. When cases are selected for the case review process, circuits can print the record if necessary.

When a child is placed in out of home care, FACES requires the worker to enter demographic information, permanency goals, and placement location. A case cannot be opened without this information, and it is expected the case be opened in the system within 24 hours of removal from the home. When a child becomes known to the Children's Division, a Departmental Client Number (DCN) is assigned in the Department of Social Services' common area. This number follows the child throughout any service provided by the Department of Social Services, including the Children's Division. In addition to the DCN, the child's date of birth, race, and gender is entered into the common area and subsequently populated into the FACES system. FACES was recently updated to allow staff to select "unable to determine" race in addition to another known race, as required for National Youth in Transition Database (NYTD) reporting.

All placements entered are tied to the financial and licensing system. It also provides information needed to determine IV-E eligibility. This ensures placements are valid and licensed, and appropriate payments are issued. FACES allows for temporary placements to be identified, capturing short-term placements such as hospitalizations when it is anticipated the child will return to the original placement. The temporary placement also allows staff to indicate when children have been returned home on a "Trial Home Placement".

To more fully assess this systemic factor, a random sample of 1% of all foster care cases open at a point in time are selected and reviewed by the Children's Services Supervisor assigned to the case each year. Data such as status, demographics, placement location, and permanency goals are reviewed for accuracy.

Biennial Review are conducted as a part of the federal regulations for the Comprehensive Child Welfare Information System (CCWIS). The process for completing biennial reviews is included in the data quality plan. Biennial data quality reviews ensure that CCWIS maintains high quality data. The reviews are important as they ensure that the agency is monitoring and improving the quality of the data, and it can uncover inaccurate data. It also ensures that data entered is Timely, Accurate and Complete. The Biennial review was completed on 2% of open cases and 2% of cases that closed in 2023. These cases included the Child Welfare Contributing Agencies (FCCM).

Results Open Cases Reviewed 246	Name Accurate?	Age Accurate?	Race Accurate?	Native American Flag Accurate?	Hispanic Origin Accurate?	Sex Accurate?	LS Legal Date Accurate?
Yes	245	245	238	240	229	244	246
Percentage Correct	99.6%	99.6%	96.7%	97.6%	93.1%	99.2%	100.0%
Results Open Cases Reviewed 246	Vendor Name Accurate (Primary)?	Vendor Address Accurate (Primary)?	Vendor Phone # Accurate (Primary)?	Goal Accurate?	Concurrent Plan Accurate?		
Yes	237	237	236	226	222		
Percentage Correct	96.3%	96.3%	95.9%	91.9%	90.2%		

Results Closed Cases Reviewed 124	Name Accurate?	Age at Exit Accurate?	Sex Accurate?	Race Accurate?	Hispanic Origin Accurate?	LS Legal Date Accurate?	LS End Date Accurate?	Is the Exit Type Accurate?
Yes	121	122	123	117	116	120	117	124
Percentage Correct	97.6%	98.4%	99.2%	94.4%	93.5%	96.8%	94.4%	100%

To continue monitoring this item, the Children’s Division will conduct similar reviews on an annual basis. Data mining and data clean-up efforts will continue by the Quality Assurance System team members as data quality concerns are recognized.

In 2021, the Children's Division began the process of exploring FACES System replacement. In the last 10-15 years since FACES was developed, many new Custom-Off-the-Shelf (COTS) Modular CCWIS Child Welfare systems have been made available on the market. These systems, while using more modern technology, offer enhanced features such as more robust reporting, dashboards, dark data searches, and online portals for foster parents and providers to communicate with the child welfare system. The database structure is more configurable and allows for quicker, easier updates when enhancements are needed. In addition, most of these new systems have increased mobile capability that is essential to the work staff do in the field.

Beginning in February 2022, FACES staff began working with the Enterprise Project Management office to complete Process Mapping of the "As Is" system functionality. This included meeting with business and program staff, as well as direct field staff system users, to map out how the system currently works then looking at what a replacement system should be able to do while complying with CCWIS requirements.

Children's Division contracted with Public Consulting Group (PCG) for Project Management services in May of 2022. PCG has been tasked with the development of system "To Be" process flows which describe what the new system functionality should include, and the development of High Level Design Documents. To create such documents, PCG met with Children's Division staff so all levels of state team members have a voice in the development of the new system. PCG also worked with staff regarding data quality and assisting with a plan to determine what data clean up should look like and start discussions regarding what data and how much data should be carried over to the new system. This included determining what data should be readily available for review and what data can be stored or archived to be available as needed. All of this documentation will be available for the selected implementation vendor when they come on board for the development of the new system.

Completed milestones met thus far include:

- Vendor system demonstrations conducted throughout 2022 and into 2023.
- CCWIS Core Team created to discuss weekly progress and address any roadblocks or concerns that may come up each week.
- Development of Steering Committee to monitor project at a high level, monitor project budget and project timeframes.
- With the assistance of PCG, CD, and ITSD/OA Procurement, a Request for Proposal (RFP) has been written and is in initial review processes.
- Creation of a new CCWIS Project Unit to commit 100% of their time to the project. The unit consists of nine Program Specialists and two Supervisors. This new unit is managed by the Project Director. Specified duties of this unit include development of Business

Process Re-Engineering (BPR), Organizational Change Management (OCM), Data Analysis and cleanup efforts for current FACES system and, new system training statewide following system implementation.

Next Steps: Tentative Timeline

- OA RFP prep and review Dec 2023 – October 2024
- Advanced Planning Documents March 2024 – August 2024
- Alternatives Analysis March 2024 – May 2024
- Cost Benefit Analysis March 2024 – June 2024
- Feasibility Study May 2024 – July 2024
- ACF Pre-Solicitation Review July 2024 – October 2024
- RFP Solicitation for Bids July 2024 – October 2024
- Bid Evaluations December 2024 – February 2025
- ACF Re-Award Review February 2025 – May 2025
- Vendor Award May 2025
- System Development/Implementation May 2025 – May 2027

The focus of the new CCWIS system is to have an electronic database that integrates new technology to allow staff to perform the fundamental services for the children and families Children’s Division serves. The CCWIS system will allow staff to document information starting at Intake (Child Abuse Hotline) through the life of the case to Permanency. This would include the ability to collect and track data for all Federal Reports.

The Statewide Information System was found to be in substantial conformity with federal requirements in CFSR Round 4.

Case Review System

Item 20: Written Case Plan

During the CFSR Round 4, Item 20 Written Case Plan was noted as an area needing improvement. The review found that not all children in care had both documents (SSP and CS-1) that comprise the overall case plan. The final report stated, “In a cohort of children who entered foster care during a sample period (and who remained in foster care at least 60 days), less than one half of the children had both required written case plan documents.” There were also concerns noted for meaningfully and authentically engaging parents in the case planning process.

Based upon information from the past two CFSRs, case reviews, staff, families, and judicial partners it was decided that adjustments were need to some of the assessment and case planning tools. A workgroup was initiated in October 2023 with the support of Change and Innovations.

Family Assessment

After a child enters foster care, there is a 30-day assessment period. During that assessment period, the case manager assigned to the family will begin engaging the family and corresponding with the Family Support Team. The case manager, along with the family and support team, will assess the dynamics of the family and the reason(s) the child entered foster care through completion of an Initial Family Assessment. During the initial family assessment period, the assigned case manager will meet with the family as necessary to gather a full picture of the family. Completion of a genogram, documentation of a variety of cultural aspects of the family, and discussion of existing safety within the family and their safety network are tools within the Initial Family Assessment package to help develop a comprehensive understanding of the family.

During the initial 30-day assessment period, the team utilizes information from the Initial Family Assessment(s) to develop the Social Service Plan (SSP) and Child Assessment and Service Plan (CS-1). A redesign of the Initial Family Assessment began in March 2024 to better integrate with the improved SSP.

Social Service Plan

The Social Service Plan is a whole family case planning document that identifies the goals, services, and steps the family will take to remedy the factors which caused the child to enter foster care. The Social Service Plan captures case activities from opening to closure and the circumstances that drove those activities and decisions throughout the case.

The Social Service Plan is designed to be a fluid document in which information can be continuously added over the life of a case, showing the progression toward permanency over time. The initial Social Service Plan is to be completed within the first 30 days of the child's entry into foster care.

The 2020-2021 Social Service Plan was integrated into the FACES and was planned to be completed in eight phases however, only one phase was completed. This was in large part due to Missouri beginning plans for a new CCWIS system. Funds and staff were being directed toward that project instead of costly FACES updates. This caused the SSP to not function as envisioned. Many workarounds were needed in order for FACES to accept the individual family dynamics needed for each plan.

A redesign of the SSP began in October 2023. A workgroup set out to design an SSP outside of FACES with goals of the judiciary accepting the SSP as the Children's Division court report and eliminating the CS-1 by integrating those components into the SSP.

The workgroup met sixteen times between early October 2023 and mid-January 2024; held four feedback sessions in December 2023 for judicial/legal partners, agency and contracted staff, and parents.

The SSP was field tested by at least 52 agency and contracted staff across the state. A wide variety of case and family dynamics were tested to ensure its applicability across the spectrum of work. Staff were asked to complete the tool using a real case and when possible, sharing it with youth and parents for their input. The SSP was also shared with the judiciary and refined several times as a result of that input.

Seven post-testing feedback sessions (February-March) were held, a wealth of information was collected and then used to make several important revisions.

The SSP will enter a pilot phase in five circuits in the southwest region in April/May 2024.

The Social Service Plan captures the following information:

- Reason(s)/circumstances that caused the child(ren) to enter Alternative Care
- Adverse impact of harm on the child
- Goals to identify specific positive changes in behavior which need to be observed to ensure that the parent has remedied that particular concern
- Descriptive action items, services or supports identified to help the family successfully reach their goal(s)
- Successful completion of each goal or step, so the document reflects all reasonable efforts made on behalf of the team to support a successful outcome for the child and family
- Progress, or lack thereof, in pursuit of the positive behavioral changes resulting from any services or supports put in place for the family
- Critical decisions made throughout the case and why those decisions were made
- Reasonable efforts and decisions made throughout the case by the team, including permanency plans, concurrent plans, the family's level of involvement, and paternity efforts.
- Each child's individual status, how needs were met, and what needs remain.
- The family's natural supports who can be used to create ongoing safety and accountability.

Child Assessment and Services Plan (CS-1)

The CS-1 documents: placement details, relationships, reasonable efforts to prevent removal, visitation with parents and siblings, child needs and services provided. The CS-1 has been required in addition to the SSP in order to capture all required provisions identified in the Social Security Act. Currently, case managers are required to complete the Child Assessment and Services Plan and the SSP within the first 30 days of the child's entry into foster care.

The redesign of the SSP occurring in 2023-2024 will encompass all requirements and will result in the elimination of the CS-1.

Family Support Teams (FST)

Children's Division policy requires that case planning decisions be made through the Family Support Team process. The Social Service Plan is reviewed during every Family Support Team meeting to discuss the progress of the family in addressing the reasons the child(ren) entered foster care; to help determine an appropriate point of goal change, if necessary; to determine appropriate visitation arrangements; and to plan for case closure.

The FST members include the worker, supervisor, parents/caregivers, child (if age appropriate), juvenile officer, Guardian Ad Litem, CASA, parents' attorneys, natural supports, placement provider, treatment providers, and school personnel. FST meetings are conducted according to the time schedule listed below for as long as the court holds jurisdiction of the child, the Children's Division has custody, and the child is in an out-of-home care setting.

- 72-hour meeting (preliminary case plan and concurrent plan established)
- 30-day FST meeting (case plan and concurrent plan established)
- 60-day FST meeting (review of case progress)
- 90-day FST meeting (review of case progress)
- FST is held at least every 30 days until adjudication by the court
- 6-month FST meeting (review of the case plan; possible change of plan)
- 12-month FST meeting (review of the case plan; possible change of plan)
- 18-month FST meeting (review of the case plan; possible change of plan)
- Every six months as long as the case is open
- At the request of any team member at any time when decisions need to be made
- When placement decisions need to be made

FST meetings are an effective vehicle for moving children to permanency as case planning decisions are made during these times, with all involved parties at the table, including the parents.

Strategies for 2025-2029

1. To genuinely and authentically engage parents and older youth in their case planning by:
 - Creating an Initial Family Assessment (IFA) and Social Service Plan (SSP) that:
 - Are easily understood by everyone; that contain language that fosters collaboration; and captures the voice of the parents and youth specifically about their case plan.

- Is accepted by all Juvenile Judges, ideally serving as the court report, but at a minimum entered into the record in addition to a court report.
 - Integrates all required elements into the SSP in order to eliminate the CS-1 therefore streamlining the worker's requirements and having all case planning information in one place.
2. Use the design and testing of the new IFA and SSP to prepare for building Missouri's new CCWIS.
 3. Develop a Parent-Focused Program Development Specialist. Currently one PDS serves all areas and functions of alternative/foster care. A second position has been established which will allow one person to focus on children/youth issues and the other on parents. One of the areas this person will focus on is written case planning.

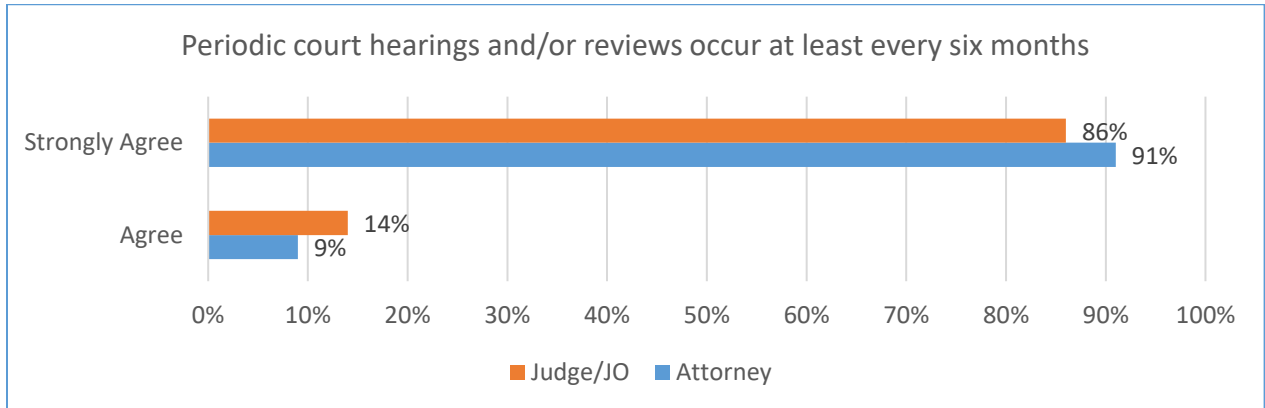
Item 21: Periodic Reviews

Periodic reviews for children in foster care occur at least every six months within the court processes outlined in statute. Missouri Supreme Court Rule 124.01 requires Permanency Hearings to be held within 12 months of the juvenile coming into care and annually thereafter. It also requires a Permanency Review Hearing to be held at least every six months from the point of foster care entry and throughout the child's time in custody. Therefore, every six months, a child is required to have a permanency hearing or a permanency review hearing. Prior to the requirements for permanency hearings, the Dispositional Hearing may be held separate from or immediately following the adjudication hearing. During this hearing, a determination is made as to the legal and physical custody of the child, as well as the most appropriate means to address the concerns established in the adjudication hearing. Reasonable efforts required of the Children's Division to reunify the family may be ordered during the Dispositional Hearing. Dispositional Review Hearings are held within 90 days of the Dispositional Hearing and may be held as often as needed to determine the appropriate permanency plan for the child. Dispositional hearings, dispositional review hearings, permanency hearings, and permanency review hearings are the court hearings utilized in Adoption and Foster Care Analysis and Reporting System (AFCARS) reporting to establish compliance with periodic review requirements.

Data provided by the Office of State Courts Administrator (OSCA) indicates that 95% of children who entered foster care between January 1, 2022 and June 30, 2022 had at least one court hearing or review within six months of their entry date (2,645/2,797). For children who were in foster care as of December 31, 2022, 98% had a periodic review within the previous six months (10,323/10,488). Court activities included in this data are dispositional hearings, dispositional review hearings, permanency hearings, and permanency review hearings.

Surveys were provided to legal and judiciary members to gain their perspectives on the frequency of court hearings and/or reviews for children in foster care. In total, 42 surveys were

returned from judges and juvenile officers. Forty-nine (49) surveys were returned from attorneys who represent children and families involved with the child welfare system. All respondents either strongly agreed or agreed with the statement that, “Periodic court hearings and/or reviews occur at least every six months” (42/42 and 49/49). None of the respondents indicated concern about the frequency of court hearings and/or reviews.

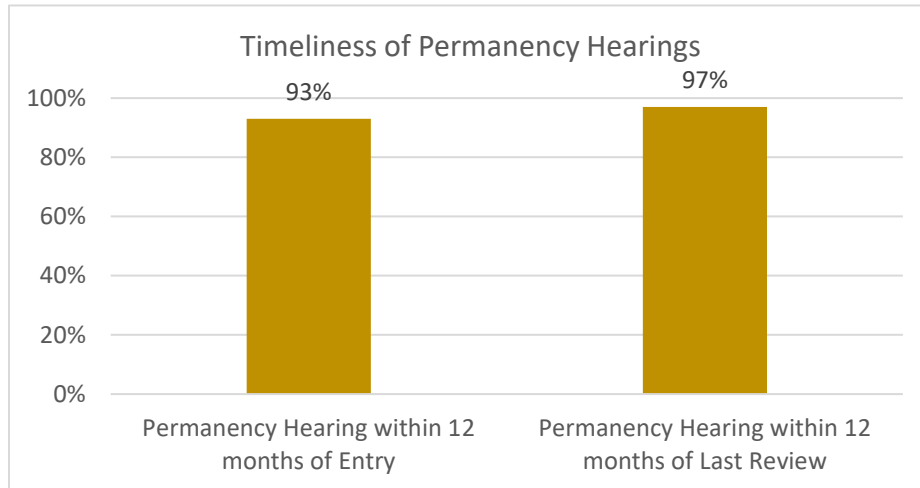


This item was found to be an area of strength in CFSR Round 4.

Item 22: Permanency Hearings

The Missouri Supreme Court recognizes the importance of timely permanency hearings in child abuse and neglect cases. The effort of the court to hold hearings on schedule enables teams to better ensure timely permanency. The Office of State Courts Administrator (OSCA) monitors the timeliness of hearings in all Missouri circuits. Court Operating Rule 23.01 requires the presiding judge in each circuit to submit a quarterly report to OSCA for each hearing not held within the specified time frame. The following information is to be reported: case number; style of the case; type of hearing; required hearing date; date of hearing (if held); date hearing scheduled (if not held); reason(s) for delay; compelling, extenuating circumstances found by the judicial officer to support each continuance outside the applicable time frame; and the plan of each judicial officer to comply with time frames during the next quarter. Exceptions for delays must be approved by the Family Court Committee.

The Child Abuse and Neglect Quarterly Reports are distributed statewide on a quarterly basis to indicate the number of hearings held timely, the reasons for delays, and plans for corrective action. Court Improvement Project (CIP) staff compiles the reports and transmits a copy of all the reports to the Supreme Court of Missouri and to the Commission on Retirement, Removal, and Discipline for review. Copies are sent to all presiding judges and juvenile officers. The quarterly reports are also routinely reviewed during the Juvenile Court Improvement Project (JCIP) steering committee meetings.



According to data provided from OSCA for the statewide assessment, for all children who entered care between July 1, 2021 and December 31, 2021, 93% had a permanency hearing held within the first 12 months of custody (2,338/2,521).

For all children whose most recent permanency hearing occurred between July 1, 2021 and December 31, 2021, 97% had a subsequent permanency hearing within 12 months of their last permanency review (3,337/3,341).

Missouri received an overall rating of strength for Item 22 in CFSR Round 4.

Item 23: Termination of Parental Rights

Missouri Law, Section 210.720 requires that when a child has been placed in the custody of the Children’s Division in accordance with subdivision (17) of subsection 1 of section 207.020, RSMo (revised Missouri statute), or in another authorized agency, by a court, or has been placed in foster care by a court, every six months after the placement, the foster family, group home, agency, or child care institution with which the child is placed shall file with the court a written report on the status of the child. As cited in the statute, the court shall review the report and shall hold a permanency hearing within twelve months of initial placement and at least annually thereafter. The permanency hearing shall be for the purpose of determining, in accordance with the best interests of the child, a permanent plan for the placement of the child, including whether the child should be continued in foster care, whether the child should be returned to a parent, guardian or relative, or whether proceedings should be instituted by either the juvenile officer or the Children’s Division to terminate parental rights to legally free such child for adoption.

Termination of parental rights proceedings may be initiated upon the request of the child's parent(s) (voluntary relinquishment), or by any other party, including the Children’s Division, by making a referral to the appropriate juvenile office. All juvenile offices in Missouri have statutory authority to file a termination of parental rights petition. The Children’s Division is

also authorized to file a petition for termination of parental rights with the assistance of the Permanency Attorney Unit or the Division of Legal Services. The Family Support Team, in assessing a child's needs for permanency, should consider termination of parental rights if permanency through reunification with a parent, guardianship, or placement with an appropriate relative is not feasible and if adoption is a reasonable expectation and meets the child's needs. In cases where reunification, guardianship, or placement with a fit and willing relative is the primary plan, termination of parental rights and adoption may be an appropriate concurrent goal.

Termination of parental rights may be a straightforward legal process when both/all parents to the child are identified, located, and voluntarily relinquish their parental rights. Conversely, termination of parental rights may be a complex legal matter if one or both parents object to his/her parental rights being terminated. In all cases, the facts and grounds for termination must be proven by legally admissible evidence in a court of law. Grounds for termination of parental rights must be proven to the court by clear, cogent, and convincing evidence. This is the highest standard of proof known to the civil law. It is essential that all of the facts supporting termination of parental rights are carefully and thoroughly documented. Individual courts may interpret the involuntary termination statutes differently or be reluctant to pursue termination of parental rights. Children's Division staff may consult with the Permanency Attorney Unit, where available, or the Division of Legal Services in addition to the juvenile officer on all cases where involuntary termination of parental rights is being considered by the Family Support Team to determine if there is enough evidence to proceed with a request to file the petition for termination.

When considering a petition for termination of parental rights the court must apply a two-part analysis: first, the court must determine whether there are statutory grounds for termination in the case under consideration, as outlined in Chapter 211.447 of Missouri statute. And second, if the petitioner proves statutory grounds exist, whether termination of parental rights is in the best interests of the child. The court may deny a petition for termination of parental rights if the court finds that TPR is not in the best interest of the child even if there are statutory grounds for termination. However, the court cannot grant a petition to terminate parental rights if the petitioner failed to prove by clear, cogent, and convincing evidence that the statutory grounds for TPR exist.

Data surrounding the timely filing of TPR petitions was provided by the Office of State Courts Administrator (OSCA). For children entering Children's Division custody between April 1, 2021 and September 30, 2021, and who remained in state's custody at the 15 month mark, 5.5% (120/2,194) had a termination of parental rights petition filed on their behalf. There are limitations to the data presented. Unfortunately, the court information system does not capture whether there are any exceptions or compelling reasons to not pursue TPR.

According to Children's Division administrative data, as of December 31, 2023, there were 12,291 children in foster care in Missouri. Of those, 302 entered custody during September

2022, reaching the 15-month mark in foster care. One hundred eighty (180) of the 302 children were placed with relatives at the 15-month mark (60%), thus having an exception to the filing for TPR. Of the remaining 122 children, five had termination of parental rights completed and two children had TPR actions filed (5.7%, 7/122).

Variation across circuits for how to document compelling reasons results in a general lack of clarity for Children's Division and Foster Care Case Management staff since a single process cannot be trained and reinforced. This is particularly troublesome when staff turnover rates are high, and the child welfare workforce is relatively new. Another challenge to assessment of this item is highlighted by the fact that neither the court data system nor the agency's data system has an accurate method to capture compelling reasons and factor those exceptions into data analysis.

Missouri received an overall rating of Area Needing Improvement for Item 23 in CFSR Round 4. This item within the Case Review System will be addressed through strategies in the Program Improvement Plan.

Item 24: Notice of Hearings and Reviews to Caregivers

Ensuring that caregivers are aware of court hearings helps provide them with support to remain informed and involved. Their contributions may positively influence permanency outcomes for children in their care. Information provided in the Statewide Assessment and gathered during interviews with stakeholders revealed that Missouri does not have a consistent process for notifying foster parents, pre-adoptive parents, and relative caregivers of hearings and their right to be heard. Although a state statute places responsibility for notifying caregivers with the juvenile court, court personnel may not have access to information about the caregiver—particularly when caregivers are not present at previous hearings and when placement changes occur between hearings. In an effort to address these limitations, agency caseworkers also help communicate information about upcoming hearings with caregivers during regularly scheduled visits, meetings, and other case contacts. As evidenced by information in the Statewide Assessment and gathered during interviews with stakeholders, relying on efforts by multiple parties to provide notification has not ensured that all caregivers routinely receive notification of all hearings and reviews. For caregivers, if, when, and from whom they receive notification of upcoming hearings widely varies by the judicial circuit with jurisdiction over the case.

Missouri caregivers are made aware of their right to be notified of and heard in court hearings through a variety of mechanisms. Caregivers are provided a copy of the Missouri Resource Parent Handbook at initial licensure. With each license renewal, the foster parents are reminded of the handbook and that it is also available on the internet at <https://dss.mo.gov/cd/foster-care/pdf/fcresource.pdf>. The handbook informs the caregiver they are part of a team, including when in court, and that their opinions matter. The handbook also provides information about the process and purpose of court (pages 29-30). The information included in this section informs the caregiver about the Caregiver Court Information Form and about their right to be heard. There is

also a foster parent newsletter that mentions the form. Resource parents are provided a copy of the Foster Parent Bill of Rights at the time of placement of a child in their home. The Foster Parent Bill of Rights (RSMo 210.566) states, “Foster parents shall be informed by the court no later than two weeks prior to all court hearings pertaining to a child in their care, and informed of their right to attend and participate, consistent with section 211.464, RSMo”.

<https://revisor.mo.gov/main/OneSection.aspx?section=210.566>

The legal right for resource parents to be heard in court is also taught in the foster parent pre-service training. During the training, participants are informed of the Foster Parent’s Bill of Rights. Resource parents are also required by policy to complete five hours of laws, policies, and procedures governing child welfare which includes information about their right to be notified of court hearings and to be heard in court. These activities occur in the same manner for licensed and unlicensed providers and there is no distinction in processes for foster parents, pre-adoptive parents, or relative parents.

The current version of the Caregiver Court Information Form was created jointly by the Missouri Office of State Courts Administrator (OSCA) and the Children’s Division. It is posted on the Children’s Division internet page along with instructions for completing the form and where to send it once completed. Information about this form is contained within the Missouri Resource Parent Handbook. The children’s case managers also provide hard copies of the form to foster parents prior to court hearings. The form affords caregivers the opportunity to provide child-specific information concerning medical and educational status, extracurricular activities, observations of family interactions, and other pertinent topics the caregivers would like the court to know. Foster parents can provide this form to the child’s case manager or juvenile officer three weeks prior to the court hearing or as outlined in local protocol and it will be filed with the court.

The juvenile court is responsible for notifying caregivers about court hearings per Missouri Statutes 211.171, 211.464 and 210.566. Written notification of the upcoming hearing is mailed to the resource parent by the juvenile court prior to upcoming hearings. Information about their right to be heard in court is included in the document provided by the court. If caregivers are present in court, any subsequent hearing dates and times are verbally shared, as well. As placement changes occur, this can pose challenges if the court is not notified of the name and address of the new caregiver. As such, case managers also notify caregivers of upcoming court hearings and their right to be heard in court through their ongoing contact with foster/relative parents.

In a 2024 survey of resource parents, respondents were asked to rate their agreement with the statement “I am informed of court hearings timely”. In total, 75% of foster and relative parents who participated in the survey indicated that they are informed of court hearings in a timely manner.

Answer	Count	Percentage
Strongly Disagree	24	9.80%
Disagree	32	13.06%
Agree	64	26.12%
Strongly Agree	119	48.57%
No answer	0	0.00%
Not displayed	6	2.45%

From the same survey, foster and relative parents were also asked to respond to the statement “I have the opportunity to provide information in court hearings”. Approximately 75% of survey participants agreed or strongly agreed with the statement.

Answer	Count	Percentage
Strongly Disagree	27	11.02%
Disagree	33	13.47%
Agree	63	25.71%
Strongly Agree	116	47.35%
No answer	0	0.00%
Not displayed	6	2.45%

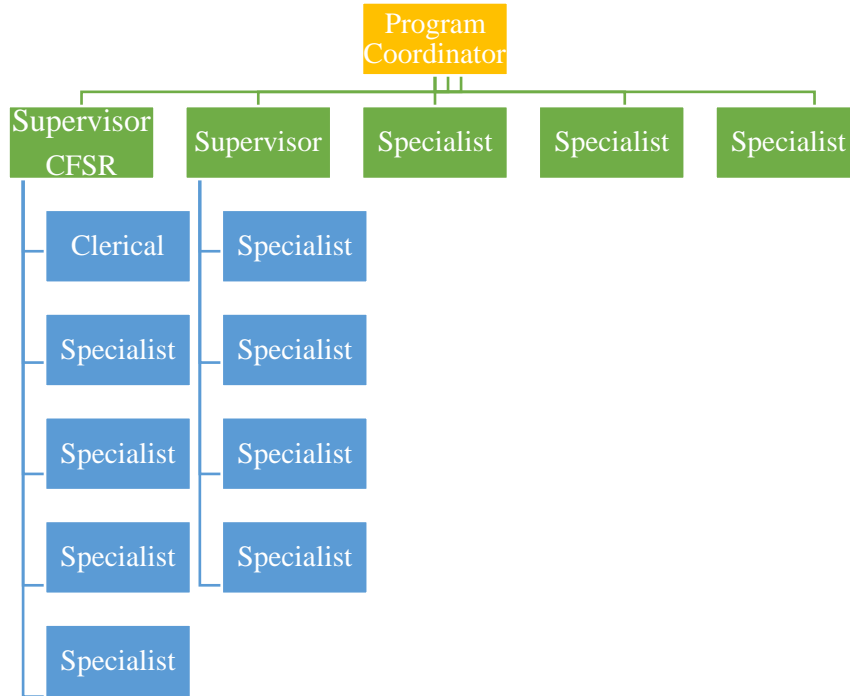
For CFSR Round 4, Missouri received an overall rating of Area Needing Improvement for Item 24 based on information from the Statewide Assessment and stakeholder interviews.

Quality Assurance System (Item 25)

Quality Assurance System Structure

Oversight of the Children’s Division Quality Assurance System is provided by the Quality Assurance Practice Improvement (QAPI) Central Program Coordinator who has responsibility for implementation of Quality Assurance System activities. The Central QAPI team is comprised of 13 additional staff and one administrative assistant who support the state’s QAS system. The following organizational chart provides a visual representation of the Central structure. There are an additional five staff who are supervised by regional management and are considered Field Operations Liaisons for the Quality Assurance System and work collaboratively with the QAPI Central Team.

CENTRAL QAPI



REGIONAL FIELD LIAISON



While the current structure of the QAS system may not have the resources to support a state-led CFSR review, the state continues to review the capacity of the QAS team members to determine the feasibility of a state-led review in future rounds of the CFSR.

In evaluating the QAS system, the following statements are considered:

1. *How well is the quality assurance system functioning statewide to ensure that it operating in the jurisdictions where the services included in the CFSP are provided?*

Missouri is divided into 46 judicial circuits and the work of the Children’s Division corresponds with the same circuit structure. Services included in the Child and Services Plan are provided in all 46 circuits of the state.

The state’s Quality Assurance System operates in all the jurisdictions where the services included in the CFSP are provided. The Quality Assurance System also uses standards and case

review processes based on the CFSR to evaluate the quality of services and to identify strengths and needs of the service delivery system. Reviewers currently use the On-Site Review Instrument (OSRI) and Online Monitoring System (OMS).

Measuring, monitoring, and improving the quality of service provision are central to ensuring positive outcomes for children and families served by the Children's Division. QAPI staff evaluate trends and outcomes on a regular basis for CFSP programs in order to determine service delivery effectiveness.

The Children's Division's Quality Assurance System utilizes federal best practice standards as the measure for evaluation. In-home and foster care cases are reviewed using the federal On-Site Review Instrument (OSRI). Interviews with the case manager, parent(s), child (if school age), and foster parent, if applicable, are completed with every case review. The five dedicated case reviewers within the QAPI touch the majority of case reviews that are completed, either as reviewers or as first-level approvers. The remaining staff within the Quality Assurance System also complete case reviews, but the number assigned to them is more limited. In addition, the regional field specialists also complete at least one CFSR case review each quarter. Second level approval is provided by the CFSR Coordinator, or a select group of QAPI staff with the most case review experience. This structure was modeled after the Children's Bureau-led on-site review process and has served Missouri in maintaining fidelity and reliability among reviewers.

For cases that will be reviewed for Round 4 PIP monitoring, the Department of Social Services Research and Evaluation Unit will be providing the Children's Division with a listing of all children in foster care and Family-Centered Services cases opened for at least 45 days during a 6-month sampling period. Case listings will be randomized and the cases selected for review will come from measurement sites identified in the Round 4 Measurement Plan.

Prior to being eligible to complete a CFSR case review, new reviewers attend training with the CFSR Coordinator and one of the dedicated case reviewers who assists in all training efforts. New reviewers co-review at least once with an experienced reviewer to gain a more complete understanding of the tool and the interview process before being allowed to complete a case review on their own. Upon the release of the Round 4 version of the OSRI, a virtual meeting was held with reviewers to provide an overview of the changes to the tool. All new information about the application of the tool provided by the Children's Bureau or its contractors has been disseminated to the QAS staff.

Evaluation standards within the OSRI include elements of child safety, permanency, and child and family wellbeing, as well as an assessment of services and whether the services being provided to the family meet their identified needs.

In addition to using the OSRI to assess the safety and permanency of children in Missouri, the CFSR Statewide Data Indicators are used as methods of evaluation within the child welfare system upon their publication each six months.

2. *Has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety),*

The state's Quality Assurance System uses the Child and Family Services Review (CFSR) standards to ensure children in the state's custody are evaluated in the areas of permanency, safety and wellbeing.

The CFSR Coordinator is responsible for all activities related to the CFSR, and the reporting requirements associated with the Child and Family Services Plan (CFSP) and the Annual Progress and Services Report (APSR). CFSR case review administration is also a function of the CFSR Coordinator. There are five identified staff whose primary job function is the completion of CFSR case reviews utilizing the On-site Review Instrument (OSRI).

3. *Identifies strengths and needs of the service delivery system,*

Strengths and needs of the service delivery system are evaluated through case review, as well as the agency's consumer survey process and adherence to legislation aimed to evaluate what children experience with case management provided by both the public and contracted agencies.

When needs are identified, there are improvement conversations and plans that local circuits or QAPI staff are able to identify the strengths and areas of need on both a case-level and a system-level. As each case review is completed, the assigned worker, the assigned supervisor, and the management staff of the circuit and region associated with the case are provided a PDF copy of the completed case review tool. The completed tool is also provided to the field specialist within the region. Reviewers are encouraged to highlight strengths of practice that were identified during the case review process, as well as any areas of practice challenge. This provides opportunity for all levels of staff to review the case review outcomes, learn about the evaluation criteria, and apply lessons learned to their individual casework practice. Case managers are able to communicate with the reviewers, as well, to ask any questions they may have about the application of the OSRI.

From a systems-level perspective, case review data is compiled and shared with Children's Division executive leadership at the completion of each bi-monthly or quarterly case review to help them identify trends in casework practice and next steps toward system improvement. Reports from the Online Monitoring System (OMS) are utilized to provide overall statewide ratings for each item and outcome. The Improvement and Field Operations staff within the QAS also provide case review reports for each region, circuit, and FCCM agency for more targeted analyses of strengths and areas needing improvement, as those may vary according to location.

Tableau dashboards have been created to assist in the identification of system-level practice strengths and challenges, as well. Several of the dashboard measures are linked to federal expectations and measurements are informed by the logic of the statewide data indicators. Currently the following is provided:

- Worker/Child Visit Completion (frequency)
- Victimization in Foster Care (rate)
- Parent/child visit completion to the extent that the visits are not contrary to the orders of the court (frequency)
- Healthy Child & Youth Exam (HCY/EPSDT) (frequency)
- Worker/Parent Visit Completion (frequency)
- Re-Entry to Foster Care (rate)
- Average Number of Workers Per Child in Care Less Than 12 Months and 12+ Months (count)
- Residential Placement/Placemat Category (type)
- Permanency in 12 months for children entering foster care (percent)
- Permanency in 12 months for children in care 12-23 months (percent)
- Permanency in 12 months for children in care 24 months or more (percent)

Each measure of the dashboard is updated monthly and provides data at the county-level, for Children's Division performance and/or Foster Care Case Management agency performance.

The supplemental context data for each CFSR Statewide Data Indicator is examined each six months for trends by age, race, and geographic location. Each indicator is mapped using Tableau for Children's Division management to easily evaluate the areas of the state performing better than the national performance and those areas performing worse than the national performance. Tableau maps have also been provided to community partners, including the courts, to give other members of the child welfare system the opportunity to evaluate strengths and areas of needed improvement in a clear and easy-to-read format.

There are many avenues to involve community partners in the identification of strengths and needs within the child welfare system. Case review data is routinely shared with the CFSR Advisory Committee. This group also reviews the CFSR Statewide Data Indicators following their semi-annual release. Case review results and mapped context data have also been shared with the Children's Justice Act Steering Committee, the Juvenile Court Improvement Project Steering Committee, as well as the State Youth Advisory Board, the Foster Parent Advisory Board, and some local Fostering Court Improvement groups. Discussions following data presentations are opened for the groups to identify the positive information that stood out and areas that pose challenges for the child welfare system as a whole.

The most recent opportunity for system-wide analysis of strengths and needs occurred during the CFSR Statewide Assessment Event held in preparation for the publication of this report. Members of the child welfare community from across the state came together to review case

review results, the Statewide Data Indicators, recent survey data, and administrative data from the Children's Division and the Office of State Courts Administrator (OSCA). Membership from the judiciary, the Juvenile Office, the legal community, public and private partner agencies, service providers, persons with lived experience, and the foster parent community were represented throughout a two-week event encompassing 15 individual sessions. System strengths and areas for improvement were identified as a result of the data presented and discussed among these stakeholders.

4. *Provides relevant reports.*

Missouri is fortunate to have a wealth of data available to use in evaluating the quality of the services provided to children and families involved in the child welfare system and with support from the Quality Assurance Practice Improvement (QAPI) Coordinator and a Senior Program Specialist, the data management functions of the Children's Division are administered by two QAPI staff members.

They are in frequent communication with the Department of Social Services' Research and Evaluation Unit (DSS Research). The DSS Research unit is responsible for data extraction from the FACES case management system. The data output is then provided to QAPI staff members for analysis and visualization.

Relevant management reports, including data dashboards accessible to staff at all levels within the agency from caseworkers and supervisors all the way to the executive leadership team are provided. The state strives to use data and information to understand performance and manage the agency's operations and resources.

Request for new data reports are funneled through the QAPI Program Coordinator to ensure consistency regarding the business needs for data and the methodology behind the reports developed and distributed to staff throughout the agency.

In addition to the reporting methods described above, a variety of management reports are provided to supervisory staff on a monthly basis. These can be used for ongoing monitoring of process measures that have been identified for performance improvement. Some examples include monthly reporting on worker with child visitation, worker with parent visitation, timely initial safety contact for child abuse and neglect hotline calls, and the timely conclusion of hotline investigations and assessments.

Monthly listings of all open in-home cases and foster care cases are provided to supervisory staff, as well. These can be used to verify the accuracy of information in the FACES case management system and to evaluate the caseloads and workloads of individual staff members.

Quarterly data reports designed to facilitate conversation between local Children's Division offices and their court partners are also provided for each circuit. Data elements include

information on re-entry into foster care, child abuse and neglect in foster care, average number of placements, average time from foster care entry to termination of parental rights, and average time from termination of parental rights to final adoption.

Several Children's Division publications are available each year and posted on the Department of Social Services website, the Children's Division internal intranet page, or both. The publications include statistical information as well as outcome data. Publications include the Children's Division Annual Report, the Child Abuse and Neglect Annual Report, the Quarterly Outcome Measures Report, and Federal reports such as the ASPR. Monthly Management reports are also regularly posted for public access. Staff and managers are referred to the publications routinely by QAPI staff in support of local collaboration and improvement planning efforts. Stakeholders have access to the publications which are posted on the internet.

Missouri's Quality Assurance Practice Improvement is functioning in all areas of the state to apply consistent standards for case practice evaluation. Strengths and areas of need within the child welfare system are identified as a result of the established case review process. Reports that assist supervisors and managers in their day-to-day decision making are provided on a regular basis.

5. *Evaluates implemented program improvement measures.*

In addition to the QAPI team, there are five Senior Social Services Specialists who are supervised by the regions and engage in improvement work. These staff provide a communication link between the centralized operations of QAPI and Children's Division staff across the state.

Field specialists within the six geographic regions lead program improvement efforts among the circuits they serve. For areas needing technical assistance in program improvement planning, the central QAPI team is to provide training and support.

The QAPI team also works with the Foster Care Case Management (FCCM) team to ensure data reports and support for improvement planning are shared.

One area Missouri's QAPI system is addressing is effectively using evidence collected through its quality assurance activities to design, implement, and assess program and practice improvement strategies selected to improve service delivery and outcomes for children and families. There is additional work to be done on regional improvement cycles and feedback loops to strengthen the current system. Because the regional system has not been fully implemented, the QAPI system was not found in substantial compliance in Round 4.

In efforts to enhance the evaluation of program improvement measures, Missouri has recently established a method of quality improvement accountability. The initiative is called SPIN (Statewide Performance Improvement Network) and consists of executive management, regional

Field Operations Specialists, and select members of the Quality Assurance Practice Improvement unit. The group will meet monthly with the following goals:

- Sustained practice changes through improvement efforts
- Staff at all levels will be empowered to engage children and families to tell their stories through positive, meaningful, and motivational actions that fully capture child and family wellbeing and safety to include permanency in instances of alternative care.
- Families and children served will experience increased support as demonstrated by staff being empowered.

Each month, the Regional Directors will identify areas of needed improvement for their circuits and/or regions, discuss the root cause of the needed improvement and the process to determine the root cause, and present any strategies for improvement that have been decided. Subsequent meetings will then include a review of progress towards improved practice to include a review of data.

In the Round 4 CFSR review, Missouri received an overall rating of Area Needing Improvement for Item 25 based on information from the Statewide Assessment and stakeholder interviews.

Staff and Provider Training

Item 26: Initial Staff Training

In July 2023, The Children’s Division restructured the Child Welfare Practice Training (CWPT). The training now entails a three-week initial training that is designed to focus on skill-based learning. The program includes e-learning, virtual, in-person training sessions, virtual computer formatted simulation, scenarios utilizing problem-based learning and skills practice. Each week also includes assignments and debriefs on how the learning in the classroom translates to actual skills utilized in working successfully with families. Each class is designed to build on one another giving an overall picture of the positions; what the work entails, the skills needed, and critical thinking to complete the job basics once workers are case carrying.

The following describes the initial three-week training and the subsequent phases for both Investigations and Case Management.

Investigation Schedule for CWPT:

Month One- CWPT starts with an initial three-week class. The first week covers general topics through eLearnings and short activities. The first day includes a short simulation which introduces workers to problem-based learning. Day two is a day of eLearnings which cover bias, communication, the life of a CAN report and reports. Day three includes eLearnings on interviewing skills, contact requirements and how to involve families. There is a discussion on a handwashing activity which focuses on how change is hard but maintaining change is even harder and thinking about how to use with families. Day four includes eLearnings on Multi-Disciplinary Teams and how to collect evidence. There is a discussion on genograms and their use to find information about absent parents, placement options and supports. Friday is free.

Week two starts with a three day in-person class. The first day is an overview of an investigation from start to the point of conclusion. Day two is a half day class on abuse and a half day class on neglect. Day three is a full day of interviewing. The fourth day of the week includes a one on one where the participant is recorded in a scenario in which they need to get into the door and let the parent know their rights. The recording is sent to the employee to watch and complete a self-evaluation. The experience is discussed in the afternoon. There are several eLearnings that are completed including Structured Decision Making (SDM) safety assessment, when and why court is involved and navigating Temporary Alternative Placement Agreements (TAPAs).

Week Three starts with a two-day virtual class. The first day is a class on using the SDM safety assessment. Day two is a half day on court and Juvenile Office referrals. The second half of the day is on what to think about and do when children are removed from the home. Day three is an investigation simulation. Day four includes a recorded scenario where they practice interviewing the perpetrator and assessing safety. The last eLearning is on conclusions.

Month Two- Workers complete eLearnings on how to organize their work, what it looks like to use the Central Consult Unit (CCU), how to case consult with their supervisor and assessing risk.

Month Three- Workers attend a two day in-person class on further interviewing and how to write a conclusion. They also attend a 2-hour virtual learning circle on organization.

Month Four- Workers complete an eLearning about Newborn Crisis Assessments (NCAs). Then they will attend a one-day virtual class on NCA's.

Month Five- Workers attend a one-day virtual class on Juvenile assessments.

Month Six- Workers attend a half day class on Legal Aspects (LA) Foundations. Then they take a one-day virtual class on LA Investigations.

Month Seven through Nine- Learning circles occur every two weeks on a variety of topics such as risk vs. safety, court, CCU and timelines.

Month Nine- Workers will present a capstone project on one of their cases showing how the decisions were made on the case.

Case Management Schedule for CWPT:

Month One- CWPT starts with a three-week class. The first week covers general topics through eLearnings and short activities. The first day includes a short simulation which introduces them to problem-based learning. Day two is a day of eLearnings which covers bias, communication, trauma, Alternative Care (AC) overview and Family Centered Services (FCS) overview. Day three includes eLearnings on permanency and court involvement. There is a discussion on a handwashing activity which focuses how change is hard but maintaining change is even harder and how to encourage families to make changes. Day four includes a discussion on genograms and how to use to find information about absent parents, placement options and supports. Friday is free.

Week two starts with a three half-day virtual class. This class focuses on the FCS process and use of TAPAs. There is also a discussion on time management on day three. The fourth day of the week includes a one on one where the participant is recorded in a scenario in which they need to talk to the parent about a TAPA and how they can work together to get the child home. The recording is sent to the employee to watch and complete a self-evaluation. They debrief the experience in the afternoon. There are several eLearnings that also need completing including SDM safety assessment, Family Support Team meetings, permanency planning, worker visits and navigating TAPAs.

Week Three starts with a two day in-person class. The class focuses on the first 72 hours of an alternative care case. Day three is a court activity and discussion. There are

eLearnings on preparing for court, parent child visits and sibling visits. Day four includes a recorded scenario where they practice meeting with a parent 24 hours after the children have been removed.

Month Two- Workers complete eLearnings on permanency and child development. The workers attend a two day in-person class on assessment and planning which includes the Social Service Plan.

Month Three- Workers attend a Learning circle about the expectations of having a case, a learning circle about conflict management and a one on one with the trainer about transfer cases.

Month Four- Workers attend a two-day virtual simulation on assessing a parent's progress and deciding whether to modify the safety plan. The second day, workers learn about reunifying children with their parent.

Month Five- Workers attend a one-day virtual class on Long term Safety Plans.

Month Six- Workers attend a half day class on Legal Aspects Foundations. Then they take a one-day virtual class either LA FCS or LA FCAD (AC).

Month Seven through Nine- Optional learning circles will be available.

Month Nine- Workers will present a capstone project on either an FCS or an AC scenario case.

As part of training development Children's Division (CD) has partnered with University of Missouri St Louis (UMSL) to bring FORECAST, a simulation-based training program, into trainings for employees. This model includes three to four modules that practice and debrief a real-life scenario. The Children's Division's certified instructors debrief this. The first one or two modules is a review of documentation. The next modules include a computer based augmented reality program that allows staff to "walk through" a house and interview actors. This allows workers to utilize their observation and critical thinking skills to practice the scenarios in a structured, instructor led environment. UMSL has trained and certified training staff within the Children's Division in the use of the FORECAST model. They also are continuing to partner with Children's Division to develop two new simulations that focus on case management skills in addition to the more investigative walk-through simulation currently being utilized. This is in the final approval stage and will begin in the beginning of 2024.

From January 1, 2023 to December 31, 2023, 32 cohorts (13 in the former 10 week program format and 19 in the new 3 week format) were trained. A total of 677 employees completed CWPT for the calendar year. From the 677 employees that completed, 101 are showing as not having completed within 4 months of their most recent hire date. This gives Children's Division a rate of 85% timely completion. This number is misleading though as the tracking system shows a Most Recent Hire date of offer of employment from Human Resources and does not take into account changes in job titles or program line transfers. During the reporting period job requirements changed and it is no longer a requirement to possess a college degree. Upon this change a portion of Case Aides who did not previously qualify to become Social Service Specialist interviewed and were promoted to Associate Social Service Specialist requiring them to complete CWPT yet their hire date did not change. Another factor in the 101 employees not completing in the first four months is when an employee switches from the Investigative

Program line to Case Management or vice versa. Hire dates are not updated with changes in program lines, therefore the number not reaching the goal is again inflated. These tracking challenges have been identified and a strategy to develop a comprehensive tracking tool is being considered at this time.

CWPT Survey Report

Classes have evaluations that are given at the end of each class. The evaluations use a scale of 0 to 10. Number rated questions ask about the relevancy of the material, how effective trainers were, does it provide knowledge for the position and are the skills taught needed for the position. Following is a list of the CWPT and Legal Aspects surveys completed and the average scores for each:

CWPT Numbers

Relevancy-9.5
Trainer effectiveness-9
Knowledge-10
Skills-9

Legal Aspects

Relevancy-9.25
Trainer effectiveness-9.75
Knowledge-9.25
Skills-7.57

Foster Care Case Management Contractors

Foster care case management contractors are made aware of the Child Welfare Practice Training (CWPT) classroom schedule. Per the foster care case management contract, the contractor may choose to send their staff to the Children's Division training or provide the training themselves. As of 2020, the contractors started to use the Children's Division curriculum for the CWPT training. Contractors that choose to offer their own training have attended a trainer the trainer presentation on the Children's Division's training. When contractors take CWPT with Children's Division, this is tracked through the Employee Learning Center (ELC). When contractors are trained through their own CWPT classes, it is tracked by the training agency. These records are available when requested by Children's Division. Children's Division is working on a better way to track contractor's completion of CWPT at this time. The contractors had 216 out of 217 workers finish CWPT timely. That is 99.5% timely completion rate.

Child Abuse and Neglect Hotline Unit

The Hotline offers four weeks of training for new employees. A new session is determined when new staff are hired to the hotline. The classes can be very small (one to two employees) or can be

larger. Staff start training in the classroom and then the training is moved to a section of the floor. After the training is completed, employees are assessed to see if additional one on one training is needed before the employee is allowed to take calls. The calls are monitored in several ways after the employee leaves training. Calls may be listened to live or on a recorded option. The employees also need to have manager approval for a determined amount of time between trainers and supervisors before their training is considered complete.

Hotline training consists of:

- Week one- policy/procedure/philosophy- 40 hours
- Week two- Referrals and Call procedure- 40 hours
- Week three- Assessments and taking calls- 40 hours
- Week four- Investigations and taking calls- 40 hours

The training included (but not limited to) the following aspects of performance, knowledge, and skills:

Civil Rights, Systems, ELC learning, Quizzes Initial training (basic skills & knowledge), Live practice, Mock Calls, Phone work, Policy, Prior checks, shadowing, Taking calls.

A total of thirty-five (35) staff were trained on the hotline. All 35 were trained timely.

Professional Development Evaluation Team

Two members of the Professional Development unit have been bronze certified in the Kirkpatrick Evaluation Model of Training. The two members of the Development unit are involved in assisting in setting outcomes and evaluating the effectiveness of trainings. This includes traveling around the state on approximately a monthly basis to discuss how recent CWPT participants are utilizing the skills they learned in training. Questions focus on what participants found most helpful and what they think they needed during their time in training. The team also accompanies staff (depending on availability of the staff) into the field to observe skills. There are focus group questions that are asked to both the participants and their supervisors. Participants are shadowed in the field in order to observe the skills that have translated from classroom to field. The unit then takes the anonymous information from the local office visits (usually after 3-5 office visits to ensure anonymity) and completes a written report of general trends, requests, observations, and recommendations that is presented to Children's Division management. This information helps assess and evaluate training effectiveness and has led to some changes in the curriculum. The team has visited 7 locations since starting in October of 2023. The team is also developing a tool to follow-up after the site visits to validate the learning and the interviews/visit which have been shadowed.

The following is a report that was submitted to Management:

Evaluation Team Report- October / November / December- 2023

During the evaluation period listed above we met with:

- 3 Southeast Locations- West Plains, Sikeston, and Bloomfield
- 3 Kansas City and Surrounding Area Locations- Teasdale, FDSOB (Fletcher Daniels State Office Building) and Platte County
- 3 St. Louis Metro and Surrounding Area Locations- St. Charles, Page, and Wainwright

From those areas we conversed with a total of

- 19 Management Team Members- Supervisors, Specialists, Program Managers, Circuit Managers, and a Field Support Manager
- 12 Team Members
- 10 Ride A-longs where completed (shadowing of visits/investigations)

Team Members Conversations:

Workers discussed a variety of topics about training structure including a preference for in-person training. Workers show overwhelming support for the simulations. They feel that the simulations help them prepare for going out into the field. Workers have stated that they like the Basecamp tool that is used for communication with the workers. Lastly, there has been some frustration with the Employee Learning Center freezing up.

The Professional Development unit has used this feedback to make some changes. More information about how to navigate the ELC is being provided during initial meetings for the staff. In-person training is being incorporated where possible. Additional simulation situations are being created for the workers to practice.

When it comes to content, workers were able to identify the themes of engagement, assessment, planning and critical thinking in the training. A couple of the team members believed that they had more than adequate engagement skills and that more time could be spent on requirements of the job. Yet the Professional Development unit knows that engagement with families is an area of focus for the PIP. The evaluators discuss with workers that engagement needs to be meaningful and purposeful. Some team members have been able to share stories of how helpful the engagement strategies they learned has been for them in the field.

One of the biggest feedback areas was about the lack of FACES training in the new curriculum. FACES was not taught in the first three weeks due to the fact that there were issues with the system often going down during the training. Recently, the unit was able to purchase new technology that allows the trainers to train FACES virtually and see what each person is doing on their screen. FACES has been reintroduced into the first three weeks of training at the beginning of 2024.

Some people stated that though they really like the scenarios and subsequent one-on-ones but wished the scenarios were “uglier” in order to be in line with what they have observed in the field. When asked what they meant by “uglier” they

stated that the scenarios weren't as serious allegations as they would be investigating. This has been discussed by the unit, but it is felt that the scenarios are also used for trainer evaluation of the student and more difficult scenarios would take more time and overwhelm the resources.

The team members that were asked about an observer doing a ride-along were highly accommodating and seemed to enjoy the process. Most team members demonstrated the skills that were trained or reinforced in training- especially engagement. The team members were respectful and professional ensuring that parents received initial paperwork, answering questions and establishing a rapport that allowed for collaboration. In addition, keeping reporter confidential, talking with individuals privately (two team members did have to be reminded to ask to speak with individuals privately), using open ended and good amplify questions. Several were able to demonstrate speaking with child in age-appropriate way. Most team members demonstrated an ability to have hard conversations. Most team members demonstrated a lot of confidence during the visits.

Supervisor Feedback-

Supervisors asked for FACES training and discussed how some of the phases came too late in the process. Many supervisors wanted the trainers to give their workers clear work and time expectations, professionalism, understanding time off and chain of command. They also wanted skills taught in less time.

The Professional Development looked at this feedback and implemented the FACES training for new staff. Some of the feedback focused on things that supervisors should be working with their staff on such as expectations and time off. As supervisor training is being developed, these areas will be incorporated into the supervisor training.

The Professional Development team has looked at feedback from previous CWPT classes and studied learning theory. In previous time, all learning was scrunched in the beginning and finished within five weeks. Workers often reported not learning how to do their job or know how to complete specific skills. The current classes slow the process down and show workers step by step how to do their job with time in between classes for them to practice before learning a new skill. The amount of time to practice is being evaluated but this process will continue to be stretched out so learning is maximized.

Additional Effects of the evaluation process is that staff in the field are stating that they are feeling more supported and listened to. This process should not only help with retention but it should also help the staff in the field retain information leading to better outcomes for families.

Though this program is new, the results of the evaluation teams efforts is showing great promise. Both identification of training strengths, needs and increased collaboration between training and the field has already shown results for staff. The intention is that the Evaluation Team will pursue the second level of Kirkpatrick's certification program by mid-year.

Item 26 was found to be an Area Needing Improvement during CFSR Round 4 based on information from the Statewide Assessment and stakeholder interviews. This item within the Staff and Provider training systemic factor will be addressed in the Program Improvement Plan.

Item 27: Ongoing Staff Training

Ongoing training can be specific to a program line a worker is assigned as well as tied to competency development as identified through performance evaluation and individual professional development planning. This training occurs after the pre-service training is completed. The Manager Center for the Employee Learning Center (ELC) allows supervisors to manage and track their staff's training. Supervisors can review and schedule classes as they appear on the employee's Training Plan and Training Record. Gap analyses are run for a number of required classes on the training plan. These are run quarterly to see what staff still need to complete the courses. The Children's Division's Professional Development team has been working on ensuring that all required classes are run regularly. The reports at this time run per fiscal year. This is being addressed and the system is changing to Oracle in July 1, 2024. The new system will allow supervisors to have a dashboard of their staff as soon as they open the learning center. There will no longer be a separate manager's center. Training on the new system will begin after the beginning of July. Contractors will continue to use the old ELC until the system is able to be fully integrated. The timeline for contractors' integration will be in 2025.

Chapter 210.180 RSMo states that Children's Division employees who are responsible for the investigation or family assessment of reports of suspected child abuse or neglect shall receive no less than forty hours of pre-service training on the identification and treatment of child abuse and neglect. In addition to such pre-service training, such employees shall also receive no less than twenty hours of ongoing training each year on the subject of the identification and treatment of child abuse and neglect. This annual 20 hours of required ongoing training for investigative/assessment staff can be obtained through identified course offerings through the agency training program, such as Trauma Toolkit, Safe Sleep and Legal Aspects, as well as external conferences, workshops, seminars, and certain local community trainings. In 2023, (fiscal year) out of 368 staff, 203 (55%) have completed all 20 hours. In addition, 229 of the 368 (62%) are 90% complete with 3 months left to fulfill the requirements. During FY2023, CD staffing was below 70% in many regions which made finishing the 210 hours difficult. With staffing levels coming up, it is expected for the level of completion to increase in FY2024.

Human Trafficking is another class that is required to be completed within the first year of employment. This class was previously taught by a contractor and each region set up their classes with the contractor. There are three parts to the Human Trafficking training. First, there is an e-learning on how to use the evaluation tool. Second, there is an e-learning for introduction to human trafficking. Last, there is a virtually led class for the Advanced Human Trafficking. 448 staff were trained in 2023. The contractors were able to train an additional 128 workers.

Trauma toolkit is required to be completed within the first year of employment. This class is taught by the Professional Development Team. The evaluations for the class are overall high. The average score for the relevance of the class is at 9 out of 10, trainer effectiveness averaged 10 out of 10, objectives met is 9 out of 10 and the application of knowledge and skills averages 9 out of 10. The Professional Development Team continues to offer classes for staff as needed to be trained in the Trauma Toolkit. 369 staff were trained on this curriculum during the year. An additional 138 staff were trained by the contractors.

In FY2023, supervisors were required to complete 52 hours of Leadership Development Rule training. In FY2024, the requirement was decreased to 40 hours. In FY2023, 99.5% of CD staff completed the requirement. Only three supervisors did not complete their hours.

The Professional Development unit started to work on Supervisor Training in the fall of 2023. The overall training has been mapped out to include the following class subjects: Onboarding new staff, how to use data, ensuring quality work of your staff, effective consultations and coaching. The onboarding class was completed at the end of 2023. In March 2024, it was taught to a pilot group and will be finalized in April, 2024. This class will be offered to all supervisors. The Data class will be completed in May 2024.

During 2023, there was a total of 2,442 individuals that took various trainings. Those 2,442 took a total of 25,030 classes and/or e-learning's.

Item 27 was found to be an Area Needing Improvement during Round 4 of the CFSR based on information from the Statewide Assessment.

Item 28: Foster and Adoptive Parent Training

For foster home license approval, 30 hours of pre-service training is required. Missouri has been in an assessment period to determine the pre-service curriculum that will best meet the needs of prospective foster and adoptive parents moving forward. The competencies are the following:

- Protecting and Nurturing
- Meeting Developmental Needs and Addressing Developmental Delays
- Supporting Relationships between Children and their Birth Families
- Connecting Children to Safe, Nurturing Relationships Intended to Last a Lifetime
- Working as a Member of a Professional Team

The Children's Division was selected from a finalist list of 16 tribes and states for a national training curriculum pilot, National Training and Development Curriculum for Foster and Adoptive Parents (NTDC). The NTDC was funded through a five-year cooperative agreement with the Department of Health and Human Services, Administration for Children and Families, Children's Bureau and the following: Spaulding for Children, School of Social Work, University of Washington, National Council for Adoption, North American Council on Adoptable Children,

Center for Adoption Support and Education, and Child Trauma Academy. The pilot was completed in 2022 with the Kansas City and Northwest regions participating. Those regions continue to utilize the NTDC curriculum.

The NTDC pilot concluded in the fall of 2022. A Statewide Curriculum Review Team (SCRT) was created to develop a curriculum for Missouri. They analyzed the NTDC pilot data and came up with a curriculum that is right for Missouri. The new curriculum has been created from the NTDC Pilot and is called Missouri Caregiver and Adoption Resource Education (MO C.A.R.E.). The entire state is currently transitioning to MO C.A.R.E. and it is expected that by the summer of 2024 the entire state will be teaching this curriculum. The SCRT committee is tasked with keeping the fidelity of the program. Changes to the curriculum will be made at the state level and filtered down to regions so that everyone is teaching the same curriculum.

In 2022, there were 1,194 household members who required pre-service training. Ninety-six percent (96%) completed the required number of pre-service training hours prior to their home being licensed (1,143/1,194).

In addition to the 30 hours of pre-service training, parents who wish to be considered for adoption are required to have 12 hours of Making the Commitment to Adoption (Spaulding) Pre-service training prior to receiving approval as an adoptive home. Ongoing training for adoption approval is not required. The majority of homes which are approved for adoption are also licensed as a foster or relative provider and must meet in-service training hours to maintain their license. A new adoption training will be coming in 2024 called Missouri Adoption and Resource Curriculum (MO A.R.C.). It will be less hours than the 12 hours for Spaulding with some of them being interactive articulates online.

Also in 2022, 1,665 household members were in the initial adoption approval period. Of those prospective adoptive parents, 96% (1,665/1,731) received the required training prior to approval.

Foster home licenses are renewed every two years. Prior to renewal, 30 hours of in-service training are required. All training hours are entered into the FACES system. Each resource vendor has a screen where the completed training classes and hours may be viewed.

Policy requires that if the home does not meet the training hour requirement, the home is closed. Reminders to complete the required hours of training are given at each quarterly home visit. At 90, 60, and 30 days prior to license expiration, a letter is sent informing the resource home of any delinquencies to have their license renewed prior to expiration. This letter includes training hours that may still need to be completed in order for renewal to occur.

During each quarterly home visit of the licensing worker to the foster parent home, the worker and the foster parent(s) review the Professional Family Development Plan (PFDP) to determine

what in-service trainings would be beneficial to enhance the parenting skills of the parents. The PFDP includes conversation around the following questions:

- What are the family's strengths? How does the family plan to build on these strengths? What are the concerns and stressors the family has regarding providing services as a foster/relative provider? What are the family's goals within this program (continue as they are, change the ages of children they accept for placement, take teens or infants, become approved to provide level A foster care services, etc.) How is the family meeting each competency?
- What training needs can be identified to address the concerns and issues identified? (Targeted areas for skill development and enhancement – are they concerned about discipline techniques, need skills in working with teens, would like information on working with children who have been sexually abused, etc.)
- What specific areas will be improved when change has occurred? What will it look like when change has fully occurred? (goals)

The worker and the foster parents then develop a plan to address any training needs. The worker provides information to the foster parents, letting them know where and how to access training opportunities to meet their individual needs. These visits are also an opportunity for the foster parents to provide feedback about the effectiveness of any trainings they have received in the weeks preceding the visit and discuss how they are putting the learning into practice.

As identified in Children's Division policy, some examples of required and optional in-service trainings are listed below.

- CPR and First Aid
- Trauma Care
- Psychotropic Medication Management
- Informed Consent
- Laws, Policies, and Procedures Governing Child Welfare
- Importance of Sibling Placement
- Reasonable and Prudent Parenting Standard
- Foster Care Bill of Rights
- Right Time Trainings

In 2022, 83% percent of homes were re-licensed with all household members receiving at least 30 hours of in-service training (1,110/1,342).

Item 28 received a strength rating during Round 4 of the CFSR.

Service Array and Resource Development

Item 29: Array of Services

Services Assessing the Strengths and Needs of Children and Families and Determine Other Service Needs

The Children's Division primarily becomes aware of children and families who might need services through referral to the Child Abuse/Neglect Hotline. The Children's Division assesses the strengths and needs, to include service needs, of children and families throughout the investigation/ assessment process. Investigation/assessment services reach all jurisdictions throughout the state of Missouri and are provided by Children's Division staff. If it is determined families need services, there are several avenues by which families can continue to be assessed and provided with the needed assistance to address child safety and well-being. Referrals to community agencies may occur, if deemed appropriate, or it may be determined that families would benefit from formal services provided by the Children's Division and/or the court system.

Families with open Family-Centered Services (FCS) cases or whose children enter foster care, are continually assessed for service needs throughout their work with the Children's Division. Assessment can occur informally, through ongoing conversation between the assigned case manager and parents and/or children. Case managers meet with families on a regular basis and portions of those conversations focus on determining what services best meet the needs that brought the families to the attention of the Children's Division as well as how active services are addressing the needs. Assessments also occur through formal avenues, including psychological evaluations and substance use assessments, for example. Ongoing contact between the case managers and service providers who work with families provide information to accurately assess families' needs. Team Decision Making meetings for FCS families and Family Support Team meetings for families with children in foster care, also provide opportunities for assessment of needs and involved all parties involved with the children and families.

The Show Me Healthy Kids Health Plan (SMHK) provides health care to Missouri's foster care children. The plan works with many doctors, clinics, and hospitals to provide regular checkups, exams, primary care, and specialist care when needed. Each child in foster care is assigned a case manager who completes health risk screenings to assess for medical, dental, and behavioral health needs. This service is available throughout the state of Missouri.

With few exceptions, youth in foster care are enrolled in the Older Youth Program and assigned a Chafee worker who works with youth ages 14 and older to assess their needs around preparation for adulthood, regardless of permanency goal. Chafee staff meet with the youth at least once a quarter to identify the areas of need the youth is most concerned about or interested in and to develop steps to address those needs.

Services Addressing the Needs of Families and Individual Children to Create a Safe Home Environment

Head Start and Early Head Start services are available throughout the state to help families ensure children are receiving quality childcare services to help with school readiness. First Steps is another early childhood program available for families throughout Missouri. First Steps is provided through the Department of Elementary and Secondary Education and offers coordinated services and assistance to young children with special needs and their families. First Steps is designed for children, birth to age three, who have delayed development or diagnosed conditions associated with developmental disabilities.

Crisis Care provides temporary care for children whose parents/guardians are experiencing an unexpected and unstable/serious condition requiring immediate short-term care, and without this care, the children are at risk for abuse and neglect or at risk of entering state custody. Crisis Care services are provided free of charge to families voluntarily accessing services in response to a family emergency. Crisis Care services are available twenty-four hours a day, seven days a week. A child will be accepted at a crisis care facility at any time, day or night if space is available. Currently, there are eight crisis care facilities across the state.

In January 2021, the Governor of Missouri signed an Executive order to increase collaboration between most state agency programs serving pregnant women and families with children up until kindergarten entry. This has led to the establishment of the Office of Childhood (OOC) within the Department of Elementary and Secondary Education (DESE) beginning in August 2021, providing the opportunity for home visitation programs from DESE, Department of Health and Senior Services (DHSS), and DSS to become the Home Visiting Section within the OOC. In this newly formed office, the DSS Home Visiting Program (now titled Child Abuse and Neglect (CA/N) Prevention Home Visiting), has the opportunity for direct collaboration with the DESE Home Visiting Program, which currently implements the Parents as Teachers model in all Missouri school districts. The program provides various opportunities for parents to gain skills in the areas of early childhood development and education, improving parenting skills, school readiness, and child abuse and neglect prevention. The Home Visiting program also provides the parents with training and support groups, developmentally appropriate books and toys for the children, as well as various incentives for the parents to keep them engaged in the program. After the child ages out of Home Visiting, they are referred to a Head Start or another early learning program to maintain educational services with the family.

Services Enabling Children to Remain Safely with their Parents when Reasonable

Families entering the child welfare system due to reports of child abuse or neglect receive case management services referred to as Family-Centered Services (FCS). Family-Centered Services are available throughout the state and are provided to help children safely remain in their homes

when possible. FCS include a range of treatment and support services that focus on strengthening families for the well-being of children. Services aim to prevent child maltreatment and promote healthy and appropriate parenting skills. FCS programming is available in all areas of the state and is provided by Children's Division staff.

Intensive In-Home Services (IIS) is a short-term, intensive, home-based 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, which would likely lead to child removal from the home if intervention to address child safety is not immediate. An initial referral and intake meeting with the family occurs to assess the family's need and commitment to participating in the program. Cases typically remain open for four to six weeks. During this intensive service provision, a Family-Centered Services case is also opened to provide an additional layer of support to the family and to continue case management services beyond the four to six weeks of the program, should they be needed.

Intensive Family Reunification Services (IFRS) is a short-term, intensive, family-based program for children who are in out-of-home care and who, with intensive intervention, can reunify with their family. The Intensive Family Reunification Services program is based on the belief families can, through intensive intervention, improve their functioning, learn to meet the needs of their children, and gain support from within their community. The goals of IFRS are to assist the family in removing barriers to the return of their child(ren), assist in the transition of returning the child(ren) home, and develop a plan with the family who will maintain the child(ren) safely in the home following the intervention.

For both Intensive In-Home and Intensive Family Reunion Services, contracted service providers are in the home between 10-20 hours each week and provide direct services to meet families' needs. Direct services may include assistance with household management, child development or parenting education, job readiness assistance, or nutritional training. Intensive In-Home and Intensive Family Reunification Services are available to all 46 circuits within the State of Missouri. The IIS and IFRS program is provided through purchased services by vendors contracted with the state.

Services Helping Children in Foster and Adoptive Placements Achieve Permanency

Case management services for children in foster care are provided statewide by the Children's Division staff or Foster Care Case Management contracted partners. Foster care is intended to be short term until permanency may 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 another avenue to permanency is pursued.

When reunification is no longer a viable option for permanency, adoption or guardianship may be pursued to provide permanency for children. Family Resource Centers are available throughout each region of Missouri and work with Children's Division to provide support, services, and resources to meet the unique needs of foster, adoptive, relative, and guardianship children and their families. Specific examples of services include training opportunities, peer support groups, financial and material supports, and advocacy services.

The Older Youth Program (OYP) provides services to youth age 14 and older, regardless of the case plan, through life skills teaching and youth leadership opportunities including leadership boards, financial assistance for post-secondary education, and subsidized living arrangements. The OYP reflects the philosophy and the services offered to foster youth, and the program addresses permanency and positive youth development.

There are 20 Missouri Community Partnership initiatives which strive to bring together public/private partnerships to support the wellbeing of Missouri families. The prevention of maltreatment of children and the safety of families are paramount within the Missouri Community Partnership initiatives. These partnerships are all non-profit organizations governed by local, broad-based and diverse boards that seek to address local needs. Their outreach extends to the majority of the state and includes a wide array of services primarily focusing on six core result areas: Parents Working, Children Safe, Children Ready to Enter School, Children & Families Healthy, Children & Youth Succeeding in School and Youth Ready to Enter the Work Force.

Children's Division also funds a variety of therapeutic and adjunct treatment services for the prevention and treatment of victims of abuse or neglect through the Children's Treatment Services (CTS) contract. The goals of these services are to:

- Provide services which ensure the safety and well-being of the children with any active involvement with the Children's Division,
- Promote the preservation and reunification of children and families consistent with state and federal law, and
- Support concurrent and post-permanency efforts for children and families consistent with state and federal law.

The CTS contract has been revised and the following services have been added in an effort to provide more evidence-based services to facilitate better outcomes for children and families: behavioral health services, speech and vision therapy, Domestic Violence Batterer's Intervention Program, nursing services, personal assistance (behavioral and medical), pervasive development services coordinator, and substance abuse treatment services. The contract revisions create a more streamlined contracting process and better define services and provider qualifications.

Item 29 was found to be an Area Needing Improvement in CFSR Round 4. The availability and accessibility of mental health and substance abuse services were noted as particular areas of concern. Item 29 will be addressed in the Round 4 Program Improvement Plan.

Item 30: Individualizing Services

Meaningful access to relevant resources, one of the aspects of the Five Domains of Wellbeing philosophy, is defined as the ability to meet basic needs without shame, danger or hardship. The Children's Division strives to ensure that services provided to children and families engaged in the child welfare system meet those criteria.

The individualization of services to meet the unique needs of children and families poses challenges, especially in the rural areas of Missouri. The ability to provide individualized services is impacted by the richness of service array in the area and the specialized needs of the child and family. Transportation and accessibility to services are often identified as a barrier to providing individualized services. Language and translation services are available throughout the state through Children's Treatment Services (CTS) contracts and are critical in overcoming language barriers in certain circumstances.

The introduction of the Family Assessment and the Social Service Plan outlined in the Written Case Plan section of this report will provide the opportunity for families to have a voice in their service plan, including the chance to express preferences in service providers. As families move through services to resolve the concerns brought them to be involved in the child welfare system, there will be ongoing opportunities for them to speak into their case plans through Family Support Team meetings and court hearings, if applicable. Individual meetings with the case manager assigned to their case also provide opportunities for families to provide input about the services in which they are participating.

Missouri's child welfare system was found to be an Area Needing Improvement for Item 30 in Round 4 of the CFSR. The final report produced by Children's Bureau indicated that the state does not have established practices or procedures to ensure that services are individualized in response to families' needs and often families are provided lists of resources without regard for tailoring services to the needs of children and families.

Agency Responsiveness to the Community

Item 31: State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR

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. As defined in the original charter, the

purpose of this collaborative advisory committee was twofold; primarily, to serve as a vehicle for cross system collaboration to promote the achievement of better outcomes for the children, youth and families; and secondary, to fulfill an ACF requirement for a collaborative process.

The Children's Division began the work of assessing the purpose and functioning of this group in October 2022. The group had become large in number and their role had become unclear. Meetings continued to occur on a quarterly basis but served as an opportunity for the Children's Division to provide updates with limited advisory conversations occurring. With the assistance of the Capacity Building Center for States, an assessment of the group was completed. The group expressed a desire to concentrate on continuous quality improvement discussions and activities for the betterment of the child welfare system. The committee charter has been revised and the membership has been consolidated. The CFSR Advisory Committee continues to review Statewide Data Indicators and case review information at each meeting.

The Division continues to collaborate with the courts through a variety of mechanisms. The Children's Division Director, the Deputy Director with responsibility for foster care, the Foster Care Program Coordinator, and the CFSR Coordinator attend the Juvenile Court Improvement Project Steering Committee meetings and regularly share data related to the Child and Family Services Review. There are 19 Fostering Court Improvement (FCI) sites in the state. The FCI groups are a collaborative effort, initiated by the circuit judge, to use agency and court data systems to improve case handling and outcomes through intensive data-focused interaction and training for personnel in participating judicial circuits.

Another avenue for court collaboration is the Partnership for Child Safety and Wellbeing (PCSW). In 2022, the PCSW continued their efforts to bring together the judiciary, juvenile office, child welfare agencies, advocates, and stakeholders to build effective and respectful working relationships that ensure children are safe, healthy, and thriving. The group met five (5) times in 2022: March, July, September, October and December. The priorities of the group, established jointly between OSCA and Children's Division include: meeting the residential requirements related to Independent Assessments and the development of Qualified Residential Treatment Programs (QRTP); improving initial case assessment activities; updating judicial education materials; and creating better practices with law enforcement who are conducting investigations of juveniles. Current projects of the PCSW in 2023 include cross-agency data sharing to assess needs and inform priorities, planning for upcoming regional convenings, and the development of risk and needs assessments for both the Children's Division and the Juvenile Office.

Many other stakeholder groups are also involved in providing consultation to the Children's Division. A description of some of these groups is below.

State Youth Advisory Board (SYAB) - Members of the SYAB represent all children and youth who have been or are currently in out-of-home placements from their 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. SYAB members are responsible for providing the Children's Division administrative staff with input on policy and procedures. The SYAB determines the goals and activities to pursue at meetings and carries those out accordingly. The SYAB also works as a network by bringing back important information to their local youth advisory boards, which are active in each region of the state.

Two of the major activities of the SYAB are the state youth conference and Child Advocacy Day at the State Capital. The conference is held bi-annually and Child Advocacy Day occurs annually. Members of the SYAB identify and plan the sessions of the conference that they feel will be timely and applicable to youth in foster care. The SYAB members also decide what they would like the members of the legislation to know in regards to foster care and work to prepare talking points for use during Advocacy Day. Then, they have the opportunity to talk with senators and representatives about issues that are important to them.

Members of the State Youth Advisory Board provided valuable feedback regarding the survey that was distributed to youth in preparation for the CFSR Statewide Assessment Event. They provided feedback on the questions that were asked, as well as the process for survey distribution.

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. Recent activities of the Foster Care and Adoption Board included two surveys designed to gain foster parents' perspectives on the recruitment and retention of foster parents and their thoughts on efforts to increase the number of homes that will accept placement of children with challenging behaviors.

The Foster Parent board members also provided feedback on the survey that was distributed to foster parents in preparations for the CFSR Statewide Assessment Event that was held in March 2023.

Healthcare Coordination Committee - This multidisciplinary team is comprised of the Children's Division, the MO HealthNet Division (Missouri's Medicaid agency), the Department of Mental Health, the Department of Health and Senior Services, as well as other state agencies, pediatric and health care experts, and stakeholders. The group meets quarterly to develop strategies for improving the accessibility and provision of quality healthcare services to children in foster care. This group maintains the Health Care Oversight and Coordination Plan, as required by the Child and Family Service Plan. Several members formed a sub-committee to dedicate more time and focus on the goal to examine children's access to quality and meaningful behavioral health care.

There are groups within the Children's Division that also provide consultation to leadership regarding child welfare system issues. The Supervision Advisory Committee (SAC) provides formal recommendations to the Division Director following quarterly meetings in an effort to

influence Children's Division leadership in moving forward the agenda of continually improving supervision in the state of Missouri. During each quarterly meeting, the Supervision Advisory Committee reviews the strategic plan and determines which goals and objectives to focus on over the upcoming months. Current strategic plan goals include:

- Supervisory skill building
- Recruitment and retention of staff
- Practice enhancement

Another internal advisory group is the Social Work Advisory Group (SWAG). SWAG envisions an agency culture that values the skills and knowledge of social workers who strive for positive outcomes for children and families while promoting ethical standards of quality practice. The purpose the SWAG is to provide advice, influence, and promote ethical and culturally informed recommendations to leadership of the Children's Division about child welfare practice.

Additionally, SWAG reviews the implementation and outcomes of strategies adopted by the agency to improve the quality of such practice. Current projects of this group include internship programming and supporting staff wellness.

The child welfare system in Missouri is a collaboration of many organizations and agencies striving to provide the most beneficial and effective services to Missouri's children and families. Ongoing collaborative work with many groups both at the state and local levels allow the Children's Division to identify and include the voices of youth, parents, public and private service providers as well as other state agencies in the improvement planning processes.

Missouri's child welfare system was rated a strength for Item 31 during the Round 4 CFSR.

Item 32: Coordination of CFSP Services with Other Federal Programs

The Children's Division works with many other state agencies and federal programs with regard to accessing and coordinating services to positively impact the children and families that are served in common.

- **Department of Mental Health (DMH)** – Staff within the Children's Division's state office foster care unit participate on various workgroups, training, and child-specific cases with both the Division of Developmental Disabilities and Division of Comprehensive Psychiatric Services. This has resulted in formalized Memorandums of Understanding to ensure the transition of services from the Children's Division to DMH and for access to services offered while the Children's Division is involved with children and youth.

Collaborative Systems Team Meeting project: The Children's Division is currently engaged in several collaborative projects with the Missouri Department of Mental Health. In March 2018 the Missouri Collaborative Systems Team Meeting (CSTM) meeting was launched. The objective of CSTM is to improve collaboration, practice, policy, and service delivery at the

systems level for youth and adults who are involved with the Children's Division and also qualify for services through the Department of Mental Health (DMH). This meeting has a different focus than the traditional Systems of Care meeting in that it focuses on systemic level issues instead of specific individual case level treatment issues. Participants in CSTM meetings are executives who have decision making authority and the ability to implement policy and practice changes and to create legislative proposals for consideration by the Missouri Legislature. Core CSTM membership is comprised of the Children's Division, the Division of Youth Services, the Department of Mental Health's Division of Developmental Disabilities (DD) and Division of Behavioral Health (DBH). CSTM is reaching out to add core members from the juvenile court, and an adult or youth consumer and their family members or guardians. CSTM meetings are held quarterly at the state level and are currently attended by state-level executives.

Some of the topics identified by the state level group include: developing a structured pathway to provide DMH services to youth living in and being discharged from residential facilities, identifying cross-training opportunities, and developing a shared crisis response to provide community-based services to keep children in their homes.

Residential Care Screening Team (RCST) coordinator's meeting with the inclusion of DMH-DD staff: At these meetings, discussions occur to identify opportunities to collaborate more efficiently, identify service array challenges, engage in developing solutions and identify best practices for youth requiring DMH services while in the custody of Children's Division. This meeting is attended by Children's Division RCSTs, Children's Division Central Office staff, DMH-DD Regional Office Directors, Assistant Directors, and Deputy Directors.

- **Family Support Division (FSD)** – The Children's Division staff coordinate with members of the Family Support Division with regards to programs funded through TANF, such as the Customer Service Partnership whereby former foster youth are enrolled in training and receive support services through collaboration with local community colleges, community partnerships, and Division of Workforce Development entities for the purpose of opportunities for employment in customer service jobs. TANF funding is also used throughout other child welfare programs, including childcare.

Child Care Subsidy for Income Eligible and Protective Service Children - The Purchase of Child Care program supports low-income, working families through the Family Support Division and children receiving protective services childcare through the Children's Division. This program supports quality improvement activities. Childcare is essential in assisting families in achieving self-sufficiency and breaking the cycle of poverty. Research has proven that quality early childhood care and education experiences are critical for children to enter kindergarten prepared to succeed. Childcare also prevents children from being left in inappropriate, unsafe, or unsupervised environments.

- **MO HealthNet Division (MHD)** – The Children's Division has a specified liaison who works daily with MHD to ensure children in the Children's Division's custody are appropriately enrolled in Missouri's Medicaid program. Coordination is necessary when

children enter care from a Medicaid eligible household or return from foster care back to that household to ensure there is no disruption in services. Also, the Children's Division coordinates with MHD about rates paid for services in common. One example is psychology/counseling services offered to a parent who is not Medicaid eligible. MHD has been a partner with the Health Care Coordination Committee and has provided valuable information on specific initiatives such as the use of psychotropic medications. There is also a collaboration with MHD to establish a health home model for children in foster care.

- **Division of Youth Services (DYS)** – It is not uncommon for youth who are involved with the Children's Division also to have involvement with the juvenile justice system. To that end, the Children's Division and DYS are working with several jurisdictions on identifying and assisting these crossover youth to ensure that all needs are met by the appropriate entity.

The Division of Youth Services offers Day Treatment Services and has expanded their population to include youth in the custody of Children's Division and youth at risk for coming into custody. Each Circuit coordinates between Children's Division, DYS, and the Juvenile Office to make referrals, case plans, and transition plans once the youth completes treatment. The DYS website describes the program as "...an alternative for at-risk youths so they do not have to be removed from their families and placed in residential programs. Instead, they spend six hours each day in school, even in the summer, and return home in the evenings." Each student works with day treatment teachers to design an individual education plan outlining the goals and expectations of both staff members and the youths. They then work toward those goals at their own pace. Since the majority of these students struggled in the public school system, training toward high school equivalency (HiSET) is offered. Career planning and job-seeking skills also are emphasized. The educational program is reinforced with individual, group, and family therapy services, along with community services. Community services may include outpatient substance abuse treatment, involvement in prosocial activities, and are tailored to the youth needs.

- **Department of Elementary and Secondary Education (DESE)** – Children's Division has several collaborative efforts in place with DESE. The Early Childhood Unit coordinates and provides federal funds for a variety of joint initiatives such as School Age Afterschool Care, School Age Resource and Referral, and Child Development Associate Degrees for individuals to become child care facility employees.

In addition to the Early Childhood funding, the Children's Division coordinates with DESE on projects such as ESSA in which local school districts must identify and ensure that children who enter foster care can stay within their home school whenever possible. The Children's Division staff throughout the state work to develop relationships with local school districts within the circuits to coordinate efforts to keep children in their home districts when they enter foster care.

DESE provides an annual report on First Steps infants referred through the Child Abuse Prevention and Treatment Act (CAPTA).

In response to an executive order signed on January 28, 2021 by Governor Mike Parson, nearly all early childhood programs across state government were consolidated into a single Office of Childhood within the Department of Elementary and Secondary Education (DESE). This re-alignment of programs within one state agency would allow for greater opportunity for improved coordination of services, resulting in early childhood work across state government to become more streamlined and effective. As of August 28, 2021, the CA/N Prevention Home Visiting program officially became part of this new office.

- **Department of Health and Senior Services (DHSS)** – The Children’s Division provides funding related to supporting childcare initiative to DHSS. These funds offer health consultation services to childcare providers and health and sanitation inspections of licensed childcare facilities as well as funding for child care regulation. The Children’s Division is currently facilitating collaboration among members of the Safe Sleep Coalition to bring consistent awareness and education around the topic of Safe Sleep practices to Missouri citizens. This is a joint effort among the Department of Social Services, Children’s Division, Department of Health and Senior Services, STAT (State Technical Assistance Team) members, Infant Loss Resources, SIDS Resources, SSM Health, Children’s Trust Fund, The Office of Child Advocate, and Children’s Mercy with a focus on combatting the growing rates of infant mortality in the State of Missouri. The Safe Sleep Coalition will be meeting regularly to discuss and develop training materials, social media publications, initiatives, and available resources to cultivate community awareness that will aid in the reduction of unsafe sleep-related deaths among infants in Missouri.
- **Child Support Coordination** - As required by Title IV-E regulations, the Children’s Division makes a referral to the Title IV-D agency as appropriate. Title IV-E agencies are required to refer children receiving Title IV-E foster care to Title IV-D for child support enforcement, but are afforded some degree of flexibility by Title IV-E in determining which cases are appropriate for referral. The Children’s Division evaluates these on an individual basis, considering the best interests of the child and the circumstances of the family. For example, is the parent working towards reunification with the child, consistent with the case plan? Would the referral impede the parent's ability to reunify with the child? Has the parent agreed to pay for the costs of out-of-home care or to accept a reduction in the adoption assistance payment temporarily? The Children’s Division FACES system interfaces with the Child Support (CS) system so whenever a child enters or exits custody or circumstances impacting IV-E eligibility change, Child Support is notified so appropriate action can be taken.
- **Child Care Subsidy Program** – This program provides a necessary service to families within the child welfare system by providing concrete support during their time of need. The Child Care Subsidy Program assists in supporting the safety and well-being of children in low-income families by providing parents with choices for safe environments for their

children. Maximizing funding for Child Care Subsidy ensures the Department of Social Services (DSS) can serve the greatest number of families in need. Timely and accurate payment ensures higher quality providers are willing to accept DSS subsidized children.

- **Head Start** - Local collaboration plans are designed to improve the coordination of services for the children and families served by both the Children's Division and Head Start. The Children's Division may use the Head Start/Early Head Start Referral form to refer children/families to the Head Start agencies in the area that may be eligible. Head Start/Early Head Start services, when accessed, can have a direct bearing on the actions the Children's Division workers use in their day-to-day interactions with families. By accessing Head Start/Early Head Start services, families can ensure their children are receiving quality childcare services to help with school readiness.
- **Housing and Urban Development** - Children's Division is currently a collaborative partner with local Public Housing Authorities, Continuum of Care and Balance of States in applying for federal housing vouchers in five jurisdictions. The Continuum of Care and Balance of States are developed through collaboration with a broad cross-section of the community who plan, organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximum self-sufficiency. It includes action steps to end homelessness and prevent a return to homelessness.

These housing vouchers are designated for families known to the child welfare agency and are designed to keep families together, reunify families, and provide safe, stable housing for youth transitioning out of foster care. The Children's Division is a party to an MOU committing to implementation should any of the five jurisdictions be granted vouchers.

In addition to the state-level coordination that occurs between agencies to improve system delivery for families in common, case-level coordination occurs at the local level to directly impact individual families.

Item 32 was determined to be an area of strength for Missouri's child welfare system in CFSR Round 4.

Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 33: Standards Applied Equally

State regulation 13 CSR 35-60.030 requires the following minimum qualifications for all licensed foster parents and all elements are addressed in the foster home written assessment:

(1) Age of Foster Parent(s). Applicant(s) shall not receive a license when one (1) or both are younger than twenty-one (21) except as provided for relative care in section 210.565, RSMo.

(2) Citizenship Status of Foster Parent(s). Applicants to provide foster care must be a citizen of the United States, either through birth or naturalization or be able to verify lawful immigration status.

(3) Personal Qualifications Required of Foster Parent(s).

(A) Foster parent(s) must be able to acquire skills and demonstrate performance based competence in the care of children including, but not limited to:

1. Protecting and nurturing;
2. Meeting developmental needs and addressing developmental delays;
3. Supporting relationships between children and families;
4. Connecting children to lifetime relationships; and
5. Working as a member of a professional team.

(B) Foster parents shall cooperate with the division in all inquiries involving the care of the foster children. The foster parents' ability to meet these competencies shall be reevaluated at each re-licensure.

(C) Foster parent(s) shall be responsible, mature individual(s) of reputable character who exercise sound judgment, display the capacity to provide good care for children, and display the motivation to foster.

(4) Health of Foster Family.

(A) At the time of application for an initial license and at the time of license renewal, foster parents shall authorize their physician to submit a statement on a prescribed form, regarding his/her opinion of the mental health of each foster family member and certifying that a physical examination was completed within the past year and that all household members were free from communicable disease or are not a threat to the health of foster children and are up-to-date on all immunizations. If any member of the family is not up-to-date on immunizations, there must be a statement from the family physician indicating that the health of foster children is not at risk. A tuberculosis (TB) test and a chest X-ray may be completed, if recommended by the physician.

(B) Foster parents and all foster family members must be determined by a physician to be in good physical and mental health. The licensing agency shall review the examination reports.

(C) If the licensing agency has reason to question the physical or mental health of any member of the foster family, the agency shall require additional mental or physical evaluations.

(5) Foster Parent Training.

(A) Pre-service Training. Prior to licensure, each adult with parenting responsibilities is required to successfully complete a competency-based training approved by the Children's Division.

(B) In-Service Training. To maintain a foster home license each foster parent shall meet performance based criteria as part of a professional family development plan and complete a prescribed number of foster parent training hours as approved by the licensing authority during each two- (2-) year licensure period. The subject of training shall be

directly tied to the foster parent professional development plan and related to the needs and ages of children in their care.

- (6) Personal information elicited in the home assessment shall include, but not be limited to:
- (A) Family size and household composition of the foster family;
 - (B) Ethnic and racial background of the foster family;
 - (C) Religious preferences and practices of the foster family;
 - (D) Lifestyles and practices of the foster parents;
 - (E) Educational practices of the foster family; and
 - (F) Employment of the foster parents.
- (7) Parenting Skills Information Elicited in the Home Assessment.
- (A) Foster parent structures environment so that it is safe and healthy for the child.
 - (B) Foster parent expresses positive feelings toward the child verbally and physically.
 - (C) Foster parent recognizes and responds appropriately to the child's verbal and physical expressions of needs and wants.
 - (D) Foster parent consistently uses basic behavior management techniques in dealing with the child.
 - (E) Foster parent consistently uses appropriate techniques to discipline the child and does not use or will not use corporal punishment on any child in the custody of the division.
 - (F) Foster parent guides the child toward increasing independence.
 - (G) Foster parent behaves in a way that recognizes the immaturity of the child.
- (8) All information which is collected by the division in the licensing study will be condensed to comprise a foster home profile which will be available to team members when children are placed into the care of the division, in order for placement decisions to be made in the best interests of the child. The profile will not contain any protected health information, financial information, or information on biological or adopted children of the foster family.

There are 13 non-safety standards that may be waived for a relative to be licensed if it is determined that the safety and well-being of foster youth in the home can be assured. A workgroup met after the 2008 Fostering Connections to Success and Increasing Adoptions Act was signed into law by the President (P.L. 110-351). The workgroup reviewed and selected from the Licensing of Foster Family Homes regulations, 13-CSR 35-60, requirements that would not put children at a safety risk. The Non-Safety Licensing Standard Waivers for Licensing of Relative Resource Provider Homes Tracking Form (CD152), is completed by the licensing worker and approved by the supervisor and regional office. The non-safety standard waivers are listed in policy and state regulation. They include the following:

- Maximum number of children in the home
- Limits on number of children under the age of five
- Limits on number of elevated needs foster youth
- Minimum age of 21
- Physician statement and all immunizations up-to-date at initial licensure and renewal for all household members

- Physician determination that all household members are in good physical and mental health
- Required 30 hours of in-service training hours for license renewal which does not include required in-service trainings including but not limited to; CPR, First Aid, RPC Trauma, Reasonable and Prudent Parenting Standard, or any Children's Division specified in-service training
- Location of home
- Size and floor plan of home
- Opposite sex in same room
- No foster youth sleep in same room with adult age 21 and older
- No foster youth age 2 and over sleep in same room with relative provider
- Drawer and Closet space specifications

The state of Missouri assures that state standards for licensure and approval are applied to all licensed or approved foster family homes or childcare institutions receiving Title IV-B or IV-E funds by utilizing a review process. Adoptive home approvals are included, as well. This review process involves managers and oversight staff. For each assessment completed, the licensing staff's work product is reviewed by the immediate supervisor, and approval for licensure is given by the manager. For families who are assessed by a Foster Care/Adoption Recruitment and Training Contractor, the assessment is reviewed by the contract supervisor and then again by the Children's Division contract supervisor before the license/approval is granted. In areas where all functions of recruitment, licensure, and retention are contracted, the home assessment is reviewed by the supervisor within the contract agency, and then the licensure/approval is sent to Children's Division oversight specialist for final review and approval. The review by the oversight specialist includes assuring training has occurred, and criminal background checks have been completed and returned with no precluding record for licensure.

In addition, the Children's Division's electronic case management system, FACES, includes an edit that prohibits licensure without entering the date that the worker, worker's supervisor, and foster or relative parent(s) reviewed and signed the home assessment. There are no exceptions provided for licensing a resource home that does not meet all of the competencies.

Foster home licenses are renewed every two years in Missouri. A renewal assessment is completed which includes a re-evaluation of the foster parent competencies and physical home environment.

Visits to the foster or relative home are completed by the licensing worker every quarter. Visits should include, but are not limited to, a walk-through of the home to assure the home continues to meet licensing standards. Quarterly visits are conversational, allowing for the sharing of concerns as well as accomplishments and development of a mutual relationship of trust. The visits are to be used as a prompt to have meaningful conversations about pertinent issues and assure compliance with licensing requirements. In addition, the visits are an opportunity to

identify resources for the resource provider such as support groups, to have discussions about respite care, and the resource parent meeting their own needs. Discussions about training needs and any behaviors of the child(ren) that may need addressing occur as well.

Licensing standards for residential care facilities that receive Title IV-B and Title IV-E funds are outlined in Missouri Regulation 13 CSR 35-71.020.

(1) Licensing Authority.

(A) Any person who desires to develop, establish, maintain, or operate, or both, a residential treatment agency for children and youth, except for those persons exempt from licensing pursuant to section 210.516, RSMo, must file an application for licensure form with the division and must receive a license prior to accepting any child for care.

(B) Before a license may be granted, an agency must be in compliance with sections 210.481-210.536, RSMo, sections 210.1250 through 210.1286 RSMo, and these rules.

(2) Application Procedures.

(A) To apply for a license to operate a Licensed Residential Care Facility (LRCF) in Missouri, the person, or the person's legally authorized designee, shall file an application with the division on forms provided by the division.

(B) The Application shall contain the following information:

1. The name, street address, mailing address, fax number and phone number of the residential care facility.
2. The name, street address, mailing address, e-mail address and phone number of the Director, Owner and Operator of the LRCF.
3. The name, street address, mailing address, e-mail address, phone number and job title of the individual or individuals who are designated to submit the application on behalf of the residential care facility. This individual shall be an individual who is legally authorized to act on behalf of the residential care facility and to legally bind the residential care facility to the statements made and information provided in support of the application;
4. The name and description of the person operating the residential care facility, including a statement as to whether the person operating the residential care facility is a firm, corporation, benevolent association, partnership, association, agency, or an incorporated or unincorporated organization, regardless of the name used. If the owner or operator of the residential care facility is incorporated a corporation state the type of corporation, the state in which the corporation was incorporated in and the date of incorporation.
5. The name and address of the sponsoring organization of the residential care facility, if applicable;
6. The name and address of every school attended by, or to be attended by, the children served by the residential care facility;

7. A certification that officers, managers, contractors, volunteers with access to children, employees and other support staff of the residential care facility, and owners who will have access to the facilities have, or will have, completed Background Checks and have been found eligible as required in section 210.493, RSMo and 13 CSR [35-71.015](#).

(C) The residential care facility shall submit the additional documentation and information in support of the application as provided in this subsection. This information may be submitted on a form or forms provided by the division, or it may be submitted separately as attachment(s) to the application.

1. Local health department inspection certificates.

A. The residential care facility shall successfully complete and obtain any and all local health department inspection certificates required in the jurisdiction in which the facility operates. If the residential care facility operates in more than one county or local jurisdiction, then the residential care facility shall obtain the required certificates for each facility in each location.

B. The residential care facility shall submit a copy of all local health department inspection certificates with the application and shall indicate the date of the inspection and the date that each certificate expires, if any.

C. If there is no local or county government health department in which the residential care facility is located, or if the local or county health department will not perform a health inspection, the residential care facility shall request that decision in writing and submit that information with the application.

D. If the residential care facility is unable, after exercising diligent efforts, and due to no fault of its own, to obtain a local inspection certificate, then the residential care facility shall submit a statement describing the efforts made to obtain the certificate(s) and the reason why the residential care facility was unable to obtain the certificate. The residential care facility shall attach copies of any correspondence from any state, county or local jurisdictions declining to conduct the inspection.

2. Proof that medical records are maintained for each child. The division will accept copies of the LRCF's administrative policy regarding the maintenance of medical records as prima facie proof that the LRCF is maintaining medical records for purposes of submitting an application. However, proof that the LRCF is maintaining medical records on each child will be subject of verification and monitoring. The LRCF shall provide the division access to the facility upon request to inspect the medical records maintained by the LRCF on the children served by the LRCF in order to verify that the medical records are being kept.

3. Evidence of compliance with local building and zoning requirements;

4. A floor plan of the proposed site in which the specific use of each room is identified;
5. A signed and dated copy of the civil rights agreement;
6. A chart depicting the agency's organizational structure and lines of supervision;
7. Written policies and procedures established by the board of directors which clearly set forth the authority and the responsibilities delegated to the executive director;
8. A copy of the articles of incorporation, bylaws, and board roster, including the mailing address and place of employment of each member, and a list of board officers;
9. A proposed budget for a period of not less than one (1) year, including sources of income and/or fund raising methods;
10. Verification of availability of not less than three (3) months' operating capital;
11. A copy of the residential care facility's written intake policy;
12. Written identification of specific program models or designs which shall include the methods of care and treatment to be provided;
13. The job title, job description, and minimum qualifications for all staff;
14. A projected staffing plan for the anticipated capacity;
15. Written child abuse and neglect reporting policy;
16. Written personnel practices, including staff training and orientation;
17. Written discipline policy;
18. Written visitation policy;
19. Written health care policy;
20. Written restraint policy utilizing a recognized and approved physical restraint program;
21. A needs assessment conducted and submitted as evidence of need for the type and scope of program proposed. This written assessment shall include, but is not limited to:
 - A. An identification and survey of potential referral sources, existing resources, and unmet community needs;
 - B. A business plan that details the agency's proposed venture explaining the vision, mission, current status, expected needs, defined markets, and projected results;
 - C. A description of how treatment will be provided and documented and how the proposed operating site meets therapeutic needs;
 - D. A description of how the agency will be financed and how fiscal viability will be maintained; and
 - E. A description of the results of a meeting planned and hosted by the agency with key community participants with the intent of enhancing communication, gathering information for the needs assessment,

addressing interaction with community resources, and addressing community questions and comments regarding the proposed residential treatment agency for children and youth;

22. Evidence of compliance with fire safety requirements of the State Fire Marshal;
23. Verification of a medical examination that includes tests for communicable diseases including, but not limited to, tuberculosis and hepatitis when recommended by a licensed physician for all staff, completed by a licensed physician, certified nurse practitioner, advanced practice nurse in a collaborative practice agreement with a licensed physician, or a registered nurse who is under the supervision of a licensed physician, shall be submitted within thirty (30) days of initial licensure using the form prescribed by the division;
24. A certification that all individuals who are required to complete a background check and be found eligible for employment or presence at the LRCF as provided in section 210.493 RSMo and 13 CSR [35-71.015](#);
25. Verification of the education, licensing credentials, and experience for all professional staff;
26. A copy of the resume for all professional and administrative staff;
27. Written description of the recreational program, and the manner in which staff are qualified and prepared to create, organize, and supervise them;
28. A copy of the annual written staff training plan;
29. A copy of the personnel manual for the agency;
30. A copy of the program manual for the agency;
31. For any agency operating a swimming pool on grounds, documentation that the pool is operated and maintained in accordance with all applicable ordinances and/or state guidelines;
32. Documentation that each operating site's food service is in compliance with the requirements of the Department of Health and Senior Services and/or any local applicable ordinances;
33. Written volunteer policies;
34. Written policy for the use of visiting resources;
35. Written confidentiality policy;
36. Written policy for the use of locked isolation;
37. Written instructions for fire, severe weather, and other emergency evacuations;
38. Written description of the agency's religious requirements and practices;
39. Written policy governing the use of medications, including psychotropic medications;
40. A copy of any newsletter, brochure, or flyer used by the agency for fundraising or marketing purposes; and

41. Documentation of insurance for the agency for professional and commercial liability, worker's compensation insurance, fire and disaster insurance, and agency vehicle insurance.

(D) Upon receipt of the application form and supporting documentation, the division will send a request to the State Fire Marshal to conduct a fire and safety inspection and provide the LRCF and the division with a copy of the approved fire and safety certificate.

(E) The application will be complete when the residential care facility submits a completed application with all of the required supporting documents and information to include all required inspection certificates.

(3) Licensing Assessment.

(A) When the application is complete the division will conduct a thorough assessment of the residential care facility to determine whether the residential care facility meets all of the requirements for licensure in compliance with the licensing law and applicable rules.

(B) If an applicant for licensure is determined not to be in compliance with the licensing law and applicable rules, or if the division issues a provisional license and the residential care facility does not achieve full compliance within six (6) months of the date of the issuance of the provisional license, the application will be denied. A new application for licensure must be filed if the agency desires to pursue licensure.

(4) The License.

(A) Upon determination of compliance with the licensing law and applicable rules, the director shall issue a license for an initial six- (6-) month probationary term.

(B) Following the probationary period, upon determination of continued compliance with Missouri statutes and applicable licensing rules, the director shall extend the term of the license for a period not to exceed two (2) years.

Residential Program Unit staff conduct supervisory visits during the two (2) year licensing period for all licensed residential agencies. Supervisory visits may include but are not limited to: review of a random sample of personnel records, review of a random sample of resident records, inspection of the building and grounds, review of program and/or policy changes, review of non-compliances found on a previous supervisory visit. Training is reviewed in the personnel records and training plans are submitted for license renewal. Licensing staff will review a random sample of personnel records for compliance with licensing regulations. Typically, three personnel records from each licensed agency are reviewed in-depth during a record review. In addition, 10 or 10%, whichever is greater, of the agency's personnel records are reviewed for compliance with background checks during a record review. Licensing staff verify that the personnel have received their 40 hours of training annually and that they have received all of the required trainings per licensing regulations. Licensing staff will verify that direct care staff and supervisors are current with CPR/First Aid, Medication Management, and Restraint/De-escalation, if applicable.

Missouri received an overall rating of Strength for Item 33 during CFSR Round 4 based on information provided in the Statewide Assessment.

Item 34: Requirements for Criminal Background Checks

The Children's Division uses five methods of research to determine a caregiver's criminal and child abuse history. The following steps for background screening are completed for every foster/adoptive applicant and all other household members age 17 and older.

The Child Abuse and Neglect Registry (CA/N) background screenings are conducted by the local Children's Division office personnel.

CA/N background screenings are requested from every state where the applicant and household member 17 years old and older has lived in the past five years.

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

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

- CA/N records (findings of "Preponderance of Evidence" or "court adjudicated," or prior to August 28, 2004, "Probable Cause" findings)
- Employee Disqualification List, maintained by DHSS
- Child-care facility licensing records maintained by DHSS
- Residential living facility and nursing home records, maintained by DHSS
- Employee Disqualification Registry, maintained by Department of Mental Health
- Foster parent licensing records, maintained by the Children's Division
- Sex Offender Registry information, maintained by Missouri State Highway Patrol (MSHP)

Resource homes are checked for any registered offenders located at the household address, using the MSHP Sexual Offender Registry. Sex Offender Registry information is also gathered by FCSR. FCSR collects the Social Security Number of resource applicants.

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

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

The Children's Division utilizes the electronic scan service for the collection of fingerprints. The service is called the Missouri Automated Criminal History Site, MACHS, which is maintained by the Missouri State Highway Patrol (MSHP) Criminal Justice Information System (CJIS) Unit. After the FBI completes its search, results are forwarded to the MSHP. During 2022 there were a total of 10,246 fingerprints captured for statutory reasons 210.482, 210.487 and 43.540. Two individuals from each circuit complete CJIS security training and have access to MACHS to obtain the fingerprinting reports. This has reduced the time for obtaining criminal history results down to as little as 11 minutes from the time the applicant's fingers are scanned. The legislative proposal that was necessary to allow Children's Division access to the state and federal Rap Back system was passed during the 2018 legislative session. Beginning September 1, 2018, the Children's Division is enrolled in the state and federal Rap Back program. The Rap Back program alerts the circuit manager of any arrest of any applicant who has been fingerprinted beginning September 1, 2018. Applicant households, including any household member over the age of 17, are fingerprinted, and new FCSR checks are completed every two years as part of the re-licensure or re-approval of the home.

Per the Licensing of Foster Family Homes regulations, 13 CSR 35-60.090, the Children's Division denies licensure or revokes a current license if any household member:

- (A) Fails consistently to comply with the applicable provisions of sections 208.400 to 208.535, RSMo, and the rules of the Children's Division promulgated thereunder;
- (B) Violates any of the provisions of its license;
- (C) Violates state laws and/or rules relating to the protection of children;
- (D) Furnishes or makes any misleading or false statements or reports to the division;
- (E) Refuses to submit to the division any reports or refuses to make available to the division any records required by the division in conducting an investigation;
- (F) Fails or refuses to admit authorized representatives of the division into his/her home at any reasonable time for the purpose of investigation;
- (G) Fails or refuses to submit to an investigation by the division;
- (H) Fails to provide, maintain, equip, and keep in safe and sanitary condition the premises established or used for the care of children being served, as required by law, rule, or ordinance applicable to the location of the foster home;
- (I) Fails to provide financial resources adequate for the satisfactory care of and service to children being served and the upkeep of the premises; or
- (J) Abuses or neglects children, or is the subject of reports of child abuse or neglect which upon investigation result in a court adjudicated, probable cause and/or preponderance of evidence finding, or is found guilty, pleads guilty to, or pleads *nolo contendere* to felony crimes against a person to include, but not limited to, felony possession, distribution, or manufacturing of controlled substance crimes as specified in Chapters 195, 565, 566, 567, 568, and 573, RSMo, or a substantially similar offense if committed in another state or country. The division may also deny or revoke a license to any person(s) who are on the respective Department of Health and

Senior Services and/or the Department of Mental Health lists that exclude child or adult care employment and/or licensure.

When an unlicensed relative or kinship home is used for an initial, emergency placement, a name based check is completed by local law enforcement of all household members and a safety walk through of the home is made using the Resource Home and Safety Check list, CS-45. If the home meets the safety standards on the Safety Check List and there are no individuals in the home with criminal history, the foster youth may be placed. All household members age 17 and older must complete fingerprinting within 15 days of the foster youth placed in the home. If all of the required household members do not submit to fingerprinting, the foster youth is removed immediately.

Except for the specific felony history listed in the regulation, a criminal history, child abuse/neglect history, or other review information does not automatically preclude licensure for any resource home. Staff determine the relevance of all such findings to child caring responsibilities and seek guidance from supervisors. A supervisor must review and evaluate the background information if there is a record of conviction (other than those listed above) and/or child abuse and if the decision is to approve the home assessment. The supervisor's review and decision to approve/disapprove must be documented. The approval/disapproval process is the same for foster, relative, and kinship homes.

The court of jurisdiction may also order a child to be placed or left in a home which does not meet licensing standards. The home remains an unlicensed relative or kinship home. In the event it is determined the best interest of a child would be served by placement in an unlicensed home, and a court of law has ordered the child placed in the unlicensed home, written approval must be obtained through supervisory lines to the Regional Director. The Regional Director must review the request and, if in agreement, forward with their recommendation to the Deputy Director for Children's Division for final consideration. Written requests include a thorough description of the applicant's situation and why it would be in the child's best interest to be placed in an unlicensed home. If approved by the Deputy Director, IV-E funding may not be used, and the worker is responsible for notifying the Eligibility Specialist who will ensure that state only funds are used. Missouri does track Non-Safety Licensure requirement exceptions using a request to central office for approval of these exceptions. Requests and indication of approval or denial are tracked.

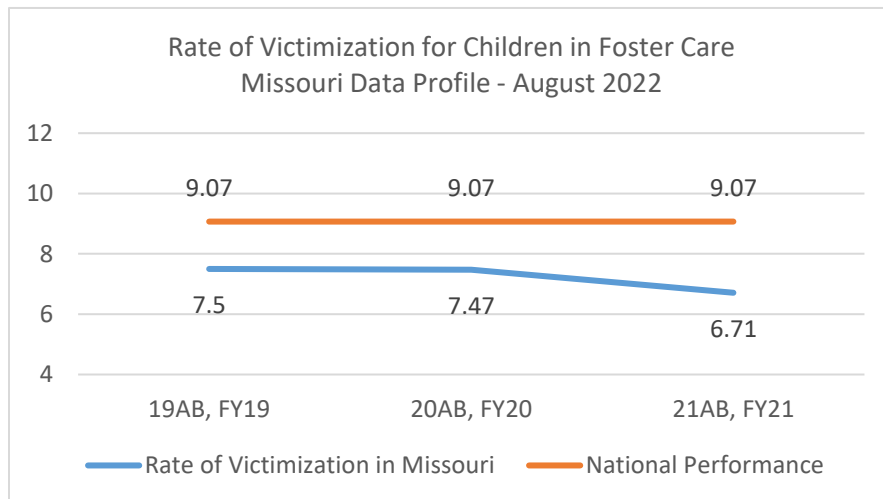
Missouri's computer system, FACES, requires a criminal background check be completed for each foster or adoptive parent to be licensed or approved. An edit feature is in place which prohibits the licensing, approval, and renewal of foster and relative homes which do not have current background screenings entered.

Missouri strives to address and assure the safety of foster and adoptive placements for children through the quarterly home visit process. Licensing workers visit the foster homes on their

caseloads every quarter. During these visits there are ongoing opportunities to discuss any concerns expressed by children who are placed in the home. Any safety concerns that are observed by the licensing worker are addressed as well as any concerns that have been reported to them by other professionals who frequent the home. For children in foster care, their case managers also visit with them at least monthly to assess safety in all of their environments.

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The Children’s Division has a dedicated team of staff specifically trained to investigate concerns of child abuse and neglect that are reported to have occurred outside of the children’s family home. Examples include school or day care settings and foster/relative homes are also included. The Out-of-Home Investigation Unit (OHI) serves the entire state. Missouri has strengthened the working relationship and alliance between OHI staff and foster home licensing staff. At the time of re-licensure/re-approval, policy requires that the Out-of-Home Investigator be contacted and consulted regarding any resource homes who were subject of an Out-of-Home Investigation during the prior licensure/approval period. The intent of this policy is to ensure any and all concerns about safety are being addressed and resolved adequately to assure safety.



The federal data profile measure of Maltreatment in Foster Care also points to the safety of Missouri’s foster children. The national rate of victimization is 9.07. Missouri was below the

national performance, with a victimization rate of 6.71, according to the data provided in February of 2024. Missouri has performed below the national rate for this measure for the past three reporting periods, as indicated in the chart.

Context data for Maltreatment in Foster Care notes that in FFY 2021, there were 234 child victims of substantiated abuse or neglect during their time in foster care. Foster and relative parents made up 6.4% (15/234) of the perpetrators of the abuse or neglect.

Missouri received an overall rating of Strength for Item 34 during CFSR Round 4 based on information from the Statewide Assessment.

Item 35: Diligent Recruitment of Foster and Adoptive Homes

Section 422(b)(7) of the Social Security Act requires that the state provide for the diligent recruitment of foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are sought. There are no prohibitive policies or laws in Missouri that limit the state's ability to recruit foster and adoptive parents who reflect the diversity of children in Children's Division's custody. In Missouri, targeted recruitment strategies occur statewide, initiated by the local office based on the needs of each child, as well as general recruitment efforts throughout the state.

Foster parent recruitment is spearheaded by the Resource Licensing Workgroup which meets monthly and is comprised of Children's Division staff with foster home recruitment and licensing responsibilities and Foster Parent Ambassadors representing each region of the state. The group members have committed to conduct at least one foster home recruitment or retention event in their area each month. Some examples of events may include presenting at a local church or community meeting, hosting a booth at a local fair, or supporting a foster parent appreciation event.

The Resource Licensing Workgroup has recently established the Foster Parent Ambassador program. This program partners an experienced foster parent with a newly licensed foster parent to serve as a mentor and resource for the new foster parent. The Ambassadors are also working to start foster parent support groups in their areas. There are approximately 50 experienced foster parents who have committed to serve as Foster Parent Ambassadors.

Two sub-groups have formed out of the Resource Licensing Workgroup. The first is a sub-group focused on the need for additional homes to accept children with elevated behavioral needs. While the sub-group has not been meeting long and there have been no specific strategies developed yet, they distributed a survey at the end of 2022 to current elevated needs foster parents to better inform their next steps. In addition, Missouri continues to engage agencies who express interest in providing Treatment Foster Care.

The second sub-group of the Resource Licensing Workgroup is focused on foster parent retention. This group also began with a survey of current foster parents to determine their

priorities. The survey indicated that communication was a concern for foster parents, so a Foster Parent Newsletter was developed. It is published monthly and contains training opportunities, resources available through the Kinship Navigator program, a description of the Foster Parent Ambassador Program, and other information that foster parents may find helpful. This subgroup is also working on a customer service protocol for licensing and a flowchart from initial inquiry through licensure.

In addition to the statewide foster parent recruitment efforts, each circuit develops an annual foster and adoptive parent recruitment plan specific to their area. Demographic data on the foster care population in the circuit is provided to the circuit to inform the placement needs within the circuit. As plans are developed, they are provided to staff in central office.

Missouri continues to take a collaborative approach of engaging private and public partners in the recruitment of foster and adoptive parents. The following Missouri partners work together to establish effective collaboration strategies for adoption recruitment planning:

- Family Resource Centers in Kansas City, St. Louis, Jefferson City, Columbia, Springfield, Rolla, Macon, and Hannibal
- Resource Team of Southwest Missouri
- Cornerstones of Care Recruitment and Retention Privatization Contractor in Kansas City and the Northwest Region
- Global Orphan Project
- Raise the Future
- AdoptUSKids
- Recruitment and Retention Workgroup
- CFSR Advisory Committee
- Missouri State Foster Care and Adoption Board
- Wendy's Wonderful Kids
- Native American partners workgroup
- Faith Based partners throughout Missouri

In addition to the representatives identified above, the ARTS (Adoption Recruitment Training and Supports) committee is comprised of the following standing members:

- Staff from the Raise the Future of Missouri
- Communications Director from the Department of Social Services
- Foster Care/Adoption staff of all levels
- Privatization contract representative
- Private case management contract representative

Adoption recruitment planning is spearheaded by the ARTS (Adoption Recruitment Training and Supports) Team. This team meets quarterly and is attended by both private and public partners

as well as contractors such as Raise the Future and representatives from the Adoption Resource Centers and the Recruitment and Retention Contractor for the Kansas City and Northwest regions. Meetings focus on adoption recruitment planning and strategy development which is then carried throughout the state for on-going implementation. Members are provided with information and tools to utilize in their own areas for foster and adoption recruitment.

Adoption recruitment for sibling groups, teenagers, and children with special needs that make them more difficult to place are a focus for ongoing recruitment strategies. Heart Gallery Highlights is a bi-monthly virtual meeting that features children currently available for adoption. Although the activity has occurred for the past several years, attendance by potential adoptive families was minimal. In 2023, the process for notification and invitation was changed. Instead of relying on individual workers to invite specific families to the Highlights meeting, invitations are now being sent centrally to all approved adoptive families with availability and a current email address in the FACES electronic case management system. This change has resulted in an increased attendance rate.

Missouri is in the process of finalizing plans to partner with the National Center for Diligent Recruitment to provide technical assistance toward improving the quality of circuit-based diligent recruitment plans to increase the number of foster homes which match their foster care demographic and accurately identify supports needed by existing foster and relative providers. Missouri has expressed a need for technical assistance to improve the way area recruitment plans are developed and assessed. There is a need for assistance in using data to better inform plans and practices, understand the differences that exists between the placement population and current homes and provide a gap analysis of foster home supports.

Please see the attached Foster and Adoptive Parent Diligent Recruitment Plan for more details.

Missouri received an overall rating of Area Needing Improvement for Item 35 during Round 4 of the CFSR based on information from the Statewide Assessment and stakeholder interviews. Item 35 is the area of the Foster and Adoptive Licensing, Recruitment and Retention systemic factor that will be addressed in the Program Improvement Plan.

Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements

The Interstate Compact on the Placement of Children (ICPC) is a legal binding contract among the member states, approved by each state's legislative body, and by the U.S. Congress. Interstate Compact has been adopted by all fifty states and includes the District of Columbia, and the U.S. Virgin Islands. ICPC is the best means available to ensure protection and services to children who are placed across state lines into the home of a parent or relative, a foster home, an adoptive home, and/or a residential treatment facility. ICPC assists in providing home studies, placement supervision, and regular reporting after a child is placed with an out-of-state resource

Missouri has a strong Interstate Compact Unit to assure cross-jurisdictional placements for children are made to support timely permanency and the most appropriate settings for children and youth in foster care. The ICPC Unit of one supervisor, two child placement coordinators, one hourly staff person, one clerical, and one manager, process referrals within five days of receipt through the National Electronic Interstate Compact Enterprise (NEICE). Missouri joined NEICE in November of 2019 and uses this tool for the exchange of required data and documents to other states in order to secure placements for Missouri children in other jurisdictions.

Missouri currently has a border agreement with the state of Kansas. The agreement allows expedited emergency placement with a relative caregiver or licensed facility (i.e. emergency shelter, residential facility including, but not limited to, a psychiatric residential treatment facility) located within 60 miles of the state's border. Prior to making an emergency placement in a relative home, Missouri is responsible for completing an in-person safety walk-through of the home and appropriate Kansas background screenings. If the relative has lived in Missouri in the past, background screenings for Missouri are also required. Within 30 days of placement, an ICPC referral must be submitted to the Missouri ICPC unit. Kansas staff will complete the ICPC home study.

Border agreements are being pursued with the other seven states contiguous to Missouri.

There are challenges to completing ICPC studies requested by other states in a timely manner. Gathering background information from other states in which the parents may have lived can slow down the home study completion. Each state, and sometimes county (if the state is county-administered), has a unique process for completing background checks and it takes time for the staff completing the study to figure out those unique steps. Often the parents do not understand all of the requirements involved in completing the home study and can hinder the timely completion.

Child Placing Agencies have responsibility to complete a referral to the ICPC Unit in the same manner as Children's Division staff when the child under consideration for out of state placement is being managed by their agency. This management may be on behalf of the Children's Division or of a child who is in the agency's care and custody for adoptive planning and placement. The ICPC unit in Central office serves as the statewide ICPC office for the state of Missouri.

Internally, the Children's Division assures that placement resources in other counties are contacted and assessed timely to assure placements can be made inter-jurisdictionally within the state, as well. For initial relative placements, the case manager will complete the required background checks and send a request to the circuit within which the relative resides. A worker within the receiving circuit will complete an in-person safety walkthrough of the home. Upon placement, if the relative wishes to pursue licensure, the child's case manager will request a home study from the resident circuit's licensing worker or contracted agency. Foster home

placements can also occur inter-jurisdictionally by contacting the foster home’s licensing worker to discuss the need for placement and receive approval.

Missouri has no federally recognized tribes within its borders, so placement with tribal members is not commonplace. However, children are assessed for eligibility with the Indian Child Welfare Act (ICWA) upon entry into foster care. If it is determined that the child has Indian heritage, the tribe is contacted and asked if they would like to assume placement, as required by ICWA.

ICPC in Missouri served a total of 2,766 children in fiscal year 2023.

- Total children placed outside of Missouri 364
- Total children placed in Missouri from other states 577
- Home study requests received from other states 671
- Home study requests to other states from Missouri 878

The method for data collection for ICPC is an area of concern for Missouri. The database that is used to track home studies and placements through ICPC is antiquated and gathering needed information to assess current functioning is cumbersome. Missouri was unable to use the NEICE system for several months in 2021 and 2022, so data is not available from that source, as well. Options for data collection and analysis are currently being explored.

Missouri received an overall rating of Area Needing Improvement for Item 36 based on information from the Statewide Assessment.

Plan for Enacting the State’s Vision

The timeline for the 2025-2029 Child and Family Services Plan (CFSP) occurs as Missouri is simultaneously in development and approval of the CFSR Round 4 Program Improvement Plan (PIP). In order to maintain focus and commitment to the strategies and activities found in the PIP, Missouri is selecting to utilize the plans developed in the PIP to guide the CFSP work for the next few years. The PIP which follows identifies goals, objectives, and measures of progress for each area of focus. In addition, any needed training, technical assistance, and supports are also outlined in the narrative and/or matrices of the PIP.

Program Improvement Plan Focus #1: Placement Stability

Missouri’s performance surrounding the placement stability of children in foster care was noted as an area for improvement in the CFSR Round 4 Final Report. While Missouri’s performance for Case Review Item 4: Stability of Foster Care Placement was rated a strength in 80% of the cases reviewed, the Statewide Data Indicator for Placement Stability was worse than national performance with a placement rate of 5.39 moves per 1,000 days in foster care.

Examination of the context data associated with this Statewide Data Indicator indicates that the placement rates for children under the age of 11 are at or near national performance. The placement rate nearly doubles national performance for children 11-17 years old.

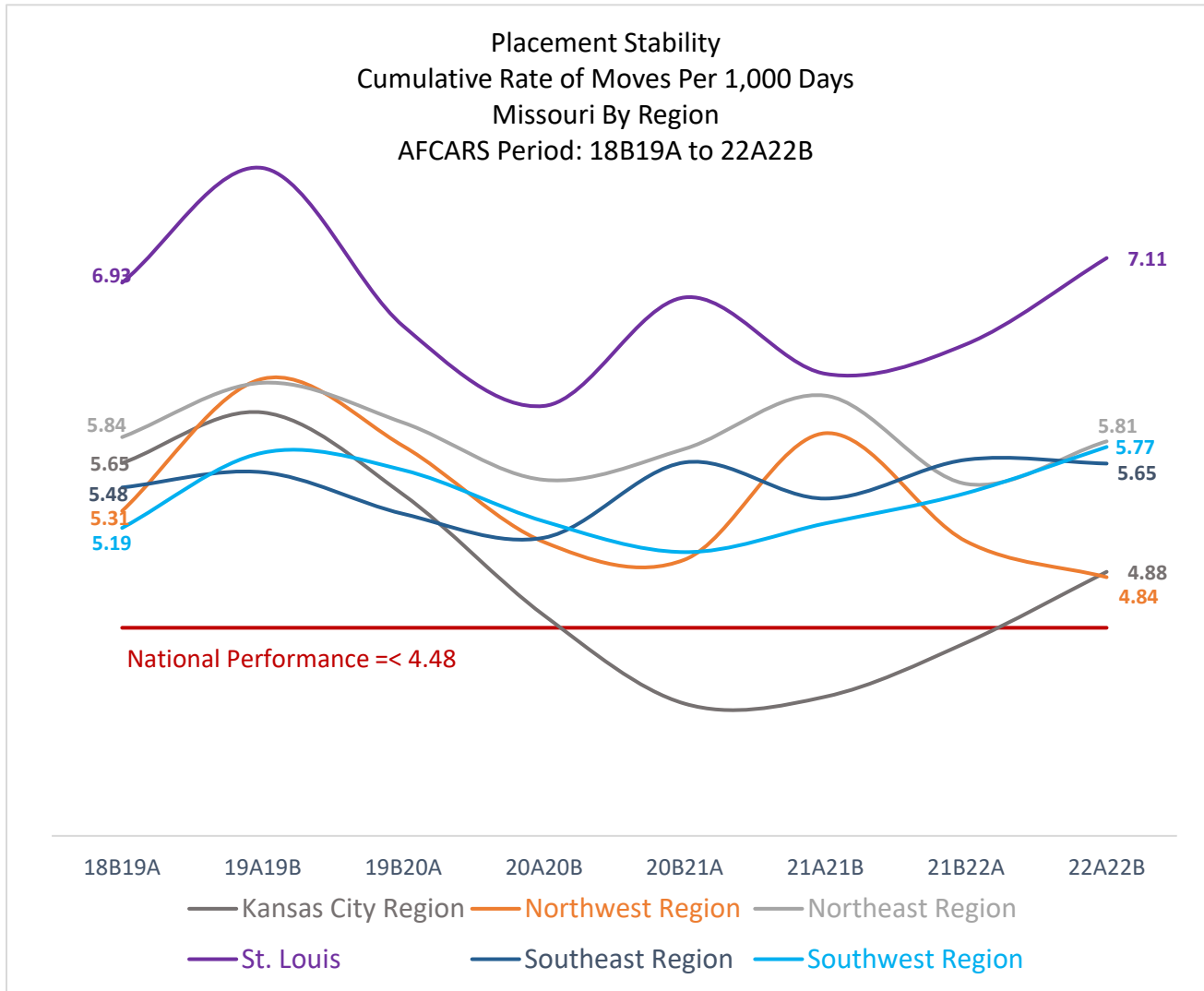
Throughout discussions held with child welfare stakeholders during development of the Statewide Assessment and in the Placement Stability PIP workgroup, root cause conversations pointed to the need for supports and services for relative/foster parents to help stabilize placements for older children and youth. Behavioral and mental health concerns for children placed in foster care and the ability of relative/foster parents to effectively manage the behaviors were frequently mentioned as an underlying cause of placement disruptions. Many service resources for foster and relative providers are available, but there was concern among the workgroup members that they are either not known or are not accessed as much as they could be to help support placement stability. In a retention survey completed with foster parents in 2022, when asked to identify some of the biggest challenges to being a foster parent, 34% (176/517) indicated that finding resources to meet their families' needs was a large challenge. Managing appointments (44%, 225/517) and communicating with team members (36%, 186/517) were also identified as some of the larger challenges. In the same survey, respondents were asked to identify supports that they feel are needed for foster parents. The top response was better communication with team members (54%, 277/517), followed by support groups (38% 196/517), and more communication with case managers (37%, 190/517).

Family Resource Centers are available to serve all foster, adoptive, and relative providers throughout the state. One of the services that is available through all Family Resource Centers is assistance in locating resources for providers. There is also a 24 hour a day/7 day a week warm line available for all resource providers that will connect foster parents to service providers in their areas. The warm line is connected to the 211 network of service agencies, maximizing the knowledge base of available services.

During stakeholder events, there were numerous references to the lack of foster homes available throughout the state that match the demographics of the foster care population, specifically African American homes, homes for older children and youth, and homes willing to accept challenging behaviors. These observations are consistent with the CFSR Round 4 finding that Missouri was not in substantial conformity with Systemic Factor Item 35: Diligent Recruitment of Foster and Adoptive Homes.

Supplemental context data provided for February, 2023 also points to regions of Missouri that struggle more than others in the area of Placement Stability. While all regions have placement rates higher than national performance, the St. Louis Region and the Southeast Region will be identified as implementation sites for the strategies developed to address placement stability. According to the same supplemental context data, the St. Louis Region represents 13.8% of the total placement moves experienced by children in foster care during the first 12 months of custody. This is the highest of all regions in Missouri. In addition, only six counties within the

Southeast Region are below the national performance for placement stability, representing the fewest among the non-metro regions of the state.



Several noteworthy comments during the PIP Kick-off and subsequent PIP workgroup meetings pointed to the birth parents of children in foster care as valuable resources that currently go untapped when discussing placement stability. The voices of parents with lived experience were consistent and acknowledged by participants during the PIP Kick-off. Parents involved in the PIP Kick-off felt that they are experts in the behaviors of their children and youth and expressed a strong desire to be involved in helping their children adjust to being in foster care. However, they are not routinely consulted when foster/relative parents experience challenges around behavior concerns. Additionally, when contact between parents and children can occur safely, parents should be allowed and encouraged to communicate with their children more frequently

than regularly scheduled parenting time to support the ongoing relationship between parent and child. Periodic and ongoing phone, text, or virtual communication within the foster/relative home should be presented as options to maintaining the parent/child relationship.

Casey Family Programs published an issue brief in February, 2020 which described a practice in Louisiana that instituted initial phone calls to the biological parent upon placement of a child in a foster home. The calls served to establish a positive and shared parenting relationship and provide the biological parent the opportunity to inform the foster parent of key information important to the child, such as bedtime routines or favorite foods. This gives the biological parent the opportunity to ensure their child's emotional and physical needs will be met in the foster home, contributing to stability in the placement. A case worker from Louisiana was quoted in the brief by saying, "Children have more stability in placements now because resource parents have the information they need about the child upfront. And birth parents are more engaged and empowered, which is leading to quicker reunifications."

Comfort calls are designed to support positive relationships between caregivers, birth parents, and child welfare professionals and to encourage co-parenting, reduce the trauma children in foster care experience, and achieve more successful outcomes for children and families. Shortly after a child is placed in a foster home, phone contact between the caregivers and the birth parents will be initiated. It is the intent to share important information about the care of the child and to begin building trust between the parent and foster/relative caregivers that can continue throughout the placement.

Comfort calls will be initiated in all circuits in the Southeast Region. As noted above, all but six counties in the Southeast Region have placement rates higher than the national performance. In addition, the Southeast Region has the highest rate of foster care entries per 1,000 at 8.53 compared to the Missouri state rate of 4.72. The rate of foster care entries is relevant because the Statewide Data Indicator is based on the number of placement moves children experience within the first 12 months following entry into custody. The higher rate of entries leads to more opportunities for placement moves.

As noted above, there are many resources currently available that offer support to foster and relative caregivers throughout Missouri through programs that include Parent Link, Kinship Navigator Services, ShowMeHealthy Kids, and the Department of Mental Health's REACH program. These programs provide services such as locating mental health and medical providers, transportation to appointments, the Warm Line described above, and application assistance for programs such as food stamps and SNAP benefits. The REACH program uses Family Support Provider (FSP) services to help relative, kinship and foster placement providers get access to mental health services for themselves and children and youth placed in their home. The referral can link the family for mental health services but also provides assistance to the caregiver by an individual with lived experience. REACH helps children remain in their placements with fewer disruptions and allows caregiver connections to peer-to-peer support that

promote caregiver wellness and family stabilization. While there are programs to support foster parents as noted above, there was a sense during the PIP workgroup meetings that the general foster family population may lack knowledge and understanding of the programs, how the services could support placement stability, and how to access the resources. It was also expressed that foster and relative caregivers may not always feel comfortable asking for assistance and that this should be addressed.

A statewide communication plan is needed to ensure the widespread knowledge and understanding of programs that are available to all foster and relative providers. Tools for foster and relative providers to more easily access resources will be provided through PIP implementation strategies. Additionally, the areas of St. Louis City and County represent the largest percentage of placement moves in a single region among those above the national performance (13.8% combined). An assessment and gap analysis of the supportive services currently available and needed in the St. Louis Region will be completed. In cooperation with the area's foster parent community, additional resources will be identified and developed in the region to support placement stability.

Children's Division policy currently requires each circuit to develop an annual foster parent recruitment and retention plan that is informed by the foster children's demographic make-up within the circuit. While these plans are routinely completed, recruitment strategies have become more generalized over time. Efforts to improve the quality of foster and adoptive parent recruitment and retention plans will be a focus of the Program Improvement Plan, with a request for technical assistance through the National Center for Diligent Recruitment. Missouri consistently places a majority of children in foster care with relatives. The Child Welfare Outcomes Measure #16 reports on the percentage of children placed with relative caregivers at some point during the fiscal year. For FY22 and FY23, the percentage of relative placements was 53.95% and 54.11%, respectively. Relative placement was identified as a strength in the CFSR Round 4 Final Report, as well, with 80% of cases receiving strength ratings and 54% of children currently or most recently placed with a relative. An additional 10-20% of children are placed in a variety of other settings, such as residential facilities, independent living arrangements, or transitional living settings. This leaves the remaining 30% of foster children in need of traditional or specialized foster home settings. For the 12 counties that do not have a sufficient number of foster homes to meet the 30% need, support for additional foster home recruitment will be provided.

Seventy percent (70%) of the foster children in St. Louis City are African American. In contrast, the percentage of African American foster parents in St. Louis City is 40%. Of children in foster care in St. Louis City, only 22% remain placed within the circuit, the lowest percentage in the state. As of December 31, 2023, 6.5% of the state's foster care population was located in St. Louis City. For the same point in time, St. Louis City was home to 2.1% of licensed foster homes in the state. For these reasons, strategies for targeted recruitment to increase the number

of foster parents who more closely represent the foster care population will be focused within St. Louis City.

PIP Goal #1: Decrease the number of placement moves that children in foster care experience.

Measurement: Statewide Data Indicator - Placement Stability

Related CFSSR Outcomes: Permanency Outcome 1, Permanency Outcome 2, Wellbeing Outcome 1, Diligent Recruitment of Foster and Adoptive Homes (Items 4, 7, 8, 9, 10, 11, 12, 35)

Strategy 1.1: Implement Comfort Calls to establish relationships between biological parents and placement providers to support placement stability.		
Implementation Site: Southeast Region		
	Who is Responsible	PIP Due Date
Key Activity 1.1.1: Establish protocols for Comfort Calls. This will include expectations for foster care workers, resource workers, and placement providers. A log for placement providers to utilize will be created.	Southeast Region Field Support Manager and Specialists assigned to foster care	PIP Quarter 1
Key Activity 1.1.2: Develop training package and informational materials for Comfort Calls. Situations in which Comfort Calls may be inappropriate or unsafe will be outlined. Materials will be developed to provide biological parents with information on and purpose of Comfort Calls.	Southeast Region Field Support Manager and Specialists assigned to foster care	PIP Quarter 1
Key Activity 1.1.3: Establish process to evaluate the frequency and quality of Comfort Calls. This will include the development of surveys for placement providers, biological parents, and children in foster care as well as a review of	Southeast Region Field Support Manager and Southeast Region Field Operations Specialist	PIP Quarter 1

<p>placement providers' logs and FACES contact notes.</p>		
<p>Key Activity 1.1.4: Provide training to foster care workers and supervisors, resource workers and supervisors, and placement providers in the implementation site. Training and expectations will encompass contracted providers (FCCM), as well.</p>	<p>Southeast Region Field Support Manager and Specialists assigned to foster care</p>	<p>PIP Quarter 2</p>
<p>Key Activity 1.1.5: Ensure investigators have informational materials to give and explain to biological parents upon their children's entry into foster care. Ensure foster case workers also have materials to provide to biological parents upon placement moves their children may experience while in foster care. Placement providers will also be provided information about comfort calls and their role in the process at the time of placement.</p>	<p>Southeast Region Field Support Manager and Specialists assigned to foster care</p>	<p>PIP Quarter 2</p>
<p>Key Activity 1.1.6: The practice of Comfort Calls will begin and will be initiated upon children's entry into foster care and at subsequent placement moves. Ongoing contact between caregivers and parents will continue unless case circumstances dictate otherwise.</p>	<p>Southeast Region Field Support Manager and Specialists assigned to foster care</p>	<p>PIP Quarter 3</p>
<p>Key Activity 1.1.7: Conduct evaluation of Comfort Calls outlined in Key Activity 1.1.3. Adjustments to the protocols and training may be necessary, based on the outcome of the evaluation.</p>	<p>Southeast Region Field Support Manager and Southeast Region Field Operations Specialist</p>	<p>PIP Quarter 5</p>

Strategy 1.2: Enhance support to placement providers statewide by increasing their knowledge of placement stability services available to them.		
Implementation Site: Statewide		
	Who is Responsible	PIP Due Date
Key Activity 1.2.1: Develop statewide communication plan to educate relative and foster parents, resource workers and supervisors, and foster care workers and supervisors (to include FCCM), on services currently available to support placement stability. Programs include Parent Link, Kinship Navigator program, Warm Line, Homestate Health Findhelp.com, and DMH REACH program.	Children’s Division Licensing/ Permanency Unit and Foster Parent Advisory Board	PIP Quarter 2
Key Activity 1.2.2: Using information from the programs listed in Key Activity 1.2.1, establish baseline data regarding the use of the services provided by the agencies.	Children’s Division Licensing/ Permanency Unit	PIP Quarter 2
Key Activity 1.2.3: Develop materials/information for distribution regarding program information in Key Activity 2.1.1. Materials may include hand-outs with QR codes to service links, Podcast recordings, DSS webpage, etc.	Children’s Division Licensing/ Permanency Unit	PIP Quarter 3
Key Activity 1.2.4: Update Children’s Division policy to include review of available resources and how they might help meet unique needs of foster and relative providers at regular licensing visits. Include information around normalizing requests for assistance.	Children’s Division Licensing/ Permanency Unit	PIP Quarter 4

<p>Key Activity 1.2.5: Provide information to foster care and resource development staff through a Practice Point to inform them of newly developed resource materials. Include information on the Foster Parents Bill of Rights, services available to foster parents, and reminders of Reasonable and Prudent Parenting expectations.</p>	<p>Children’s Division Licensing/ Permanency Unit</p>	<p>PIP Quarter 4</p>
<p>Key Activity 1.2.6: Materials and information on available resources will begin to be distributed during regular licensing visits. Conversations around normalizing requests for assistance will be included in licensing visits, as well.</p>	<p>Resource Development Workers</p>	<p>PIP Quarter 5</p>
<p>Key Activity 1.2.7: Collect data from statewide programs listed in Key Activity 1.2.1 to determine if utilization has increased as a result of enhanced communication efforts. Comparison to baseline data established in Key Activity 1.2.2 will occur.</p>	<p>Children’s Division Licensing/ Permanency Unit</p>	<p>PIP Quarter 7</p>

<p>Strategy 1.3: Improve the quality of circuit-based recruitment and retention plans in order to increase the number of foster homes which better match the foster care child demographic and more accurately identify supports needed by existing foster and relative providers.</p>		
<p>Implementation Sites: St. Louis City; Kansas City; Northeast Region counties: Adair, Franklin, and Marion; Southeast Region counties: Cape Girardeau, Jefferson, Phelps, and Washington; Southwest Region counties: Butler, Jasper, and Taney</p>		
	<p>Who is Responsible</p>	<p>PIP Due Date</p>
<p>Key Activity 1.3.1: Utilize technical assistance from the National Center for Diligent Recruitment to identify</p>	<p>Resource Development Unit Manager or designee</p>	<p>PIP Quarter 2</p>

recruitment and retention practices to improve the quality of foster parent diligent recruitment plans.		
Key Activity 1.3.2: Using the practice identified in Key Activity 1.3.1, develop a tool/rubric to be utilized for assessment of circuit-based recruitment and retention plans.	Resource Development PDS	PIP Quarter 2
Key Activity 1.3.3: Establish a recruitment and retention stakeholder team in St. Louis City. Membership will include representatives of foster/adoptive parents, foster and adoption curriculum trainers, foster and adoptive parent support agencies, foster youth, community stakeholders from local schools, and community service agencies located in the communities from which children are entering foster care.	St. Louis City Children’s Division leadership	PIP Quarter 2
Key Activity 1.3.4: In cooperation with the National Center for Diligent Recruitment, complete an assessment which identifies the need for additional foster homes in St. Louis City and includes a gap analysis of support services available to current foster and relative providers in the St. Louis area. The assessment will include the use of data describing the foster care population in St. Louis City. As part of the assessment, develop and distribute a survey to foster and relative providers to gather their input as to needed services that are missing within the community.	Resource Development Unit Manager or designee and St. Louis City Children’s Division leadership	PIP Quarter 3
Key Activity 1.3.5: In cooperation with the National Center for Diligent Recruitment, provide recruitment and retention training/instruction to all child	Resource Development Unit Manager or designee	PIP Quarter 4

<p>welfare professionals, both agency and contracted, who are responsible for the creation of foster parent targeted recruitment and retention plans in the St. Louis region. Recruitment and retention practices identified in Key Activity 1.3.1 will inform the training/instruction. The effective use of foster care population data will be included in the training/instruction. The percentage of foster homes with placement preferences for youth 11-16 years old, and foster parents identifying as African American as compared to the current foster care population will be shared.</p>		
<p>Key Activity 1.3.6: With the assistance and support of the National Center for Diligent Recruitment, develop a targeted foster parent recruitment and retention plan for St. Louis City to be implemented by the stakeholder group identified in Key Activity 1.3.3.</p>	<p>Resource Development Unit Manager or designee and St. Louis City Children’s Division Resource Development staff</p>	<p>PIP Quarter 5</p>
<p>Key Activity 1.3.7: Provide the training/instruction described in Key Activity 1.3.5 to the remaining implementation sites that were identified as having the greatest need for foster home recruitment. Use of foster care population data and current foster home availability data unique to each county will be incorporated into the training.</p>	<p>Resource Development Unit Manager or designee</p>	<p>PIP Quarter 6</p>
<p>Key Activity 1.3.8: Support the remaining implementation sites in the development of circuit foster parent recruitment plans. The tool/rubric developed in Key Activity 1.3.2 will be used to assess the quality of the recruitment plans.</p>	<p>Resource Development Unit Manager or designee, Children’s Division and contracted Resource Development Staff in the remaining implementation sites</p>	<p>PIP Quarter 7</p>

<p>Key Activity 1.3.9: Establish a calendar to provide the training/instruction described in Key Activity 1.3.5 to the remainder of the state.</p>	<p>Resource Development Unit Manager or designee</p>	<p>PIP Quarter 8</p>
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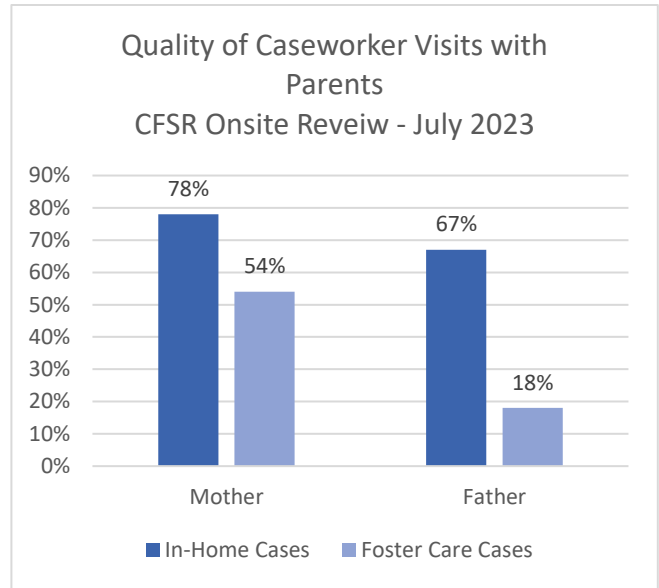
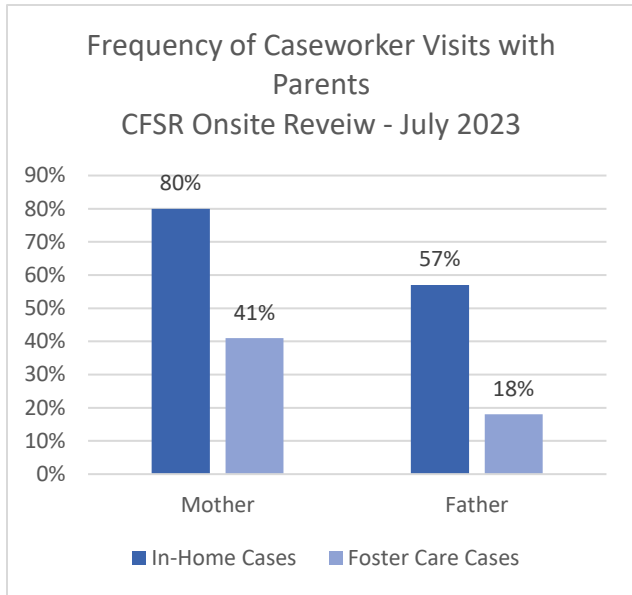
Program Improvement Plan Focus #2: Family Engagement

Effectively engaging parents and children during their involvement with the child welfare system was an area of needed improvement that was noted in the CFSR Round 4 Final Report. Enriching and deepening parent engagement will be critical to improved outcomes for Missouri’s children and families. Engagement of parents and children was noted as an area of concern in CFSR Round 3, as well.

In addition, Missouri does not meet the expectations to be found in substantial conformity for Service Array. Service availability and accessibility for children will be addressed in a later section of the Program Improvement Plan. When discussing service array for parents at the PIP Kick-off event and subsequent workgroup meetings, the group members expressed concern that services for parents are frequently recommended and/or court ordered in a cookie-cutter manner, meaning that the services may not be individually tailored to the needs of the parents and the concerns that brought the family to the attention of the child welfare system. The group expressed that there are likely more services being required than are needed to adequately address child safety and increase parental capacities to effectively care for their children. In order to gain a clearer picture of the needs unique to the individual parents involved with the Children’s Division, the workgroup focused on improvement strategies that will enhance family engagement. With more effective family engagement, the quality of the needs assessments will increase and lead to more appropriate services for parents to address the reasons that brought the family to the attention of the child welfare system.

Outside of the Program Improvement Plan, efforts are underway to revise the assessment and case planning documents utilized by the Children’s Division, as well as the written recommendations presented to the courts.

During the CFSR onsite review, Case Review Item 14 (Caseworker Visits with Child) and Item 15 (Caseworker Visits with Parents) were rated as strengths in 68% and 38% of the cases, respectively.



For caseworker visits with children, frequency was sufficient for 90% of foster care cases and 80% of in-home cases. Quality of the visitation was sufficient for 68% of foster care cases and 72% of in-home cases. The majority of the cases reviewed were determined to be of insufficient quality because children were not seen alone for a portion of each visit.

For caseworker visits with parents, the frequency of visitation was sufficient for mothers in 59% of cases and for fathers in 33% of cases. The breakdown of in-home cases and foster care cases for both frequency and quality are described in the charts below.

Lack of efforts to locate and engage parents in case planning and visitation was seen as a contributor to area needing improvement ratings. Lack of engagement efforts with incarcerated parents was noted in the CFSR Round 4 Final Report, as well as reliance on phone, text, or email communication in replacement of face-to-face interaction with parents.

Efforts to engage families was an identified area of challenge for Missouri’s Round 2 and Round 3 Program Improvement Plans. One of the strategies deployed in CFSR Round 2 that found success was a poster campaign featuring the theme “Every Child, Every Month.” Quotes from children and youth were used to emphasize the importance of worker visitation with children. In an effort to once again elevate the importance of quality visitation with children and parents, another poster campaign will be undertaken with the additional focus of face-to-face visitation with parents.

Staff and Foster Parent Training, as well as the Quality Assurance System, are systemic factors that were not found to be in substantial conformity during CFSR Round 4. While the initial training for new workers has been revised and implemented in recent months, specific training for supervisors has not been available for several years. In addition, the CFSR Round 4 Final Report acknowledges that the Quality Assurance System gathers and produces quality data.

However, the use of data in making practice improvements and the monitoring of those improvement efforts is not always clear.

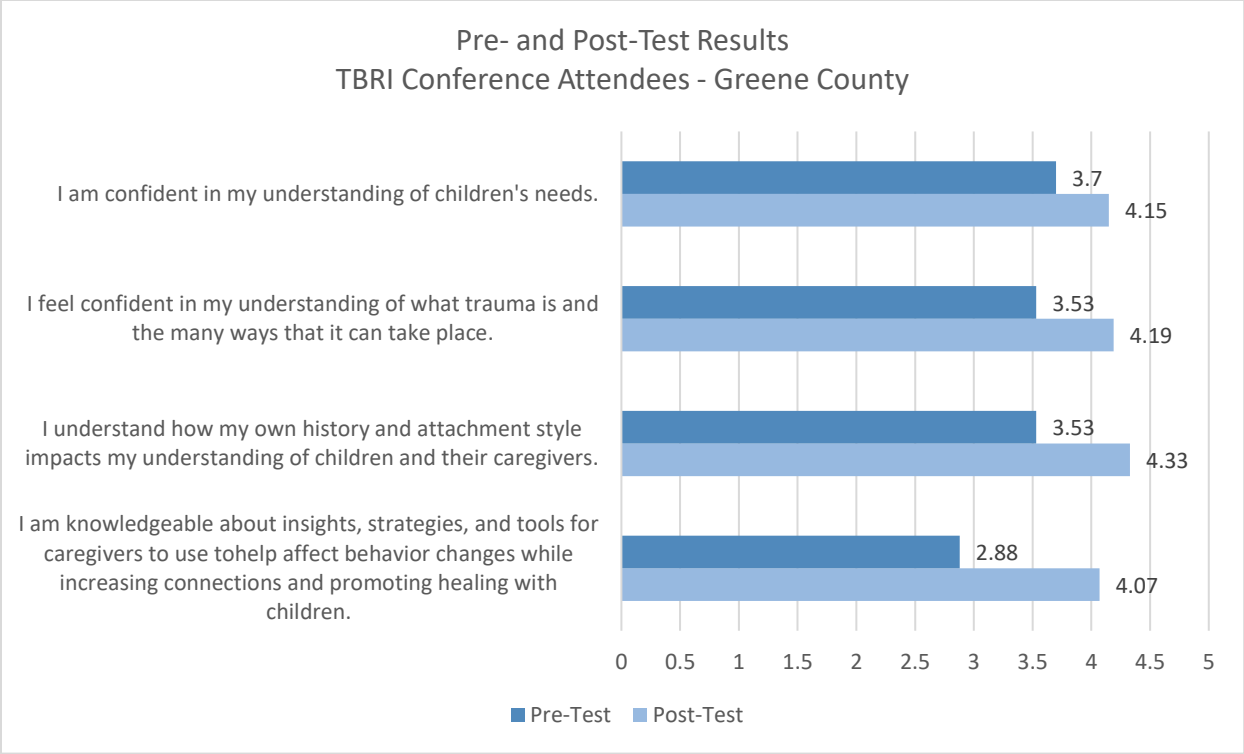
A module-based training for supervisors is in development, with one session focused on using data in supervision. This session will build on an earlier module that will address improving the quality of work through supervision. The use of data in supervision session will teach supervisors where to locate applicable data, how to interpret the data that is available, and practice in using the data in consultations with workers to identify strengths and areas where improvement may be needed. The availability of ongoing data sets will allow supervisors the ability to continue to monitor the individual performance of their staff members. Data specific to worker visitation with children and worker visitation with parents will be utilized during the training.

As the members of the PIP Kick-off and ongoing PIP workgroup considered the underlying struggles with effective family engagement, an increased understanding of trauma and its impact to the behaviors of both children and parents, and a recognition of the impact of their own history, case managers would benefit from Trust Based Relational Intervention training. The training will help case management staff understand how trauma experiences can influence the foundational trust that can be built between the agency and the families served, establishing the likelihood of better engagement. An increased understanding of the trauma that individuals have experienced also impacts the assessment of needs and identification of necessary services.

As stated on the Hope for the Journey [website](#) Trust Based Relational Intervention (TBRI) is a care model designed to help meet the relational and developmental needs of children and youth impacted by trauma. TBRI considers the whole child—his or her brain, biology, behavior, body, and beliefs—and provides parents and caregivers with practical tools and insight to help their child(ren) reach his or her high potential. And, perhaps most integral, at TBRI's core is connection—the truth that connection builds trust, and trust builds healthy relationships.

In the past few years, TBRI has been introduced to the Missouri child welfare system in limited areas of the state with positive feedback. Child welfare stakeholders in Greene County made the Hope for the Journey conference modules available to Children's Division staff and received positive feedback about the knowledge they received.

Pre- and post-tests were provided to Children's Division staff who participated in Greene County Test responses with improved ratings, received from 43 staff participants, are described below.



The Hope for the Journey conference modules will be made available to staff and community members in the 20th Circuit, through the Franklin County Community Resource Board, and to staff in the St. Louis Region through Children’s Division funding. These circuits expressed an interest and viability in receiving this support during the PIP workgroup meetings. Training will be required for all Children’s Division and Foster Care Case Management (FCCM) staff within the implementation sites who have not already received TBRI training. One of the FCCM agencies provides their workers with an introduction to TBRI, so the PIP requirements for that agency will be adjusted as to not repeat information.

In addition, the Children’s Division will re-introduce the use of Team Decision Making (TDM) meetings whenever a child is at risk of being removed from their home. TDM meetings are a nationally recognized best practice which is being implemented with the support of Evident Change. From the Evident Change website: “The TDM approach provides a powerful foundation that sets the tone for a more positive parent-agency relationship and a more efficient process as the case proceeds”. Through the use of Team Decision Making meetings at the onset of the case, involvement of the family in transparent conversations about child safety and wellbeing sets the stage for enhanced team building and trust throughout the life of the case. The goal is to create an inclusive opportunity for birth families, community supports, resource parents, service providers and agency staff to cooperatively assess what actions can be taken to keep the child safe in their home and propose the best living arrangement where the child’s wellbeing is a priority and the child can feel safe while immediate safety concerns are addressed in their household. The TDM process recognizes parents as the experts about their family and

involves them in the safety decisions regarding their children. In instances where children cannot safely remain in the home, parents are involved in determining what changes must occur before the child is able to return to their care. The necessary behavioral changes then drive service planning throughout the remainder of the case.

When executed with fidelity, TDM meetings are held before removal occurs or, in cases of imminent risk, immediately thereafter within 72 hours of removal. The meeting is led by a skilled, trained Children’s Division facilitator using a specific six-stage process outlined within the TDM model. Team Decision Making facilitators have been identified in the 29th and the 31st Circuits in the Southwest Region and steps are in place to solidify training schedules with Evident Change. These circuits were selected as implementation sites because TDM facilitators have been identified and are in place to receive training and begin TDM practice.

PIP Goal #2: Increase family engagement and better match recommended and required services to the needs of parents and children in order to address the safety and risk concerns that necessitated family involvement in the child welfare system.

Measurement: CFSR Wellbeing Outcome 1

Related Outcomes: Safety Outcome 2, Wellbeing Outcome 1, Quality Assurance System, Staff and Provider Training, Service Array and Resource Development (Items 2, 3, 12, 13, 14, 15, 25, 26, 27, 29, 30)

Strategy 2.1: Increase the frequency and quality of worker visitation with parents and children to enhance engagement in the case planning and service delivery processes.		
Implementation Sites: Statewide		
	Who is Responsible	PIP Due Date
Key Activity 2.1.1: Outline poster campaign for each Children’s Division office. Posters will be provided to FCCM agencies, as well. Posters are to serve as constant visual reminders to staff regarding the importance of visitation with children and parents.	Deputy Director for Permanency or designee	PIP Quarter 1
Key Activity 2.1.2: Collaborate with the Department of Social Services Communications staff to develop posters.	Deputy Director for Permanency or designee	PIP Quarter 1

<p>Key Activity 2.1.3: Deliver posters to each Children’s Division office and FCCM agency and display posters in prominent areas frequented by case management staff.</p>	<p>Deputy Director for Permanency or designee, Circuit Managers, and FCCM agency leadership</p>	<p>PIP Quarter 2</p>
<p>Key Activity 2.1.4: Review current worker with parent and worker with children visitation policy for FCS and foster care for any necessary changes and adjust policy manual, if needed, based on the policy review. Policy for visitation and communication with incarcerated parents will also be reviewed in coordination with the Department of Corrections.</p>	<p>Deputy Director for Permanency and Deputy Director for Prevention or their designees</p>	<p>PIP Quarter 1</p>
<p>Key Activity 2.1.5: Communicate through policy memo or practice point the expectations for ongoing worker with parent and worker with child face-to-face visitation. Keys, benefits, and outcomes to quality caseworker visits with parents and children will be included. Instructions for correct data entry of caseworker visits into FACES will also be outlined.</p>	<p>Deputy Director for Permanency and Deputy Director for Prevention or their designees</p>	<p>PIP Quarter 2</p>
<p>Key Activity 2.1.6: Revise current data reports that capture frequency of worker with parent and worker with child visits to ensure logic is consistent with any policy adjustments. Explore the feasibility of more frequent and real-time data reports.</p>	<p>Quality Assurance System Data Unit</p>	<p>PIP Quarter 3</p>
<p>Key Activity 2.1.7: Develop an E-learning curriculum specific to ongoing work with incarcerated parents. Training components will include steps to locate and notify incarcerated parents of their children’s involvement with the child welfare system; the importance of</p>	<p>Training and Professional Development Manager or designee</p>	<p>PIP Quarter 2</p>

engaging with incarcerated parents through ongoing visitation; and assessing the strengths and needs of incarcerated parents.		
Key Activity 2.1.8: Make training on work with incarcerated parents available to all agency and contracted staff responsible for Family-Centered Services (FCS) and foster care case management through the Employee Learning Center. The Training and Professional Development Manager will provide expectation for completion and track participation to ensure all staff receive the training.	Training and Professional Development Manager or designee	PIP Quarter 3
Key Activity 2.1.9: Effective use of data in supervision training will be developed. Training will include how to locate and interpret data and how to utilize data in supervisor/worker consultations.	Training and Professional Development Manager and Quality Assurance System Manager, or designees	PIP Quarter 3
Key Activity 2.1.10: Develop a tool/rubric to assess the content of supervisor/worker consultation documentation in relation to the frequency and quality of caseworker visits with parent and children.	Quality Assurance System designated staff	PIP Quarter 3
Key Activity 2.1.11: Training developed in Key Activity 2.1.9 will be provided to Children’s Division and FCCM supervisors responsible for ongoing case management of in-home or foster care cases.	Training Unit, Quality Assurance System, and front-line supervisors	PIP Quarter 5
Key Activity 2.1.12: Supervisors will include discussions of worker with parent and worker with child visitations in monthly conferences with their workers and document the conversations regarding	Front-line supervisors	PIP Quarter 6

the frequency and quality of engagement in FACES contact notes.		
Key Activity 2.1.13: Utilizing the tool developed in Key Activity 2.1.10, complete targeted reviews in FACES of supervisor/worker consultation entries to assess the frequency and quality of caseworker visitation with parents and children. At least one supervisor consultation entry per supervisor will be reviewed. Completed reviews will be submitted to the Regional Field Operations Specialists for compilation and analysis.	Program Development Specialists for FCS, Permanency, regional specialists and/or Regional Field Operations Specialists	PIP Quarter 6
Key Activity 2.1.14: The Regional Field Operations Specialists will review the results of the targeted reviews completed in Key Activity 2.1.13 during their quarterly circuit meeting. The data reports developed in Key Activity 2.1.6 will also be reviewed and discussed with supervisory staff to reinforce the skills learned during supervisory data training completed in Key Activity 2.1.11.	Regional Field Operations Specialists	PIP Quarter 7

Strategy 2.2: Increase case management staff’s knowledge of trauma experiences and how those experiences impact actions and decisions through the use and practice of Trust Based Relational Information (TBRI) training.		
Implementation Sites: 20 th Circuit, St. Louis Region		
	Who is Responsible	PIP Due Date
Key Activity 2.2.1: Purchase the Trust Based Relational Information online training package through ShowHope.org / Hope for the Journey Conference	CD Fiscal Liaison	PIP Quarter 1

<p>Key Activity 2.2.2: Provide Trust Based Relational Information training to all case management staff, both agency and contracted, within the implementation sites.</p>	<p>St. Louis Field Operations Specialist Franklin County Community Resource Board</p>	<p>PIP Quarter 2</p>
<p>Key Activity 2.2.3: Evaluate knowledge of Trust Based Relational Information by completing pre- and post-tests.</p>	<p>St. Louis Field Operations Specialist Franklin County Community Resource Board</p>	<p>PIP Quarter 2</p>
<p>Key Activity 2.2.4: Develop a survey to be presented to parents and youth within the implementation sites to determine if the use of TBRI has increased the quality of engagement they experience from their assigned case managers.</p>	<p>St. Louis Field Operations Specialist</p>	<p>PIP Quarter 2</p>
<p>Key Activity 2.2.5: Evaluate the use of TBRI in interactions with parents and children by utilizing focus groups with case management staff to gauge their satisfaction and use of the training information.</p>	<p>St. Louis and Northeast Region Field Operations Specialists Franklin County Community Resource Board</p>	<p>PIP Quarter 4</p>
<p>Key Activity 2.2.6: Distribute the survey developed in Key Activity 2.2.4 to a sample of parents and youth involved in the child welfare system. Survey participants will be randomly selected based on cases active in the implementation sites during PIP Quarter 4.</p>	<p>St. Louis and Northeast Region Field Operations Specialists Franklin County Community Resource Board</p>	<p>PIP Quarter 5</p>
<p>Key Activity 2.2.7: Based on information gathered from the surveys and focus groups described in Key Activities 2.2.5 and 2.2.6, explore the possibility of expanding TBRI training to other areas of the state.</p>	<p>Children’s Division Executive Team</p>	<p>PIP Quarter 6</p>

Strategy 2.3: Use the Team Decision-Making (TDM) model to gain a more accurate assessment of parents’ needs so that agency team members and contracted case managers can articulate the needs of parents in relation to safety concerns and appropriate services can be provided to meet identified needs.

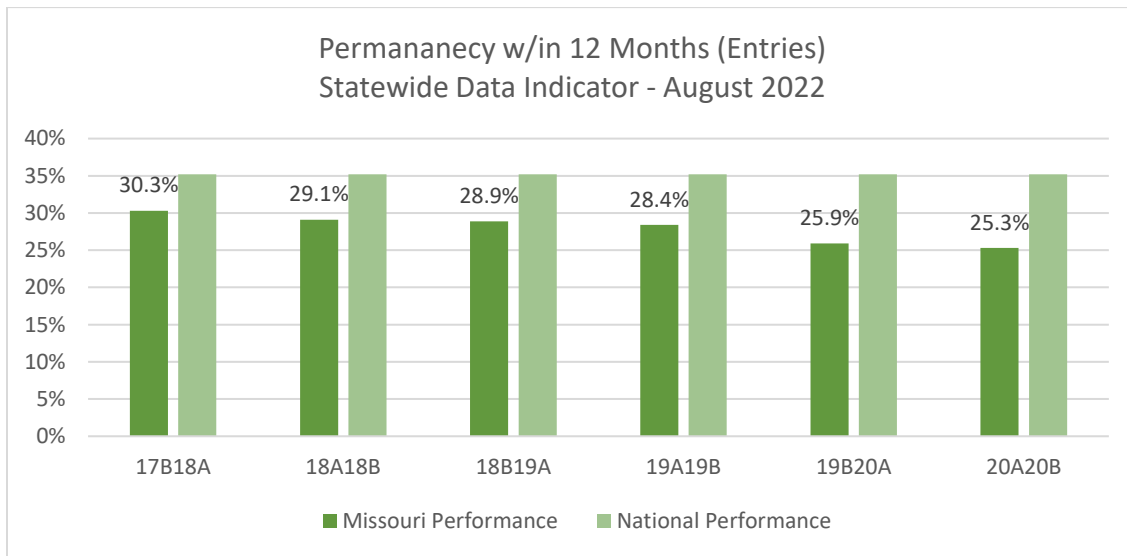
Implementation Sites: 29th Circuit, 31st Circuit

	Who is Responsible	PIP Due Date
Key Activity 2.3.1: In partnership with Evident Change, provide TDM facilitator training to staff currently identified as Children’s Division facilitators in the implementation sites.	Prevention Program Development Specialist	PIP Quarter 2
Key Activity 2.3.2: In partnership with Evident Change, train workers and supervisors, FCCM partners, Legal/Judicial partners and other stakeholders about the TDM model in the implementation sites.	Prevention Program Development Specialist	PIP Quarter 2
Key Activity 2.3.3: Establish protocols for TDM processes within the implementation sites. Processes to be determined include scheduling, invitations, locations, etc.	Prevention Program Development Specialist	PIP Quarter 2
Key Activity 2.3.4: Implement initial Team Decision Making meetings in the implementation sites to be held prior to a child’s entry into foster care unless placement in foster care was an emergency situation.	TDM facilitators and supervisors in 29 th and 31 st Circuits.	PIP Quarter 3
Key Activity 2.3.5: In partnership with Evident Change, conduct on-site evaluations in the implementation sites and provide feedback to Children’s Division so that Children’s Division ensures model fidelity.	Prevention Program Development Specialist	PIP Quarter 5

Key Activity 2.3.6: Explore expansion to other sites using the data collected and provided by Evident Change.	Children’s Division Executive Team	PIP Quarter 7
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Program Improvement Plan Focus #3: Timely Permanency

The area of timely permanency has continued to be an area of needed improvement for Missouri from CFSR Round 3 and extends into CFSR Round 4. Despite this, Missouri rates no different than or above the national performance for two of the three statewide data indicators for timely permanency. The measure in which Missouri continues to fall below the national performance is Permanency within 12 Months for Children Entering Foster Care. Missouri’s performance is 25.3%, while the national performance is 35.2%. Missouri’s performance has continued to decline over the last several reporting periods, as well.



The CFSR case review items focusing on timely permanency were rated as areas needing improvement during CFSR Round 4. Item 5, Permanency goal for the child, received strength ratings for 53% of the foster care cases reviewed. Item 6, Achieving reunification, guardianship, adoption, or another planned permanent living arrangement, received strength ratings in 28% of the foster care cases reviewed.

Case review concerns noted that permanency goals were often not changed from reunification as quickly as they should have been, despite parents indicating that they no longer wished to pursue reunification. Timely filing of termination of parental rights according to ASFA guidelines also resulted in ratings of area needing improvement.

Concerted efforts by the agency and court to achieve the permanency goal were noted to be insufficient in most of the cases reviewed during CFSR Round 4, with children having the goal

of adoption receiving fewer concerted efforts than children with goals of reunification, guardianship, or Another Planned Permanent Living Arrangement (APPLA).

The Kansas City Region consists of a single-county circuit and represents the largest metropolitan area of Missouri. Kansas City's performance on the statewide data indicator of Permanency within 12 months for children entering foster care was 21.5%, below the national performance of 35.2%, and represented the largest number of exits within a single county (10.1% of total exits in the state). Administrative data indicates that Kansas City's average time to reunification was 16 months during state fiscal year 2023. For these reasons, the Kansas City Region was selected as an implementation site for action steps specifically related to permanency within 12 months for children entering foster care.

The Kansas City Region Children's Division, court partners, Foster Care Case Management agencies, and other service providers and stakeholders will participate in a process mapping event to identify key federal, state, and legal requirements along with the timeframes by which they must be completed. The mapping event will allow participants to identify constraints within the system processes that impact timely permanency within the first year of custody. Regional data from the agency and from the court will be presented, in addition to results of a targeted case review to be completed prior to the event. Processes to be explored include timely and effective Family Support Team meetings, timely court hearings and reasons for continuances, and parenting time practices.

As the process mapping unfolds, a workbook outlining the data reviewed, the event logistics, and lessons learned throughout implementation will be compiled and made available to other judicial circuits to support understanding and improvements to agency and court processes in other areas of Missouri.

Family Support Team (FST) meetings are the primary mechanism within Children's Division to engage parents in case planning and decision-making for their families. They are also the primary mechanism for making or recommending goal changes when reunification is no longer an option. While the procedures surrounding FST meetings are located within Children's Division policies, the PIP Kick-off event and subsequent PIP workgroup meetings spent a considerable amount of time discussing what FST meetings have become in practice. Instead of an opportunity to make decisions about steps that need to happen to achieve permanency, many FST meetings have become an opportunity for child and family updates, with little discussion of next steps. A notable quote from a parent with lived experience stated "I don't know why you call them Family Support Team meetings, because they aren't family-friendly, there's little support, and I didn't feel like a member of the team."

Results of a foster parent retention survey completed in 2022 noted that of 517 foster parents who completed the survey, 36% (186/517) identified communication with team members as one of the biggest challenges they face in their role. The same survey asked foster parents to identify

what supports they needed. Better communication with team members was identified by 54% (277/517) of respondents. Family Support Team meetings provide one of the best opportunities for team communication.

Given this and other similar feedback, the Family Support Team policies and practices will be reviewed and revised as needed as PIP strategies are implemented.

Within the review of Family Support Team meetings, a decision-making method is needed to help teams determine when it is appropriate to recommend goal changes away from reunification in pursuit of other permanency options. Reunification assessments and/or prognosis tools will be researched for inclusion in FST policies. This impact will also extend to more timely and appropriate decisions around the filing of termination of parental rights petitions.

The stakeholders who participated in the PIP Kick-off and subsequent workgroup meetings spent much time discussing the impact of visitation time between parents and children in foster care on timely reunification. The allowance of parenting time is often based on the parents' compliance or non-compliance with court-ordered services, thus being used as a reward or a consequence, instead of being based on the best interest and safety of the child. Some courts allow parent visitation time to be determined by the majority of the Family Support Team membership, while other courts require parenting time to be determined by the court. This can cause delays in allowing more liberal visitation schedules, if case circumstances support increased time or a decreased level of supervision. Specific to parents who struggle with substance use, rapid increase in the time they are allowed to spend with their children can be motivating to continued success in treatment. Positive steps made by parents that lead to increased visit opportunities can reinforce their progress and result in more timely reunification.

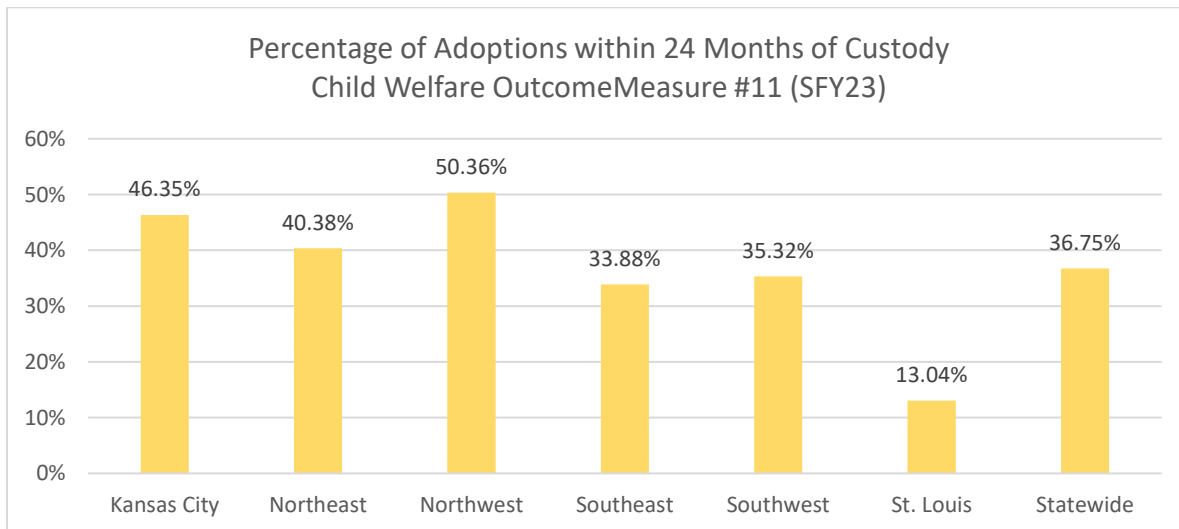
One of Missouri's highlighted practices in the CFSR Round 4 Final Report was the use of Family Treatment Courts and increased accessibility to services for families who participated in this specialized court in comparison to families with similar needs who were served through traditional family court models.

Another area of best practice that Missouri will explore during PIP implementation focuses on the effective use of family parenting time and how it can be leveraged in the best manner to safely support timely reunification. Combining these two areas into one training opportunity highlighting national best practices in family parenting time, with an emphasis on families who are impacted by substance abuse, will be provided through PIP implementation. The training opportunity will be developed in cooperation with a national center or university partner. The training will be offered on a circuit level to legal and judicial partners, agency and contracted case management staff, and other interested child welfare stakeholders.

“Fostering Court Improvement (FCI) is a court-agency model promoting a working partnership between the courts, child welfare agencies, the legal community, and other key stakeholders. It includes the implementation of an on-going collaborative “team” approach to implement, at local

level, system reforms designed to improve safety and permanency outcomes for children in foster care. Participation is voluntary and funding is provided through the State Court Improvement Program Grants”, as cited by the Office of State Courts Administrator.

Missouri has approximately 19 FCI sites across the state with a varying level of activity. Ten of the FCI sites also have Family Treatment Courts within the circuit. Active FCI sites that also have Family Treatment Courts were approached by the Office of State Courts Administrator (OSCA) to gauge their interest in participating in the training mentioned above. Currently, the 20th, the 31st and the 2nd circuits have committed to participating in the training package as it become available throughout PIP implementation. Timeliness to adoption was also noted in the CFSR Round 4 Final Report as an area of focus for program improvement planning. Children’s Division administrative data reports the timeliness of adoption, of children who achieved adoption. This data was used to inform the implementation site selection for PIP strategies specific to more timely adoption. As described in the chart below, the St. Louis Region has the lowest percentage of children who achieve adoption within 24 months of entry into foster care. In addition to the Children’s Division administrative data, the Statewide Data Indicator supplemental context data published in February, 2023 was examined. The national performance for permanency within 12 months for children who have been in custody for 12-23 months is 43.8%. St. Louis County and St. Louis City are both significantly below the national performance (28.7% and 20.6%, respectively). In comparison, the performance in Kansas City is 52.3%, well above the national performance. While this data indicator does not identify the permanency goal that was achieved, adoptions that are completed timely are represented within these percentages.



During the PIP Kick-off and subsequent PIP workgroup meetings, stakeholders identified several areas of concern that contribute to the lower performance within the St. Louis Region. A significant staffing shortage within the St. Louis Children’s Division over the past two to three years has left the region with case manager vacancies and more inexperienced staff. There have

been improvements with the staffing situation as a result of focused and intensive hiring efforts and an expansion of the Foster Care Case Management contract in the region.

One of the most common barriers to achieving adoption in the St. Louis Region that the workgroup members identified is the timely filing of termination of parental rights (TPR) petitions. Because of high turnover rates, often times the workers assigned to foster care cases are not aware of the background and historical information that is required for the TPR referral to be accepted by the Juvenile Office in order to proceed with filing. Lack of quality documentation in the case record also impacts the lack of needed information, stalling any movement towards TPR. Documentation of the decision-making process among team members will be included in PIP strategy focused on Family Support Team meetings.

The steps required to reaching the goal of adoption can also be confusing to new staff, or staff who do not frequently complete the tasks. This was also identified as a barrier to adoption within the St. Louis Region by workgroup participants. Referring children for adoption recruitment and negotiating subsidy agreements are examples of specialized tasks that must be completed before the goal can be reached.

The Kansas City Children's Division office has created and filled a specialist position who has the responsibility to assist in the achievement of adoption and guardianship goals. The Permanency Specialist has become the region's expert in the requirements associated with these goals. The specialist meets with Children's Division case managers monthly to review the status of all children with adoption and guardianship goals. The case managers leave with tasks to be completed prior to the next month's meeting. The specialist also assumes responsibility for certain tasks, as needed. A similar position will be created in the St. Louis area with additional responsibilities related to completion of TPR referrals. The position will primarily support cases managed by Children's Division staff but will be available for consultation and assistance to FCCM case managers as requested and able to accommodate.

PIP Goal #3: Increase the timeliness of permanency for children in foster care.

Measurement: Statewide Data Indicators – Permanency within 12 months of entry into foster care and Permanency within 12 months for children in care 12-23 months

Related Outcomes: Permanency Outcome 1, Wellbeing Outcome 1, Case Review Process (Items 5, 6, 12, 13, 23)

<p>Strategy 3.1: Improve timeliness to permanency within 12 months within child welfare practice by process mapping key federal, legal, and various state policy requirements and timeframes beginning with removal of the child from the home to 15 months post-custody.</p>		
<p>Implementation Sites: 16th Circuit</p>		
	<p>Who is Responsible</p>	<p>PIP Due Date</p>
<p>Key Activity 3.1.1: Gather data on key agency and court requirements that impact timely permanency through administrative data and case reviews of children that have achieved permanency through reunification.</p>	<p>Kansas City Field Operations Specialist</p> <p>Jackson County Court Director of Assessment and Development Services</p>	<p>PIP Quarter 1</p>
<p>Key Activity 3.1.2: With the assistance of the Capacity Building Center for States and Courts, convene a multidisciplinary team (MDT) to process map legal and social work timeframes and touchpoints as part of a two-day event. Participants will include representatives from the following stakeholder groups: OSCA, Family Reunion Services, FCCM contractors, Children’s Division Program Manager, Court Administrator, Judge/Commissioner, Parent attorney, CASA, Office of GAL, Juvenile Office, Permanency Attorney, Parent with Lived experience, Youth in foster care, Frontline Case management staff, Foster Parent</p>	<p>Kansas City Children’s Division Regional Director</p>	<p>PIP Quarter 2</p>
<p>Key Activity 3.1.3: Determine process constraints using data and feedback from the MDT process mapping team described in Key Activity 3.1.2. Identification of strategies for improvement will also occur.</p>	<p>Kansas City Children’s Division Regional Director and</p> <p>OSCA Management Analyst/Principal MA</p> <p>Capacity Building Centers Consultants</p>	<p>PIP Quarter 2</p>

<p>Key Activity 3.1.4: Develop and provide a presentation/training on identified strategies to share with stakeholder team and court team.</p>	<p>Kansas City Field Operations Specialist and OSCA Management Analyst/Principal MA</p>	<p>PIP Quarter 3</p>
<p>Key Activity 3.1.5: Form a sub-committee of the larger stakeholder team for ongoing discussion of strategies and implementation. Data measures and data collection methods will be identified to monitor implementation and strategy success.</p>	<p>Kansas City Children’s Division Regional Director and OSCA Management Analyst/Principal MA Jackson County Court Director of Assessment and Development Services</p>	<p>PIP Quarter 3</p>
<p>Key Activity 3.1.6: Implement strategies for recommended changes to agency and legal processes in Jackson County, MO. Areas of need may include improved processes for more timely adjudication hearings and more consistent and effective Family Support Team meetings.</p>	<p>Identified leaders of each MDT discipline impacted by recommended strategies</p>	<p>PIP Quarter 3</p>
<p>Key Activity 3.1.7: As a result of Key Activities 3.1.1 – 3.1.4, information developed and lessons learned from the process mapping event in Jackson County will be collated into a process mapping workbook and be made available for other circuits.</p>	<p>Judicial Influences PIP workgroup OSCA Management Analyst/Principal MA</p>	<p>PIP Quarter 4</p>
<p>Key Activity 3.1.8: Review data gathered based on the measurement plan described in Key Activity 3.1.5 to evaluate effectiveness of identified strategies.</p>	<p>Quality Assurance System designee and Kansas City Field Operations Specialist</p>	<p>PIP Quarter 7</p>
<p>Key Activity 3.1.9: As a result of Key Activity 3.1.8, information available in the process mapping workbook will be updated and shared with other judicial circuits in order to support understanding</p>	<p>Judicial Influences PIP workgroup OSCA Management Analyst/Principal MA</p>	<p>PIP Quarter 8</p>

and improvement of legal and social work process constraints throughout Missouri.		
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Strategy 3.2: Develop a statewide Family Support Team (FST) process that guides assessment of reunification efforts and ensures timely permanency, up to and including the filing of TPR petitions.

Implementation Site: Statewide

	Who is Responsible	PIP Due Date
<p>Key Activity 3.2.1: Form a workgroup to review current FST agendas, discussion guides, and researched reunification assessments. The focus of this workgroup should be to ensure that reunification progress and timely permanency are adequately addressed in each team meeting and decisions points are emphasized. Group members will include representatives from Children’s Division Foster Care Unit, Children’s Division Executive Team, Foster Care Case Management agencies, Division of Legal Services, and Training Unit, and individuals with lived experience</p>	Deputy Director for Permanency or designee	PIP Quarter 2
<p>Key Activity 3.2.2: Develop recommendations about best Missouri FST practice, including:</p> <ul style="list-style-type: none"> a. Explore identifying FST Facilitators within the St. Louis and/or Southwest regions. b. How to include a statewide structured reunification assessment and/or assessment of progress on the social service plan 	FST Workgroup, Children’s Division Executive Team	PIP Quarter 3

<ul style="list-style-type: none"> c. Cadence of FST meetings to include in-person, virtual, or hybrid options d. Decisions to make at particular points along the cadence e. Relevant information and documentation for each decision point f. Agenda and/or form and meeting instructions g. Training h. Documentation of decisions made <p>Recommendations will be presented to the Children’s Division Executive Team for approval or revision.</p>		
<p>Key Activity 3.2.3: Enhance existing FST policy to align with the FST workgroup’s recommendations, including opinions from the legal department.</p>	<p>Deputy Director of Permanency or designee</p>	<p>PIP Quarter 4</p>
<p>Key Activity 3.2.4: Develop a communication plan, in partnership with the DSS Communication Team, to explain and support the implementation of the new FST policy and practice within Children’s Division and among stakeholders and partners.</p>	<p>Deputy Director of Permanency or designee</p>	<p>PIP Quarter 4</p>
<p>Key Activity 3.2.5: Develop a coordinated training effort to support implementation of the new FST policy and practice:</p> <ul style="list-style-type: none"> a. Update Child Welfare Practice Training to include training around the new FST practice and policy. b. Develop a training schedule for existing staff to learn about the new FST policy and practice. 	<p>Children’s Division Training Unit Manager</p>	<p>PIP Quarter 4</p>

<p>Key Activity 3.2.6: Develop a tool/rubric to assess for the components of FST meetings, based on policy revisions.</p>	<p>Deputy Director of Permanency or designee</p>	<p>PIP Quarter 4</p>
<p>Key Activity 3.2.7: Develop a survey to provide to FST participants to gather feedback on their level of engagement, participation, and perception of meeting effectiveness.</p>	<p>Deputy Director of Permanency or designee</p>	<p>PIP Quarter 4</p>
<p>Key Activity 3.2.8: Implement FST training. As existing staff receive the training, practice enhancements will be incorporated into FST meeting structure and processes. Link to the survey developed in Key Activity 3.2.7 will be provided to FST participants following the conclusion of the FST meeting.</p>	<p>Children’s Division Executive Team and CD and FCCM field staff</p>	<p>PIP Quarter 6</p>
<p>Key Activity 3.2.9: Using the tool/rubric developed in Key Activity 3.2.6, a neutral observer will attend one FST meeting of each worker to evaluate the components and effectiveness of the meeting. Each region/FCCM agency will determine the process for identifying the neutral observers and scheduling the observations. The completed tool/rubric will be given to the worker’s supervisor for feedback regarding the implementation of the new policies.</p>	<p>Children’s Division regional leadership, FCCM agency leadership, neutral observers</p>	<p>PIP Quarter 7</p>
<p>Key Activity 3.2.10: Survey data collected in Key Activity 3.2.8 will be analyzed by the Quality Assurance System and provided to the Regional Field Operations Specialists to provide feedback during quarterly circuit meetings.</p>	<p>Quality Assurance System designee, Regional Field Operations Specialists</p>	<p>PIP Quarter 8</p>

Strategy 3.3: Co-sponsor a training opportunity in partnership with OSCA, Children’s Division, and national or university experts to bring national best practices in parenting time to legal partners, judicial partners, agency staff and multidisciplinary team members with a goal to improve timeliness of permanency within 12 months.

Implementation Sites: 20th, 2nd 31st Circuits / Training Opportunities available throughout the state

	Who is Responsible	PIP Due Date
Key Activity 3.3.1: Partner with national experts or university partners to develop training/presentation on best practices in child welfare for supporting family parenting time, to include the impact of parental substance use on visitation decisions.	Capacity Building Center Children’s Division liaison OSCA Management Analyst/ Principal MA Children’s Division Permanency Unit designee Children’s Division Legal Aspects Training Representative Children’s Division Training Unit Manager	PIP Quarter 2
Key Activity 3.3.2: In partnership with national experts or university partners, create a training calendar to provide best practices training developed in Key Activity 3.3.1 to implementation sites.	OSCA Management Analyst/ Principal MA Children’s Division Permanency Unit designee Children’s Division Legal Aspects Training Representative Children’s Division Training Unit Manager	PIP Quarter 2
Key Activity 3.3.3: Develop system of technical assistance, support, and guidance to judges. Office of State Courts Administrator (OSCA) will serve as a connection point between family court	OSCA Management Analyst/ Principal MA	PIP Quarter 3

<p>leadership as requested. Mentorship or conferencing among judges will be facilitated as requested.</p>		
<p>Key Activity 3.3.4: Develop post-training survey to evaluate whether parenting time practices were changed in identified implementation sites. Outline strengths and barriers identified through the training process. The survey will include questions to gauge the helpfulness of the training and the willingness of the implementation sites to adopt new practices, such as allowing the Family Support Team members to make decisions about visits and/or making parenting time decisions based on safety vs. compliance.</p>	<p>OSCA Management Analyst/ Principal MA</p> <p>Children’s Division Permanency Unit designee</p> <p>Children’s Division Legal Aspects Training Representative</p> <p>Children’s Division Training Unit Manager</p>	<p>PIP Quarter 3</p>
<p>Key Activity 3.3.5: Provide training/presentations as determined in Key Activity 3.3.2. Include implementation sites and additional circuits expressing interest in receiving the training/presentations.</p>	<p>OSCA Management Analyst/ Principal MA</p> <p>Children’s Division Permanency Unit designee</p> <p>Children’s Division Legal Aspects Training Representative</p> <p>Children’s Division Training Unit Manager</p>	<p>PIP Quarter 4</p>
<p>Key Activity 3.3.6: Distribute post-training survey to evaluate effectiveness of the training in identified implementation sites. Outline strengths and barriers identified through the training process to determine additional training sites. Training will be provided to circuits requesting the resource.</p>	<p>OSCA Management Analyst/ Principal MA</p> <p>Children’s Division Permanency Unit designee</p> <p>Children’s Division Legal Aspects Training Representative</p> <p>Children’s Division Training Unit Manager</p>	<p>PIP Quarter 5</p>

Strategy 3.4: Identify and train a Permanency Specialist to ensure adequate service provision, knowledge transfer, and the completion of permanency paperwork, including the filing of TPR petitions and steps to achieve permanency through adoption.

Implementation Sites: St. Louis Region

	Who is Responsible	PIP Due Date
<p>Key Activity 3.4.1: Map the work of the Children’s Division Permanency Specialist.</p> <p>a. Activation point:</p> <ol style="list-style-type: none"> 1.) Legal Status 1 List (listing of all children in Children’s Division custody and case managed by CD) – Specialist reviews cases where the permanency goal has changed to Adoption or Guardianship 2.) Specialist meets with workers (using caseload grids) to see whether there are additional cases where goals have changed or are about to change to Adoption or Guardianship. Cases with pending TPR referrals will also be identified. <p>b. Identify Guides, Forms, Phone Lists, Emails, Resources, etc.</p> <p>c. Outline step-by-step process with caseworkers and supervisors for TPR, adoption and guardianship</p>	<p>Kansas City Permanency Specialist</p> <p>Program Administrator over Foster Care from the St. Louis Region</p> <p>St. Louis Managing Permanency Attorney or designee</p>	<p>PIP Quarter 1</p>
<p>Key Activity 3.4.2: Implementation site selects Permanency Specialist.</p>	<p>St. Louis Regional Director or designee</p>	<p>PIP Quarter 2</p>

<p>a. Determine whether identified region will require a new specialist or the reassignment of an existing specialist</p> <p>b. If the specialist needs to be recruited, a job description will be created</p>	<p>Children’s Division Human Resources Liaison or designee</p>	
<p>Key Activity 3.4.3: Develop a training schedule and training materials for new permanency specialist using the knowledge and resources in Key Activity 3.4.1.</p>	<p>Kansas City Permanency Specialist</p> <p>Program Administrator over Foster Care from St. Louis Region</p>	<p>PIP Quarter 2</p>
<p>Key Activity 3.4.4: Train the new permanency specialist using the knowledge and resources in Key Activity 3.4.1 over an estimated four sessions.</p>	<p>Kansas City Permanency Specialist</p> <p>Program Administrator over Foster Care from St. Louis Region</p>	<p>PIP Quarter 3</p>
<p>Key Activity 3.4.5: Develop a communication strategy for the implementation site informing them of the new Permanency Specialist resource and describing the process.</p>	<p>St. Louis Regional Director or designee</p>	<p>PIP Quarter 3</p>
<p>Key Activity 3.4.6: St. Louis Permanency Specialist will set recurring monthly meetings for each permanency unit in the region. All workers will be expected to attend their unit’s recurring meeting with the Permanency Specialist.</p> <p>a. Workers will bring their caseload grids.</p> <p>b. Teams will go over each child’s case where TPR is needed, and/or the goal is Guardianship or Adoption to</p>	<p>St. Louis Permanency Specialist</p> <p>Foster Care workers and supervisors in the St. Louis region</p>	<p>PIP Quarter 4</p>

<p>identify action steps to achieve permanency goals.</p> <p>c. Teams will leave with action items, based on individual child circumstances, to be completed prior to the subsequent monthly meeting.</p>		
<p>Key Activity 3.4.7: Foster care leadership in the St. Louis Region will assess the benefits and effectiveness of the Permanency Specialist position and make any needed adjustments to the job description. Information will be gathered from Children’s Division staff through survey, focus group, or individual interaction with supervisory staff.</p>	<p>St. Louis Children’s Division Foster Care program leadership</p>	<p>PIP Quarter 5</p>

Program Improvement Plan Focus #4: Child Safety

Description of the problem, need, or opportunity

Performance related to risk and safety assessment and management is reflected through CFSR Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate. According to the CFSR Round 4 Final Report, Missouri substantially achieved this outcome in 57% of the cases reviewed during the onsite review in July, 2023. Case Review Item 3, Risk and Safety Assessment and Management, was rated as strengths for 58% of the cases reviewed. There was not a significant difference in ratings for foster care cases (60%) versus in-home cases (56%).

Children’s Division also completes CFSR reviews on an ongoing basis as a part of the Continuous Quality Improvement process. Risk and Safety Assessment and Management (Item 3) was rated as strengths for 70% (58/82) of the cases reviewed during the year preceding the CFSR onsite visit.

Regional results for the internal CQI case reviews are as follows:

	Percentage Rated Strength	Case Ratio
Kansas City	67%	4/6
Northeast	60%	12/20

Northwest	100%	4/4
Southeast	69%	11/16
Southwest	79%	23/29
St. Louis	57%	4/7

Based on this case review data, the implementation sites for the strategy and action steps described below will focus on the Northeast and Kansas City regions initially, with expansion to the St. Louis and Southeast regions over time. The Southeast and St. Louis region are implementation sites for multiple other PIP strategies and action steps which is the reason for delayed implementation in those areas.

A review of case detail highlights the following practice concerns:

- Siblings of children in foster care who remain in the family home were not routinely assessed
- Children were not seen alone in some cases
- An assessment of new household members in relation to the child(ren)'s risk and safety was not completed
- Risk and safety assessments were not always completed prior to case closing or move to trial home visit

This information was presented to the CFSR Advisory Committee for reaction, feedback, and discussion. Staffing challenges that the Children's Division and Foster Care Case Management contract agencies have experienced in recent months were discussed. Given frequent staff turnover and the number of newly hired staff who are responsible for risk and safety assessments, the Committee was concerned that staff may not have the knowledge needed to accurately complete the necessary assessments. The group also expressed concerns that risk/safety is not always discussed during Family Support Team meetings, and clear articulation of risk and safety can be difficult to find in court reports.

To further explore the concerns related to risk and safety assessments, focus groups were conducted with front line workers and supervisors in each Children's Division region. While workers expressed that they are aware of how to assess for risk and safety, the supervisor groups expressed that workers may have difficulty recognizing the difference between what is risk and what is safety. Supervisors also mentioned that guidance in the form of questions to ask staff to build their capacity to assess for risk and safety would be helpful. Staff who work with older

youth expressed a concern that intimate-partner violence for youth who are living independently is increasing and that workers may not have the tools to adequately assess this risk factor.

In addition to risk and safety assessments noted above, the CFSR Round 4 Final Report also described performance struggles with Safety Outcome 1, Item 1, of the case review process: Timeliness of Initiating Investigations of Reports of Child Maltreatment. Missouri state statute requires that all hotline reports be initiated within 24 hours of receipt, but does not define the activity or activities that constitute initiation. For the purposes of CFSR reviews, Children’s Division adopts the first attempt to contact the family as the date/time of initiation, as instructed in the On Site Review Instrument (OSRI) If the report indicates that the child is in danger of serious physical harm or threat to life, Missouri statute requires the Children’s Division to make direct observation of the subject child within 24 hours of receipt. Children’s Division policy defines the timeframe requirements for initial face-to-face safety contact for the remainder of reports, based on the priority level assigned at the time the hotline is accepted. State policy also allows for multi-disciplinary team (MDT) members to make initial face-to-face contact. MDT members include law enforcement, juvenile officers, juvenile court officials, local public school liaisons, or other service agencies. If a MDT member is used to ensure child safety, Children’s Division policy states that all children listed on the report must be seen within 72 hours of the report date and time.

Priority Level	Initial Contact Timeframes for Victim Children
1	Within 3 hours of report
2	Within 24 hours of report
3	Within 72 hours of report

In Missouri’s review of Item 1, the state achieved strengths ratings in 72% (18/25) of applicable cases. The CFSR Final Report noted that Priority Level 2 reports, which require 24-hour contact, were the most problematic and led to all of the Area Needing Improvement ratings during the reviews conducted in July, 2023. Among the ongoing case reviews that occurred during calendar year 2023, Item 1 was rated a strength in 67% (25/38) of applicable cases. Of the 13 cases rated as area needing improvement, Priority Level 2 reports were the concern for 11 cases (85%). Children’s Division administrative data notes that 81.7% of the reports concluded in FY2023 had initial child contact within 24 hours of the report (Children’s Division FY23 Annual Report, Table 4).

	3 hours	24 hours	72 hours	Total Reports
FY2021	15.0%	81.9%	3.1%	64,658
FY2022	14.6%	80.6%	4.7%	71,181
FY2023	14.7%	81.4%	3.9%	76,149

As reflected in the table, the majority of accepted investigation, assessment, and juvenile assessment hotline reports are determined to be Priority 2 Level reports and require 24-hour response times for face-to-face contact with alleged victim children. It is also noteworthy that the number of total reports has increased over the past three years.

While Missouri statute requires that all reports of child abuse and neglect be initiated within 24 hours, neither statute nor Children’s Division policy defines what action or actions constitute initiation. There are also no policy guidelines for Children’s Division staff if their efforts to ensure child safety are not met within the required timeframes. Children’s Division policies are more stringent than statute or Missouri regulations dictate, allowing for some flexibility in policy-making determinations.

With the increase in the number of reports received, and the vast majority of reports requiring at least a 24 hour contact, there is little opportunity for Children’s Division staff who are responsible for face-to-face contact with alleged victim children to effectively plan and manage their time, especially if multiple reports are assigned to each staff member each day. Current policy requirements necessitate Children’s Division staff members be available for on-call and weekend work in order to meet timely initial face-to-face contact. Children’s Division leadership frequently hear that the on-call and weekend shifts impact work-life balance for staff and can lead to resignations. Adjustments to Children’s Division policy requirements will be explored during PIP implementation, with recommendations to be submitted to Children’s Division leadership for adoption or revision.

Daily morning huddles with investigative teams are encouraged in all regions throughout the state. The morning huddles serve to address the status of each open hotline report and make daily plans to move the report toward timely completion. Daily reports exist for supervisors that help to guide the directions that they give to staff members. The current reports do not provide information regarding initial face-to-face contact with alleged victim children with the frequency necessary to help in that guidance. The reports that are available to supervisors will be examined during PIP implementation for possible revisions to ensure the most relevant information is included and the frequency will be more useful in daily decision-making for supervisors specific to timely face-to-face safety contacts.

The Southwest Region was recently recognized by the Children’s Division Director as having success with timely report closure and the region’s leadership has attributed that success in part to the use of daily huddles. For this reason, revisions to the data reports described above will be tested in the Southwest Region to receive feedback on the usefulness of the information prior to dissemination throughout the rest of the state.

Also impactful in the discussion of the timeliness of initiating reports of child maltreatment and the timeliness of face-to-face contact with victim children is the determination of when the “clock” starts. The Children’s Division recently became aware that the multiple administrative reports produced around timely investigations and face-to-face contact were using inconsistent start times. Some reporting mechanisms were using the date/time that the call was received at the hotline while others were using the date/time that the report was alerted to the field for assignment to a worker. In SFY23, the average time between an accepted report being received at the hotline and subsequent alert to the field for assignment was 26.01 minutes. The median length of time was 12 minutes. A decision was made to begin the priority level timeframes with the date/time the call was received at the hotline to be consistent with NCANDS reporting.

PIP Goal #4: Ensure children are protected from abuse and neglect through timely initial face-to-face contact with alleged victim children and increased quality of ongoing risk and safety assessments.

Measurement: CFSR ongoing case reviews, Items 1 and 3

Related CFSR Outcomes: Safety Outcome 1, Safety Outcome 2, Wellbeing Outcome 1 (Items 2, 3, 12, 14, 15)

Strategy 4.1: Provide risk and safety assessment training and coaching follow-up for supervisors and front-line staff.		
Implementation Sites: Northeast and Kansas City Regions		
	Who is Responsible	PIP Due Date
Key Activity 4.1.1: Develop presentation and workshop materials identifying the differences between risk and safety. PDS will collaborate with the training unit to ensure the workshop information is consistent with training provided to newly hired child welfare staff. Workshops will be developed for FCS, foster care, and	Program Development Specialists for FCS, foster care, and resource development	PIP Quarter 1

<p>resource development staff. Workshop information will include tips for supervisory staff to use in coaching and mentoring front-line staff, as well as, documentation of risk and safety assessment conversations during supervisory/worker consultations. Foster care workshops will include discussion of risk/safety assessment of intimate-partner violence for youth placed in independent living settings.</p>		
<p>Key Activity 4.1.2: Develop a training schedule for the Northeast and Kansas City Regions to ensure all staff, both agency and FCCM, participate in the workshops.</p>	<p>Program Development Specialists for FCS, foster care, and resource development in partnership with regional specialists</p>	<p>PIP Quarter 1</p>
<p>Key Activity 4.1.3: Deliver the workshops to all staff in the Northeast and Kansas City Regions based on the calendar developed in Key Activity 4.1.2. Ensure invitation to Regional Field Operations Specialist is extended.</p>	<p>Program Development Specialists for FCS, foster care, and resource development in partnerships with regional specialists</p>	<p>PIP Quarter 2</p>
<p>Key Activity 4.1.4: Supervisors will apply the knowledge and skills provided during the workshops from Key Activity 4.1.3 by accompanying each front-line worker on their team on at least one home visit during the quarter to model and coach risk and safety assessment skills to their staff.</p>	<p>Front-Line supervisors in the Northeast and Kansas City Regions</p>	<p>PIP Quarter 3</p>
<p>Key Activity 4.1.5: Supervisor/ worker consultations will be documented in FACES to include discussion of risk and safety assessment completed by front-line staff.</p>	<p>Front-Line supervisors in the Northeast and Kansas City Regions</p>	<p>PIP Quarter 3</p>

<p>Key Activity 4.1.6: Develop a tool/rubric to assess the quality of supervisor/worker consultation documentation in relation to risk and safety assessments.</p>	<p>Program Development Specialists for FCS, foster care, and resource development</p>	<p>PIP Quarter 3</p>
<p>Key Activity 4.1.7: Complete targeted reviews in FACES of supervisor/worker consultation entries to assess the quality of risk and safety assessment conversations between supervisors and workers and ensure that they reflect the information provided in Key Activity 4.1.3.</p>	<p>Program Development Specialists for FCS, foster care, and resource development, regional specialists and NE and KC Regional Field Operations Specialists</p>	<p>PIP Quarter 4</p>
<p>Key Activity 4.1.8: Conduct follow-up visits with supervisors from all circuits who received the presentation in Key Activity 4.1.3 to provide feedback about their targeted reviews and to support supervisory staff with any additional needs.</p>	<p>Program Development Specialists for FCS, foster care, and resource development, regional specialists, and NE and KC Regional Field Operations Specialists</p>	<p>PIP Quarter 5</p>
<p>Key Activity 4.1.9: Make any needed adjustments to the presentation or materials based on experiences in the Northeast and KC Regions.</p>	<p>Program Development Specialists for FCS, foster care, and resource development</p>	<p>PIP Quarter 6</p>
<p>Key Activity 4.1.10: Explore the expansion of training/presentation and follow-up steps outlined in Key Activities 4.1.3 – 4.1.8 to the St. Louis and Southeast regions of the state.</p>	<p>Program Development Specialists for FCS, foster care, and resource development, and St Louis and Southeast Regional Field Operations Specialists</p>	<p>PIP Quarter 8</p>

Strategy 4.2: Increase the timeliness of initiating hotline reports and face-to-face initial contact with children who are alleged victims of child abuse or neglect to help ensure their safety from additional abuse or neglect.

Implementation Site: Statewide

	Who is Responsible	PIP Due Date
<p>Key Activity 4.2.1: Form a workgroup to review and crosswalk Missouri statute, regulation, and Children’s Division policy around the initiation of hotline reports and face-to-face contact with victim children. The workgroup will consider the definition of report initiation, the feasibility of current response times, and state policy for the unable to locate report conclusion. Group members will include representatives from Children’s Division Protection Unit, Children’s Division Executive Team, Children’s Division Hotline Unit, Children’s Division investigative worker and supervisor, Division of Legal Services, Children’s Division Training Unit, Children’s Division Quality Assurance System, and a representation of multi-disciplinary team members who are allowed to ensure initial safety of children by statute.</p>	<p>Deputy Director for Protection and Prevention or designee</p>	<p>PIP Quarter 1</p>
<p>Key Activity 4.2.2: The workgroup identified in Key Activity 4.2.1 will develop recommendations for policy changes to include:</p> <ul style="list-style-type: none"> a. Missouri definition of report initiation b. Allowances and guidance for adjusting the response priority after assignment to field staff 	<p>Timely Initial Contact Workgroup</p>	<p>PIP Quarter 2</p>

<ul style="list-style-type: none"> c. Definition of multiple attempts to locate and steps to be taken if attempts to locate within response priority are not successful d. Unable to locate conclusion policy e. On-call and weekend response to non-emergency reports f. FACES data entry requirements g. Staff education regarding policy changes h. Community education regarding policy changes <p>Recommendations will be provided to the Children’s Division Executive Team for revision and/or approval.</p>		
<p>Key Activity 4.2.3: Incorporate approved changes into the Children’s Division policy manual.</p>	<p>Child Abuse and Neglect Unit Program Development Specialist</p>	<p>PIP Quarter 3</p>
<p>Key Activity 4.2.4: Develop a coordinated training effort to support implementation of the new timely initial safety contact policy and practice:</p> <ul style="list-style-type: none"> a. Update Child Welfare Practice Training to include training around the new initial contact practice and policy. b. Develop a training schedule for existing staff to learn about the new initial contact policy and practice. 	<p>Children’s Division Training Unit Manager</p>	<p>PIP Quarter 3</p>
<p>Key Activity 4.2.5: In partnership with the DSS Communication Team, develop a campaign regarding child safety to explain</p>	<p>Deputy Director of Protection and Prevention or designee</p>	<p>PIP Quarter 4</p>

and support the implementation of the policy and practice changes within Children’s Division and among stakeholders and partners.		
Key Activity 4.2.6: Implement the training effort described in Key Activity 4.2.4 regarding policy and practice enhancements for initial safety contact.	Children’s Division Training Unit Manager and CD field staff	PIP Quarter 4
Key Activity 4.2.7: Revise current data reports that capture hotline activities to ensure logic is consistent with policy adjustments. Explore the feasibility of real-time data reports that include priority response timeframes.	Quality Assurance System Data Unit	PIP Quarter 4
Key Activity 4.2.8: Explore the possibility of changing the FACES system to incorporate the date/time the hotline call was initiated at the CAN Hotline Unit on the Conclusion screen, replacing the current date/time the call was alerted to the field. This potential change allows for a more accurate assessment of the response time deadline.	FACES Unit Manager and Children’s Division Executive Team	PIP Quarter 4
Key Activity 4.2.9: Frontline supervisors in the Southwest Region will utilize reports developed in Key Activity 4.2.7 during daily morning huddles to better plan and prioritize staff activities. Supervisory staff will report to the Southwest Region Field Support Manager over investigations on the usefulness of the report to determine if adjustments are needed. Adjustments will be made to the data reports, as needed.	Investigative Supervisors in the Southwest Region Southwest Field Support Manager over Investigations Quality Assurance System Data Unit	PIP Quarter 5
Key Activity 4.2.10: Children’s Division Regional Directors will identify staff members who will be responsible for	Children’s Division Regional Directors	PIP Quarter 5

follow-up regarding the use of daily huddles and initial contact response time data.		
Key Activity 4.2.11: Expand the use of the data reports to the remainder of the state for use during daily morning huddles. Investigative supervisors within each region will report to a regional designee regarding the frequency of daily huddles and the use of the initial contact response time data.	Investigative designee in each region	PIP Quarter 6
Key Activity 4.2.12: Monitor and track the timeliness of initiating hotline reports and face-to-face initial child contact through data reports developed in Key Activity 4.2.7. Performance measures will be communicated to field staff at least quarterly through circuit meetings with the Regional Field Operations Specialists.	Quality Assurance System and Regional Field Operations Specialists	PIP Quarter 6

Program Improvement Plan Focus #5: Service Array

The CFSR Round 4 Final Report for Missouri noted a variance of availability and accessibility of services, depending on location within the state. Service gaps were noted in mental health evaluations, therapy options, and substance use assessments and services for both children and parents. The Children’s Division relies heavily on partner agencies for these types of services and as such, many of the key activities include partnering with the Department of Mental Health (DMH) and other organizations to clarify, assess, and expand what is currently available to children and families in Missouri. Please refer to the Family Engagement section of this plan for more detail regarding service availability and accessibility for parents.

The CFSR case review assesses the mental and behavioral health needs of children in Item 18. The ongoing case reviews that have been completed over the past year noted strength ratings for 73% (43/59) of the cases that were applicable for Item 18. Mental health assessments were completed in 88% (52/59) of the cases, while 77% (43/56) of the children reviewed had mental and behavioral health services provided as needed.

The following table provides case review results by region. The Northwest, Northeast, and Southwest Regions represent the areas in the state in which service provision for mental and

behavioral health showed the greatest areas of need. Circuits within these areas will be the primary focus of service array strategies.

	Overall Item 18 Rating	Assessments Completed	Services Provided
Kansas City	100%	100%	100%
Northeast	60%	90%	70%
Northwest	60%	100%	40%
Southeast	90%	95%	89%
St. Louis	40%	40%	75%
Southwest	70%	82%	69%

The Missouri Behavioral Health Council (MBCH) is a network of member agencies throughout the state that provide a comprehensive array of psychiatric and substance abuse treatment services and supports as appropriate for children/adolescents, adults, and senior adults. In addition to supporting its members, the Council develops programs and promotes best practices that improve behavioral health in Missouri.

One initiative of the MBHC’s community outreach program is the Youth Behavioral Health Liaisons Services (YBHLS) that are distributed among the community behavioral health organizations across Missouri to form better community partnerships between behavioral health services, schools, Children’s Division, juvenile office, family court, law enforcement, and other children and youth-serving state agencies. The Youth Behavioral Health Liaison’s role is to connect children and youth to behavioral health services within their communities. It is difficult for every case manager within the child welfare system to be an expert on available services and methods for accessing those services. The YBHLs provide an experienced avenue and skilled navigator into a complex system to connect children to services that will enhance their well-being.

During the PIP Kick-off and subsequent workgroup meetings, it became apparent that these positions are not widely known or understood among Children’s Division front-line workers and supervisors. To work in partnership with the Youth Behavioral Health Liaisons will be essential to accurately assess the resources and services needed by children involved in the child welfare system and to connect children to those services. The implementation sites were chosen at the request of the MBHC program as the YBHL personnel are in place and have capacity to receive service referrals. The six selected circuits in the Southwest Region represent approximately 65% of the region’s total foster care population, as of 1/31/24. The six circuits form the most populated areas of the region. The two selected circuits in the Northwest Region provide representation of a more rural section of the state to assess the availability and accessibility of mental health services for children.

Another initiative of the MBHC in which the Children's Division will be involved is the Statewide Youth Mapping Collaboration Project using the Upstream Framework. The Missouri Behavioral Health Council is partnering with the Missouri Department of Mental Health (DMH), the Office of State Courts Administrator (OSCA), the National Center for State Courts (NCSC), Children's Division, and the Missouri Juvenile Justice Association (MJJA) to conduct Youth Mapping Workshops in Missouri. Information about the project and the Upstream Framework can be found at this [link](#).

A Youth Mapping Workshop brings together a team of local stakeholders and utilizes the Upstream tool in strategic planning to assess available resources, identify gaps/challenges in accessing services, and establish a plan for community change of children's services. Upstream is a community-based approach that leverages judicial leadership and collaborations with child welfare agencies, state and local public agencies, community-based organizations, and community members to increase access to community-based services, prevent child maltreatment and out-of-home placement, reduce court involvement, and support strong, safe, and healthy families with the goal to improve availability, accessibility, and awareness of resources and services for children and youth in Missouri communities.

Four domains of prevention and intervention will be explored throughout the mapping project in each community. Those domains include:

- Community – What Everyone Needs to Thrive
- Families with Risk Factors
- Families with Allegations of Abuse/Neglect or Delinquency
- Families with Court Involvement

The domains of Upstream guide and focus discussions for mapping resources and processes present in the local community. During the mapping workshop, partners identify prevention and intervention strategies already in place, discover opportunities for improvement, and discuss current processes. After community mapping, the stakeholders finalize an action plan to address gaps collaboratively. Consistent with the roll-out plan, the 25th and 42nd circuits in the Southeast Region and the 28th and 39th circuits in the Southwest Region were selected as implementation sites because planning for the mapping workshops is underway in these areas.

Missouri Systems of Care are groups of public and private agencies who share core values that meet to assist youth and families in directing support and services to address needs. Systems of Care provides a philosophical blueprint of how to best care for children with severe mental health needs who are served by multiple government agencies by (1) developing partnerships with individuals and families who need services and resources and all the agencies, both formal and informal, who serve them; (2) building on individual and community strengths and making the most of existing resources to help children and their families achieve better outcomes; and

(3) improving the skills, knowledge and attitudes of frontline services providers towards more family-centered services.

To continue the momentum of the Upstream Framework beyond the mapping and action plan phases and to ensure continued communication and collaboration among partner agencies, each implementation site will strive to establish a regular cadence of Systems of Care meetings.

The final strategy in relation to service array focuses on service accessibility and availability in the areas of intellectual and developmental disabilities. Similar to the strategy for YBHL programs and services, it was evident during the PIP Kick-off and subsequent meetings that the referral process and services available were not widely known by Children's Division staff. Access to these services can be time-consuming, so early referral for conditions that are not situational is important. Establishing eligibility for children at the onset of their involvement with the child welfare system will place them in position for services to continue after child abuse and neglect participation ends. Data that is collected through encouraging frequent referral and eligibility determinations will also help identify service gaps so additional services and resources can be developed.

The Northeast Region of Missouri is comprised of 11 circuits with both rural and more urban settings, representing areas of potential resource richness versus areas that are resource poor. Using this region as the implementation area for this strategy will provide information to compare and contrast the availability and accessibility of ID/DD services for children.

PIP Goal #5: Increase the availability and accessibility of services to children with mental health concerns or developmental disabilities who are connected to the child welfare system.

Measurement: Statewide Data Indicator: Placement Stability

Related Outcomes: Permanency Outcome 1, Permanency Outcome 2, Wellbeing Outcome 1, Wellbeing Outcome 2, Wellbeing Outcome 3, Service Array and Resource Development (Items 4, 6, 12, 16, 17, 18, 29, 30)

Strategy 5.1: Increase utilization of the referral process to the Youth Behavioral Health Liaison (YBHL) to grow access and awareness of available community resources and services provided by local Certified Community Behavioral Health Organizations (CCBHO) through education and training.

Implementation Sites: 4th and 5th Circuits in the Northwest Region; 29th, 30th, 31st, 38th, 40th, and 46th Circuits in the Southwest Region

	Who is Responsible	PIP Due Date
<p>Key Activity 5.1.1: Develop a communication plan that identifies a process for initial education about the YBHL program and also provides for awareness of updated information as needed through on-going education of the program both for internal Children’s Division and external partners.</p>	<p>Deputy Director of Community Operations for DMH Division of Behavioral Health (DBH)</p> <p>Youth Manager for Missouri Behavioral Health Council</p> <p>Health and Well Being Coordinator for Children’s Division</p>	<p>PIP Quarter 1</p>
<p>Key Activity 5.1.2: Develop a brief hand-out that includes the services available to children active in the child welfare system and the referral process to access those services. The hand-out will be provided to child welfare staff and partners during educational sessions described in Key Activity 5.1.6.</p>	<p>Deputy Director of Community Operations for DBH</p> <p>Youth Manager for Missouri Behavioral Health Council</p> <p>Health and Well Being Coordinator for Children’s Division</p>	<p>PIP Quarter 1</p>
<p>Key Activity 5.1.3: In order to ensure relationship building and understanding of the services/referral process, Children’s Division will identify at least one person in each regional implementation site to serve as a resource to child welfare staff for accessing behavioral health services through local CCBHO’s in their regions. This person will serve as a connection point between involvement in the child welfare system and mental health services. They will be a resource for coordination and communication between the two systems at a case level to assist in the referral process and access to needed mental health services.</p>	<p>Children’s Division Regional Directors in the Northwest and Southwest Regions</p>	<p>PIP Quarter 1</p>

<p>Key Activity 5.1.4: The Department of Mental Health will develop and implement a monitoring and tracking process to measure the utilization of the YBHL program.</p>	<p>Deputy Director of Community Operations for DBH</p> <p>Youth Manager for Missouri Behavioral Health Council</p>	<p>PIP Quarter 2</p>
<p>Key Activity 5.1.5: Develop a process to track the outcome of referrals for mental health services in the implementation sites. The Children’s Division point person described in Key Activity 5.1.3 will be responsible for tracking, unless otherwise determined by the implementation sites’ Regional Directors.</p>	<p>Health and Well Being Coordinator for Children’s Division</p> <p>Children’s Division Regional Directors in the Northwest and Southwest Regions</p>	<p>PIP Quarter 2</p>
<p>Key Activity 5.1.6: Onsite initial education will be provided in each Children’s Division circuit by the assigned YBHL to give an overview of the YBHL position and program. Children’s Division case management staff and Foster Care Case Management staff will be required to attend. Other child welfare system partners, to include representatives of the juvenile office, will be invited as well. The Children’s Division’s regional point person described in Key Activity 5.1.3 will be introduced as a resource for case management staff, by name and title, if not able to attend in person.</p>	<p>Deputy Director of Community Operations for DBH</p> <p>Youth Manager for Missouri Behavioral Health Council</p> <p>Health and Well Being Coordinator for Children’s Division</p>	<p>PIP Quarter 3</p>
<p>Key Activity 5.1.7: Following a six-month period of tracking the outcomes of referrals for services by the Children’s Division, each implementation site will provide the collected information to the Health and Well Being Coordinator for the Children’s Division for analysis described in Key Activity 5.1.8.</p>	<p>Children’s Division Regional Director in the Northwest and Southwest Regions</p>	<p>PIP Quarter 5</p>

<p>Key Activity 5.1.8: Conduct an assessment of referrals to the YBHL program and the availability/accessibility of services in the implementation sites to determine the need for service development and/or expansion.</p>	<p>Deputy Director of Community Operations for DBH</p> <p>Youth Manager for Missouri Behavioral Health Council (MBHC)</p> <p>Health and Well Being Coordinator for Children’s Division</p>	<p>PIP Quarter 6</p>
<p>Key Activity 5.1.9: Based on YBHL capacity, expand education presentations to additional Children’s Division circuits in anticipation of increased utilization of YBHL program.</p>	<p>Deputy Director of Community Operations for DBH</p> <p>Youth Manager for Missouri Behavioral Health Council (MBHC)</p> <p>Health and Well Being Coordinator for Children’s Division</p>	<p>PIP Quarter 4</p>

<p>Strategy 5.2: Support the Upstream Framework to bring together child welfare stakeholders to identify resources, opportunities, and priorities at the local level through mapping workshops that result in action plans for each circuit which address service gaps in their local communities within the four framework domains.</p>		
<p>Implementation Sites: 25th and 42nd Circuits in the Southeast Region; 28th and 39th Circuits in the Southwest Region</p>		
	<p>Who is Responsible</p>	<p>PIP Due Date</p>
<p>Key Activity 5.2.1: Children’s Division will identify a lead contact to assist and work with the Missouri Behavioral Health Council (MBHC) to provide support in the oversight of the Upstream mapping sessions.</p>	<p>Health and Well Being Coordinator for Children’s Division</p>	<p>PIP Quarter 1</p>

<p>Key Activity 5.2.2: OSCA will recruit and hire a Judicial Engagement Coordinator to engage the local court and community in the Upstream mapping process and support the judicial leadership in the process of convening the community stakeholders.</p>	<p>OSCA Management Analyst/ Principal MA</p>	<p>PIP Quarter 1</p>
<p>Key Activity 5.2.3: In partnership with the Missouri Behavioral Health Council and through leadership of the Circuit Courts, Children’s Division will participate in mapping sessions in the implementation sites to enhance partnerships with local stakeholders and identify existing and needed resources to support the health and wellbeing of families.</p>	<p>Circuit Managers in the identified implementation sites</p>	<p>PIP Quarter 2</p>
<p>Key Activity 5.2.4: Children’s Division will participate in on-going Upstream meetings to increase awareness of how to access services specific to the communities in the implementation sites and to work collaboratively with community partners to identify and address gaps in service needs for those areas.</p>	<p>Circuit Managers in the identified implementation sites</p>	<p>PIP Quarter 3</p>
<p>Key Activity 5.2.5: Children’s Division staff in the implementation sites will support the action plans developed through the Upstream framework and participate as identified by the plans. At a minimum, Children’s Division staff will take a leadership role in establishing ongoing Systems of Care meetings to ensure continued partnerships within the implementation sites.</p>	<p>Circuit Managers in the identified implementation sites</p>	<p>PIP Quarter 5</p>

Strategy 5.3: Increase the awareness and utilization of services available to children with intellectual and developmental disabilities.		
Implementation Sites: Children’s Division Northeast Region		
	Who is Responsible	PIP Due Date
Key Activity 5.3.1: Develop a flow chart to be used by Children’s Division and FCCM case managers that identifies possible diagnoses and developmental disabilities which may qualify children for services through the Intellectual and Developmental Disabilities (ID/DD) divisions of the Department of Mental Health.	Inter-Divisional Services Coordinator Specialized Support Coordinator for Children Department of Social Services Residential Services Unit Manager	PIP Quarter 1
Key Activity 5.3.2: In partnership with the Department of Mental Health, develop and implement a protocol for tracking the number of children referred to ID/DD services through the child welfare system.	Inter-Divisional Services Coordinator Specialized Support Coordinator for Children	PIP Quarter 1
Key Activity 5.3.3: Develop a process to track the outcome of referrals for ID/DD services in the implementation region. The Regional Director will identify a point person or persons who will be responsible for tracking the information.	Health and Well Being Coordinator for Children’s Division Children’s Division Northeast Regional Director	PIP Quarter 1
Key Activity 5.3.4: Inform Children’s Division and FCCM case management staff via memo or practice point of the flow chart identified in Key Activity 5.3.1 and steps to use the flow chart at the beginning of each in-home or foster care case. Information will include the importance of requesting and receiving IEP and 504 plans that are in place when children enter foster care.	Health and Well Being Coordinator for Children’s Division	PIP Quarter 1

<p>Key Activity 5.3.5: Conduct in-person coaching meetings for all Children’s Division and FCCM case management staff within the Northeast Region. Meetings will include an overview of the flow chart described in Key Activity 5.3.1, a review of the memo/practice point described in Key Activity 5.3.4, scenario examples involving children with ID/DD needs, and an opportunity for questions and answers.</p>	<p>Department of Social Services Residential Services Unit Manager or designee</p>	<p>PIP Quarter 2</p>
<p>Key Activity 5.3.6: Through Team Decision Making meetings and/or the Family Support Team meeting, as children are brought to the attention of the child welfare system, the flow chart described in Key Activity 5.3.1 will be utilized to determine if a referral to ID/DD services is appropriate for the children.</p>	<p>Children’s Division and FCCM case management staff</p>	<p>PIP Quarter 2</p>
<p>Key Activity 5.3.7: Case management staff will make referrals and/or will assist families in making referrals/requesting intake appointments to ID/DD services as needs are identified by the TDM or FST members.</p>	<p>Children’s Division and FCCM case management staff</p>	<p>PIP Quarter 2</p>
<p>Key Activity 5.3.8: Following a six-month period of tracking the outcomes of referrals for ID/DD services by the Children’s Division, the implementation region will provide the collected information to the Health and Well Being Coordinator for the Children’s Division for analysis described in Key Activity 5.3.8.</p>	<p>Children’s Division Northeast Regional Director</p>	<p>PIP Quarter 4</p>
<p>Key Activity 5.3.9: Conduct an assessment of referrals for ID/DD programming and the availability/accessibility of services in the</p>	<p>Inter-Divisional Services Coordinator</p>	<p>PIP Quarter 6</p>

implementation region to determine the need for service development and/or expansion.	Specialized Support Coordinator for Children Health and Wellbeing Coordinator for Children's Division	
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Child and Family Services Continuum, Coordination, and Description

Full descriptions of the service continuum available to families and children in Missouri through the Children's Division are provided in the following sections. For discussion of strengths in service provision and areas of service gaps, please refer to the Array of Services section of this report and the Service Array PIP area of focus in the preceding plan.

The Children's Trust Fund (CTF), Missouri's Foundation for Child Abuse Prevention, is the designated lead agency for administering the Community Based Child Abuse Prevention (CBCAP) funds in Missouri. Missouri's Task Force on Children's Justice is charged with the oversight and distribution of Children's Justice Act federal grant, and the Office of the State Court Administrator is responsible for the Court Improvement Project. All entities are regularly represented on a variety of stakeholder groups that Children's Division relies on for support and engagement to continually assess and improve the child welfare system in Missouri.

Stephanie Tubbs Jones Child Welfare Services Program

Child Abuse/Neglect Hotline Unit (CANHU)

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

Fiscal Year	Total Calls	Admin. Functions*	Remaining Calls	Classified CA/N	Classified Non-CA/N Referral	Documented Calls
2023	153,003	13,264	139,739	54% (76,267)	21% (29,036)	25% (34,436)

*Administrative Functions are defined as:

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

Child Abuse and Neglect Call Management System Technology:

Genesys Cloud has been the phone system for CANHU since 2021. Genesys Cloud integrates the phone system, call management system, chat function, call recording system, collaborative review evaluation, and work force management. This system allows all programs to be accessed through a Single Sign-On feature, allowing team members to only utilize one screen for the program. Mandated Reporters in Queue 3 are also provided a callback option that includes the ability to leave an extension. This improvement has been very helpful to ensure team members are able to effectively reach the reporter during a callback. CANHU has been working with consulting agency, Andrew Reise, to review Genesys Cloud utilization, efficiency, and available features. Recommendations will be implemented in the upcoming years.

The following chart displays average wait times by Queue in minutes. The average call time for 2023 was 0:17:00 minutes.

	Queue 1	Queue 2	Queue 3	Queue 4	Overall
2023	0:04:09	0:07:49	0:11:28	0:04:37	0:07:45

Online Reporting:

The Child Abuse and Neglect Hotline Unit currently has 1-5 team members per shift designated to handle submitted OSCRs. This determination is based on forecasted coverage needs and ensures information is processed in a timely manner. The use of online reporting has increased from 35% in FY 2021 to 48% in FY 2023. The implementation of OSCR has been a timesaver to reporters and CANHU team members because online reports can be processed in half the time as

phone reports. In 2023, CANHU began working with contracted agency, Andrew Reise, to complete a process and systems review of the hotline. Part of the review included feedback from mandated reporters. A survey providing the opportunity to give feedback about the online reporting process was sent to all mandated reporters with an OSCR account. The feedback provided will be used to help prioritize future system improvements.

Fiscal Year	Total Hotlines	OSCR Originated	Percent of OSCRs	CANHU Originated	Percent of CANHU
2023	153,003	73,805	48%	79,198	52%

Source: FACES Report, FY2023

Staff Turnover and Retention/Recruitment:

Several factors impacting turnover at the hotline include the stress of high call volume, lack of variety in work assignments, and a non-traditional work schedule (evening/midnight/weekend/holiday shifts). Primarily, hotline staff leave to take positions with another agency or transfer to a Children’s Division field office in order to work directly with children and families. Hotline staff are dedicated to statewide CA/N intake and are not required to assume investigative responsibilities.

As part of the Governor’s Office & Operational Excellence Call Center Initiative that began in April of 2022, CANHU has been participating in a telework pilot. Children’s Service Workers who are meeting established performance requirements are eligible to work from home 4 days a week. As part of the pilot, supervisors are allowed to work from home one day a week.

Since 2016, CANHU has worked to expand office locations across the state in an attempt to increase the candidate pool. The number of team members working outside of the three main offices in Jefferson City, Kansas City and Springfield has increased. There are also team members currently located in Warren, Miller, Pulaski, Callaway, Johnson, Boone, St Louis, Scotland, and Stone counties.

CANHU continues to utilize a Trauma/Morale initiative to help with morale and turnover with the unit. CANHU has continued to use Decompression groups to give team members time to talk with coworkers about challenges in taking calls or other topics determined by the group. In FY20, CANHU implemented a team member Spotlight. Due to work from home and CANHU team members spread across the state, this is used to help staff learn about fellow team members at CANHU. In FY24, CANHU recreated the Spotlight with different questions to provide more information about team members. In an attempt to build morale, CANHU also implemented seasonal and holiday trivia. The CANHU “House Cup” game was implemented to encourage and promote good work.

Through the work with Andre Reise, Children's Division is evaluating the current recruitment and retention practices at the hotline unit and are also working to create new ways to help improve morale and decrease turnover.

Process Improvement:

In April of 2022, the Governor's Office & Operational Excellence Call Center Initiative was created. This working group was aimed at improving data transparency and increased collaboration among call centers throughout the state of Missouri. CANHU leadership has participated in this group and gained insight into best practice standards and process improvement opportunities. As a recommendation from the initiative, all supervisors completed the Lean Six Sigma Yellow Belt training.

Andrew Reise Evaluation

In FY24, as part of CANHU's involvement in the Governor's Office & Operational Excellence Call Center Initiative, CANHU was selected to work with consulting contract agency, Andrew Reise, to assess its systems and processes. Andrew Reise has provided recommendations, based on industry best practice, and a future state roadmap to assist in executing action items. CANHU has already begun work on improving the employee experience by conducting employee focus groups. Feedback provided has helped gain better insight into the worker experience and drive efforts for improvement. CANHU will continue to utilize focus groups in the future.

CANHU has worked to improve the online reporting system by utilizing survey results from mandated reporters who have used the online reporting tool. These results will help drive change and make improvements in the future. CANHU utilizes collaborative call reviews to assist in quality assurance. Andrew Reise consultants reviewed the process and assisted in calibrating the tool used. In the future, the unit hopes to enhance the existing Workforce Management data, processes and tools.

As part of their contract, Andrew Reise is not only working to assist CANHU, they are also assisting in implementing best practices for all state call centers. This includes providing recommendations on Organizational Key Results and Key Performance Indicators for all state of Missouri call centers. Through their work with CANHU, they will also assist in recommending dashboards that meet industry best practice. CANHU will implement recommendations in the future.

Andrew Reise reviewed the end-to-end staffing process, including the hiring process, onboarding, and career paths. They will make recommendations to help increase recruitment and retention and help create reporting to identify trends in hiring and turnover.

Additionally, CANHU has worked with Andrew Reise and Genesys Cloud to better understand available Genesys Cloud functionality. Andrew Reise will provide recommendations on system

features that will benefit CANHU's efficiency, caller experience, and worker experience. These recommendations will be in line with industry best practice.

The Children's Division will continue to work with Andrew Reise through FY24 and implement recommendations that will improve the caller experience, worker experience, and CANHU as a whole.

Child Abuse and Neglect Hotline Unit Oversight:

CANHU team members are currently using Collaborative Call Review to assure quality. This process consists of a team member and his/her supervisor listening to a recording of a team member's call. Each person evaluates the call for quality and accuracy in call classification. Once the evaluation is complete, they come together to discuss what went well in the call, any worries and what needs to happen or ways to improve in the future. As part of the work with Andrew Reise, evaluation of the current Collaborative Call Review process was reviewed and other available quality assurance tools have been discussed. CANHU will utilize feedback to improve the quality assurance processes.

Child Abuse and Neglect Hotline Unit (CANHU) Fatality Review Team

The Child Abuse and Neglect Hotline Unit (CANHU) Fatality Review Team was created to ensure consistent and accurate screening of all fatalities. This group consists of supervisory team members who review all CA/N and Non-CA/N fatalities that are reported each day. At least two team members are assigned to review each case. Information is gathered, documented, and reviewed to determine trends in cause of death and accuracy in call classification.

This group also reviews CA/N and Non-CA/N fatalities to determine if sufficient information was provided by the reporter to appropriately classify the information. This process began due to a lack of information provided in Online System for Child Abuse and Neglect Reporting (OSCR) originated reports and referrals. In instances where insufficient information is provided, CANHU has worked with the State Technical Assistance Team (STAT) to reach out to mandated reporters in hopes of obtaining all necessary information.

During review, members of the CANHU fatality review team also determine if sufficient detail was obtained and if the call was correctly classified. If it is determined that the call does not contain sufficient detail, attempts are made to contact the reporter for additional information. If the call was incorrectly coded or classified, the team member will make appropriate changes. The call number and concern are forwarded to the team member's supervisor so that a coaching conversation can occur and sufficient information is obtained during intake in the future.

Child Death Team members reporting a child fatality can request prior history checks from the hotline. Team members review documentation to ensure a prior history check is completed. This ensures all necessary Children's Division history is provided to the Child Death Team member

who may be involved in the fatality investigation. CANHU created a bank of additional follow-up questions that can be utilized by CANHU staff when screening fatality calls.

Child Abuse and Neglect Reports

During SFY23, the Children’s Division completed 61,712 reports of child abuse/neglect, involving 86,088 children. This was an increase in reports of 6% from SFY22 and an increase of 6.9% of total children. Comparing months, March had the highest number, and July the least, of both reported incidents and children. During SFY 2023, an average of 5,143 reports involving 7,174 children were made each month.

Reporter Demographics: The Children’s Division’s centralized Child Abuse/Neglect Hotline Unit (CANHU) receives concerns from both “mandated” and “permissive” reporters. Mandated reporters are required by state statute (Section 210.115, RSMo.) to report abuse/neglect when they have reasonable cause to suspect a child has been or is being abused. Those who are mandated to report suspicion of child abuse/neglect are clearly identified in the statute. Permissive reporters are those who are not required to report suspicions of child abuse/neglect, such as relatives or neighbors. The percentage of reports are made by mandated reporters at 77%.

Many of the professions in the table above receive minimal or no training on the statutory obligations of being a mandated reporter or on abuse/neglect in general. The Missouri Network Against Child Abuse (MO-NACA, formerly known as Missouri KidsFirst) has developed a free online training for mandated reporters. All mandated reporters are strongly encouraged to complete this training course.

Training is approved for two clock/course hours by the Missouri Professional Development System (MOPD) for childcare providers, the Missouri Peace Officer Standards and Training (POST) for law enforcement and the Missouri Association of Social Workers continuing education. The training is also mobile friendly. The training was completely mobile integrated and fully accessible with audio/visual needs in 2023.

Hotline Classification: Pursuant to Section 210.145, RSMo. the Children’s Division utilizes protocols based on Structured Decision Making (SDM) to classify and prioritize all calls to CANHU. The protocols provide a mechanism by which CANHU obtains and organizes information while giving priority to ensuring the safety and well-being of the child(ren) involved in hotline reports. Of the 61,712 reports in SFY23 which met criteria to be classified as child abuse/neglect, 38% were completed as investigations, 56% were completed as family assessments, and 6% were completed as juvenile assessments. This percentage remains consistent over time.

CA/N Investigations: An investigation is a classification of response by Children’s Division to a report of suspected abuse or neglect when there is an identified need to collect physical and

verbal evidence to determine if a child has been abused or neglected. The determination to utilize the investigation track is based on structured decision-making protocols. Investigations include:

- All reports of child fatality,
- All reports of sexual abuse,
- Reports of serious physical injury,
- Reports of serious neglect,
- Reports which if true would constitute a violation of specific criminal codes as specified by Missouri statute,
- Reports alleging a child is in danger at the time of the report, and law enforcement is needed,
- Reports in which the alleged perpetrator is not a member of the family/household,
- Reports which may not fall into any of the above categories, but include factors such as age, location or seriousness of the allegation(s) which result in a substantial risk to the life, body, or health of the child or an alleged attempt to kill or cause serious injury to a child, or
- All reports referred to the Out-of-Home Investigation (OHI) Unit.

The Children's Division utilizes the following statutory definitions when making determinations of abuse/neglect:

- Abuse: Any physical injury, sexual abuse, or emotional abuse inflicted on a child other than by accidental means by those responsible for the child's care, custody, and control, except that discipline including spanking, administered in a reasonable manner, shall not be construed to be abuse. Victims of abuse shall also include any victims of sex trafficking or severe forms of trafficking as those terms are defined in 22. U.S.S. 78 Sections 710(9)-(10).
- Neglect: A failure to provide, by those responsible for the care, custody, and control of the child, the proper or necessary support, education as required by law, nutrition or medical, surgical, or any other care necessary for the child's well-being. Victims of neglect shall also include any victims of sex trafficking or severe forms of trafficking as those terms are defined in 22. U.S.S. 78 Section 710(9)-(10).
- Care, custody, and control: Those responsible for the care, custody, and control of the child includes, but is not limited to:
 - The parents or legal guardians of the child;
 - Other members of the child's household;
 - Those exercising supervision over a child for any part of a 24 hour day;
 - Any adult person who has access to the child based on relationship to the parents of the child or members of the child's household or the family;
 - Any person who takes control of the child by deception, force, or coercion; or

- School personnel, contractors, and volunteers, if the relationship with the child was established through the school or through school-related activities, even if the alleged abuse or neglect occurred outside of school hours or off school grounds.

A regulation was promulgated in November 2015, and the following definitions were added to Missouri law:

Physical injury: Any bruising, lacerations, hematomas, welts, permanent or temporary disfigurement; loss, or impairment of any bodily function or organ, which may be accompanied by physical pain, illness, or impairment of the child's physical condition.

Sexual abuse: Any sexual or sexualized interaction with a child, except as otherwise provided in paragraph 2 below.

1. Sexual abuse shall include, but is not limited to:

a. Any touching of the genitals, anus or buttocks of a child, or the breast of a female child, or any such touching through the clothing; any act involving the genitals of a child and the hand, mouth, tongue, or anus of another person, or any sexual act involving the penetration, however slight, of a child's mouth, penis, female genitalia, or anus by any body part of another person, or by any instrument or object,

b. Any conduct that would constitute a violation, regardless of arrest or conviction, of Section 566, RSMo., if the victim is less than eighteen years of age, Section 567.050, RSMo. if the victim is less than eighteen years of age, Sections 568.020, 568.060, 568.080, or 568.090, RSMo., Sections 573.025, 573.035, 573.037, or 573.040, RSMo., or an attempt to commit any of the preceding crimes;

c. Sexual exploitation of the child, which shall include:

i. Allowing, permitting or encouraging a child to engage in prostitution, as defined by state law, or

ii. Allowing, permitting, encouraging, or engaging in the obscene or pornographic photographing, filming, or depicting of a child as those acts are defined by state law. This includes the storage or transmission of any data depicting said obscene or pornographic acts, images, or recordings.

2. Any reasonable interaction with a child, including touching a child's body for the purpose of providing the proper or necessary care or support of the child, shall not be considered sexual abuse. The touching of a child's body, including a child's genitals,

buttocks, anus, or breasts for reasonable, medical, child rearing or childcare purposes shall not be considered sexual abuse.

3. The division shall not be required to prove that the alleged perpetrator received sexual gratification or that there was an exchange or promise of anything of value as a result of the act of sexual abuse to establish sexual abuse under Sections 210 or 211, RSMo.
4. The use of force or coercion is not a necessary element for a finding of sexual abuse.
5. Sexual abuse may occur over or under the child's clothes.
6. The division shall not be required to prove that the child suffered trauma or harm as a result of the act of sexual abuse.
7. A child cannot consent to a sexual or sexualized act or interaction with a person responsible for that child's care, custody, and control.

Emotional abuse: Any injury to a child's psychological capacity or emotional stability demonstrated by an observable or substantial change or impairment in the child's behavior, emotional response, or cognition, which may include but is not limited to: anxiety, depression, withdrawal, or aggressive behavior; and which may be established by either lay or expert witnesses.

Proper or necessary support: Within the definition of neglect, adequate food, clothing, shelter, medical care, or other care and control necessary to provide for the child's physical, mental, or emotional health or development.

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

- Preponderance of Evidence: This conclusion is reached when all the elements that constitute the legal definitions of abuse or neglect can be proven using the standard of proof of Preponderance of Evidence. Preponderance of Evidence is defined in Section 210.110, RSMo., as “the degree of evidence that is of greater weight or more convincing than the evidence which is offered in opposition to it or evidence which as a whole shows the fact to be proved to be more probable than not.”
- Child Abuse/Neglect Present, Perpetrator Unidentified: This conclusion is reached when the elements of abuse or neglect are proven, but the perpetrator cannot be determined.
- Unsubstantiated: This conclusion is reached in the absence of sufficient evidence to determine child abuse or neglect has occurred, and the family does not present significant risk factors or other indicators which pose a specific threat to the child.
- Unsubstantiated-Preventative Services Indicated: This investigative conclusion is reached when there is insufficient evidence to make a determination that child abuse or neglect has occurred by a Preponderance of Evidence; however, the worker has identified risk

factors through observations, interviews, and collaterals, which if unresolved, could potentially contribute to future concerns of child abuse/neglect or result in the accumulation of harm as it would pertain to issues of chronic maltreatment. This determination requires preventive services be provided to the family.

- Unable to Locate: This conclusion is reached only after all three of the following criteria are met:
 - When not one single child or any parent/caretaker included in the report is located,
 - After the Children’s Service Worker has searched all available resources that can help to locate the family and children,
 - Only after the supervisor agrees that sufficient attempts have been made and the Children’s Service Worker has exhausted all available resources to locate the family.
- Located out of state: This conclusion is reached only after the Children’s Division has verified the location of the alleged victim child(ren) as residing in another state. Every effort should be made to assure safety in the other state. Staff may not take the word of the reported caregiver of the child located out of state as a means of verifying the alleged victim’s location in another state or to establish their safety or well-being.
- Home Schooling: This conclusion is reached when the parent has stated that he/she is providing for his/her child’s education, and the Children’s Division has sent the report to the superintendent of the appropriate school district. A conclusion of homeschooling is not appropriate when there is a concern for educational neglect.
- Inappropriate report: This conclusion is reached if it is determined the report did not contain allegations of abuse or neglect specified in Missouri State Child abuse and Neglect Statute (Section 210, RSMo.).

Family Assessments: A Family Assessment is a classification of response by the Children’s Division to provide for a prompt assessment of a child who has been reported to the Children’s Division as a victim of abuse or neglect, the child’s family, and, if necessary, the provision of community-based services to reduce the risk and support the family.

Family Assessment reports include:

- Mild, moderate or first-time non-felonious reports of physical abuse or neglect (including medical neglect)
- Reported abuse or neglect in which this incident occurred or likely occurred over one year prior to the report date, except for the following:
 - Sexual Abuse
 - Serious Physical Abuse
 - Serious Neglect
 - Mild or moderate reports of emotional abuse

- Educational neglect only reports

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

- **Agency Responded No Concerns Found** – The Division responded to the report, assured safety of the children, spoke with parent/caretaker, made a home visit and found that the allegations in the report had no merit.
 - **Agency Responded Concerns Addressed** – The Division responded to the report and found concerns in the home, but those concerns were addressed through the assessment process, community resources, or other resources from staff.
 - **Agency Responded Services Provided** – The Division responded to the report and found concerns in the home and services were referred or provided to the family.
 - **Agency Responded Refer to FCS or AC Case Opened** – The Division responded to the report and at some point during the assessment period, referred the family to Family Centered Services or child was taken into custody and an Alternative Care case was opened.
 - **Family Declined Services, Child Safe** — The Division offered to provide Differential Response services or Family-Centered Services, but the family refused services. Staff has been able to document that the child is safe.
 - **Unable to Locate:** This conclusion is reached only after all three of the following criteria are met:
 - When not one single child or any parent/caretaker included in the report is located,
 - After the Children’s Service Worker has searched all available resources that can help to locate the family and children, and
 - Only after the supervisor agrees that sufficient attempts have been made and the Children’s Service Worker has exhausted all available resources to locate the family.
 - **Located out of state:** This conclusion is reached only after the Children’s Division has verified the location of the alleged victim child(ren) as residing in another state.
 - **Home Schooling:** This conclusion is reached when the parent has stated that he/she is providing for his/her child’s education, and the Division has sent the report to the superintendent of the appropriate school district.
- Inappropriate report:** This conclusion is reached if it is determined the report did not contain allegations of abuse or neglect specified in Missouri State Statute (Section 210, RSMo.)

Juvenile Assessments: Senate Bill 341 was passed in the 2015 Missouri legislative session and went into effect on August 28, 2015. This bill authorizes the Children’s Division to utilize a family assessment and services approach when reports are received containing concerns of children with problem sexual behaviors. Senate Bill 341 defined a child with problem sexual behavior as ‘any person, under fourteen years of age, who has allegedly committed sexual abuse

against another child'. These reports are to be screened in by the Child Abuse and Neglect Hotline Unit when any child under the age of 14 is alleged to have committed an act of sexual abuse against any person under the age of 18. Historically, these reports have been classified as non-caretaker referrals which the Children's Division referred to the juvenile office and/or law enforcement for investigation of potential delinquent acts. The intent of Senate Bill 341 is to provide an avenue for intervention and treatment for these children. In addition to addressing the needs of the victim(s), the Children's Division completes a holistic assessment of the child with problem sexual behaviors and their family. The purpose of the assessment is to help determine if the incident involved problematic behavior and to address any safety and service needs. The Children's Division completes a safety plan when an act of sexual abuse has been witnessed by an adult; there has been a disclosure from the child victim, when the child has admitted to problem sexual behavior, and/or when a parent/caregiver is concerned that their child is exhibiting problem sexual behavior. The Children's Division makes a referral to the juvenile office prior to beginning the assessment process when the act involved a weapon or serious physical injury. The child may also be referred to the juvenile office when the parent/caregiver does not engage in the assessment process, when there is no evidence the parent/caregiver(s) are taking steps to prevent future problem sexual behavior, when there is a repeated incident, and/or when the assessment reveals the child's behaviors are of such severity that the child cannot be safely maintained in the home and/or community.

The Children's Division has initiated work to develop a tool that would assist CANHU in identifying problematic sexual behavior versus normal developmental behavior. The Children's Division also recognizes the need for further training for field staff on conducting thorough juvenile assessments. Supplemental training has been discussed with a multi-disciplinary entity and they will be developing training to assist Children's Division staff in the coming year.

The Children's Division received 3,129 Juvenile Reports in SFY23.

SDM Safety Assessment Tool

Missouri revised statute 210.145.2(2) required the Children's Division Director and the Office of State Courts Administrator to develop a joint Safety Assessment tool by end of 2021, with implementation before January 1, 2022. The Children's Division partnered with Evident Change to develop a Structured Decision-Making® (SDM) Safety Assessment and the new SDM Safety Assessment was implemented statewide on December 30, 2021. Work is also being completed through program improvement planning to increase the timely completion of the tool in FACES. Staff are to complete the tool after face-to-face contact with the victim child(ren) in FACES within 72 hours.

Program Development Specialist held in-person workshops across the state in 2023 to enhance the field's knowledge and skill in correctly using the SDM Safety Assessment tool. That work will continue into 2024 with workshops being offered once a quarter to staff. The workshops are

targeted at newer field staff and also field staff that would like to enhance their skill and knowledge at assessing safety and safety planning.

Central Consult Unit (CCU)

In 2021, the Central Consult Unit was developed. The purpose of the Central Consult Unit (CCU) is to give frontline staff immediate access to supervisory level consultation with trained and experienced Children's Service Specialists when the initial assessment of safety indicates the child needs no further intervention to remain safe. ALL safe child abuse/neglect reports must receive a consultation within seven (7) days. Frontline staff should utilize CCU to fulfill this requirement, even if the case is not ready for closure. If the case is not ready for closure, the CCU specialist will identify the next steps and will issue a Need More Information (NMI) for local staff to complete prior to CCU approving the conclusion.

CCU will only staff clear safe cases. If frontline staff is not sure whether the child(ren) on a child abuse/neglect report can be considered safe, these types of consultations should occur locally. All victim children must be seen by CD staff in order for CCU to consult. The types of cases CCU will consult on include:

- Investigations, Family Assessments, Juvenile Assessments, Newborn Crisis Assessments with a SDM Safety Assessment outcome of SAFE;
- Inappropriate reports;
- Located out of state reports; and
- Conflict/Employee reports.

Over the next five years, the Children's Division will continue to focus on strengthening screening protocols to better ensure that resources are being effectively targeted toward those families most in need of intervention. Enhancing safety assessment and safety planning practices will also be a priority. Timeliness of initial contact of the victim child(ren) and timely and accurate completion of the SDM Safety Assessment are being addressed through the CFSR Round 4 Program Improvement Plan.

Temporary Alternative Placement Agreements

On August 2, 2021, policy went into effect regarding implementation of Temporary Alternative Placement Agreements (TAPAs) as a result of legislation that passed in 2020. Pursuant to Section 210.123, RSMo and 13 CSR 35-30.030, a TAPA is a voluntary agreement between the Children's Division, a relative of the child, and the parent or guardian of the child to provide a temporary, out of home placement for a child if the parent or guardian is temporarily unable to provide care or support for the child. Additionally, it must be established that the child is not in imminent danger of death or serious bodily injury, or being sexually abused; such that the Children's Division determines that a referral to the juvenile officer by submitting a Juvenile

Office Referral (CD-235) with a recommendation to file a petition or to remove the child is not appropriate.

In the course of an investigation or assessment of child abuse and neglect, if a child is determined to be unsafe, there may be times when they can be temporarily placed outside of the home with a non-residential parent or relative caregiver to allow for time to reduce or eliminate the safety threat to the child and to attempt to prevent the child from being involuntarily removed from their parent/caregiver. In the case that the child is removed from the care of the parent and placed with a relative caregiver, a TAPA is enforced with the family.

A TAPA requires the agreement and signature of the parent/guardian, relative caregiver, and the Children's Division. If the parties are unable to reach an agreement regarding the terms of the TAPA, staff should make a referral (CD-235) to the juvenile officer as soon as possible, but no later than three (3) business days from the date of the diversion placement.

When there is a TAPA, the following must occur:

- A Team Decision Making © TDM®) meeting is required to be held within ten (10) days of the execution of a TAPA;
- A Family-Centered Services (FCS) case must be opened within ten (10) days of the execution of the TAPA and the case must remain open during the duration of the agreement;
- Staff must have personal contact with all the children on the TAPA, as often as needed to ensure that the TAPA is being safely implemented, but no less than two (2) times per month. One (1) contact with each child must be face-to-face observation of the child in child's diversion placement. Additional contacts with the child may occur virtually or in the community;
- At least one face-to-face home visit per month must be completed on all FCS cases with the parents involved in the TAPA;
- A Team Decision Making (TDM) Meeting must be held at least once every 30-days for the duration of the TAPA.

Pursuant to Section 210.123, RSMo, a TAPA shall be valid for no longer than ninety (90) days. If the goals of the TAPA cannot be accomplished within ninety (90) days and the child cannot yet be safely returned home, a referral to the juvenile officer **must** be made as soon as possible, but no later than ten (10) days prior to the end date of the TAPA by submitting a juvenile office referral. In the referral, staff may recommend the TAPA be extended instead of a recommendation for removal. Extensions beyond the first ninety (90) days should generally not be needed for another full ninety (90) days and should not be made more than once. For example, an extension may be requested if the relative has begun the process to obtain

guardianship, but the court date will not occur prior to the end of the first ninety (90) day; or if the goals of the case can reasonably be accomplished in a timely manner.

If there is good cause to extend the TAPA beyond the first ninety (90) days, a TDM must be held prior to the ninety (90) day expiration; the meeting should discuss and document the reasons for an extension and for how long the extension will be needed. Staff must obtain approval from the Regional Director, or their designee, for any extensions beyond 120 days (per PA22-CM-14).

The data below reflects the number of TAPAs from January 2023 to December 2023. Other situations for closed TAPAs include diversion to another caregiver and caregiver obtained guardianship.

Statewide	Number of Diversion/TAPAs	Number of Closed Diversion/TAPAs	Number of Children Returned to Parent on Closed Diversion/TAPA	Number of Children who Entered AC on Closed Diversion/TAPA
Total	1242	1193	604	294

Source: FACES Diversion/TAPA Report

Child Abuse and Neglect Review Board

The Child Abuse and Neglect Review Board (CANRB) provides an independent administrative review of child abuse/neglect determinations when the alleged perpetrator disagrees with the “Preponderance of Evidence” finding of the Children’s Division. At the conclusion of each investigation, the Children’s Division notifies the alleged perpetrator in writing of the finding, of the evidence supporting the finding, and of the alleged perpetrator’s right to seek administrative review within 60 days.

When the alleged perpetrator disagrees with the preliminary finding of child abuse or neglect by a Preponderance of Evidence (POE), he or she may appeal and has two avenues to seek an independent review of the Division’s decision. The alleged perpetrator must choose one or the other avenue of review but cannot choose both. The methods of review are:

- Direct Judicial Review: The alleged perpetrator can choose to waive his or her right to the Administrative Review process and proceed directly to Judicial Review by filing a petition in Circuit Court within 30 days of the date that he or she received notification of the preliminary POE finding. If this method is selected, the perpetrator’s name goes on the Central Registry once the petition is filed; or
- Administrative Review: The alleged perpetrator may request an administrative review. To request an administrative review, the alleged perpetrator shall submit a

written request for review within 60 days of the date they received notification of the preliminary POE finding.

If criminal charges remain pending during the 60-day window to request and administrative appeal-or are filed before the CANRB hearing occurs-the alleged perpetrator may choose to waive administrative review until 60 days after the resolution of the criminal charges as described below:

1. Request an administrative review within 60 days of the date they received notification of the preliminary POE finding. If the alleged perpetrator chooses to proceed, the Children's Division POE finding(s) will remain in preliminary status pending appeal and the alleged perpetrator will not be placed on the Central Registry until the Child Abuse and Neglect Review Board (CANRB) renders their decision. If the CANRB upholds the preliminary finding(s), the perpetrator's name will go on the Central Registry at that time.
2. The alleged perpetrator may waive administrative review within 60 days of receiving the CS-21 and *instead* request an administrative review within 60 days of the court's final disposition or dismissal of the criminal charges. If the alleged perpetrator chooses to wait until the resolution of their criminal charges, the Children's Division's preliminary finding(s) will become final 60 days upon receiving the Investigation Disposition Notification Letter (CS-21) and at that time the alleged perpetrator will be placed on the Central Registry unless and until the CANRB reverses the POE finding(s).

If the alleged perpetrator requests and is eligible for an administrative review, a Child Abuse and Neglect Review Board (CANRB) hearing is scheduled. The CANRB is a panel of up to nine private citizens from professions specified in Section 210.153 RSMo. Each panel member is appointed by the Governor and confirmed by the Senate. The Children's Division may establish more than one CANRB panel to ensure timely reviews. Currently, there are six boards, each meeting monthly. Three boards meet in Jefferson City, and the other three boards are considered regional boards that meet in St. Louis, Kansas City, and Springfield. Each board conducts approximately eight to ten administrative reviews each month. The boards decide by majority vote to either uphold or reverse the Children's Division's findings. During the CANRB review, the board hears testimony from the Children's Division the alleged perpetrator, and any witnesses, to include the child's representative, that the Board deems relative. The alleged perpetrator may be represented by an attorney, but witnesses are not subpoenaed, and cross-examination is not permitted. If the CANRB upholds the Division's decision, Section 210.152 RSMo allows the perpetrator to seek judicial review in the circuit court of residence within 60 days of notification of the CANRB decision. At the judicial appeal, the alleged perpetrator may subpoena witnesses except for the alleged victim and the reporter. The court may sustain or reverse the CANRB decision.

On October 30, 2021, Child Abuse and Neglect Review Process regulatory changes were implemented as a result of 13 CSR 35-31.025. The changes implemented are as follows:

- Local Administrative Reviews: Local administrative reviews are no longer required. As a result, the administrative review process is managed by the Administrative Review Team in Central Office. Circuit Managers or their designee may choose to review the CA/N report prior to the Child Abuse and Neglect Review Board hearing to determine whether the report should be upheld or reversed; however, this is optional. If new information becomes available that could potentially alter a preponderance of evidence finding, the Circuit Manager or their designee should review the CA/N report to determine whether sufficient evidence exists to continue to uphold the finding(s). If a decision is made at any point to reverse a POE finding(s) prior to the CANRB hearing, the Circuit Manager or their designee will contact the Central Office Administrative Review Team within one business day of that determination so the hearing can be cancelled. The Investigation Disposition Notification Letter (CS-21) has been updated and directs alleged perpetrators to request administrative reviews via the administrative review mailbox. Nonetheless, alleged perpetrators may still request administrative reviews through the local office. All requests received in the local office must be forwarded to the central office Administrative Review Team within three business days of receipt of the request and the CANRB Hearing Referral (CD-307) must be completed.
- Pending Criminal Charges: If criminal charges that arise from the investigation remain pending when the alleged perpetrator receives the CS-21, the alleged perpetrator will have two options as described above. This change was made to better facilitate timely placement on the Central Registry when criminal charges resulted from the incident. As a result of these changes, Central Office has started reviewing all outstanding administrative reviews delayed because of pending criminal charges.
- Electronic Notice: Alleged perpetrators are able to elect to receive the CS-21 electronically, as well as future correspondence related to their administrative review request. The Description of the Investigation Process (CS-24) was revised to inform alleged perpetrators of their right to receive legal notifications electronically. Staff should ask the alleged perpetrator their preference, electronic or mail, at the time the CS-24 is provided to the alleged perpetrator. If the alleged perpetrator requests to receive the CS-21 electronically, staff may send an encrypted email with a signed copy of the CS-21.
- Deceased Perpetrators: If the Children's Division learns the alleged perpetrator has died prior to the expiration of the alleged perpetrator's time to request a review or before a scheduled CANRB hearing occurs, the deceased perpetrator will not be added to the Central Registry; however, the Children's Division will retain the report in the same manner as unknown perpetrators and Family Assessments. As a result, a new investigative conclusion option of 'Child Abuse/Neglect Present, Perpetrator Deceased' was created. The primary purpose of

this conclusion is to stop the administrative review process when the alleged perpetrator passes away. This new conclusion type is to be utilized when:

- An alleged perpetrator dies prior to the conclusion of an investigation and other elements to establish abuse or neglect are met; or
 - To amend a POE conclusion when an alleged perpetrator dies prior to the conclusion of the administrative review process.
- Training: Members of the board shall now complete a minimum of three hours of training regarding child abuse and neglect annually, as approved by the Children’s Division. The Children’s Division shall also notify the board of available training opportunities.

Child Assessment Centers

Child assessment centers (established in RS Mo. Section 210.001), more commonly referred to in the field as child advocacy centers (CACs), are safe and child-focused places that provide forensic interviews, victim advocacy, evidence-based mental health services, child abuse case management and sexual and physical abuse forensic medical examinations (*Note*: Medical services may not be offered onsite at some CACs but rather through partnerships with trained local medical providers) as part of a multidisciplinary response to child abuse allegations.

Forensic interviews, a professional service provided by CACs, promote case integrity by eliciting information about a child’s experience in a developmentally-appropriate, emotionally-supportive, and non-leading manner. Throughout the investigation, and in some cases beyond, CAC victim advocacy services help families to navigate the legal response to child abuse allegations and to access critical resources that help families heal from, and prevent subsequent, abuse. In addition to its direct services, CACs help coordinate the efforts of the professionals responsible for the various aspects of a child maltreatment case, known as the multidisciplinary team (MDT), by providing a space for the MDT to share case information and considerations for the child’s best interest. The MDT typically consists of law enforcement, prosecutors, Children’s Division investigators, and CAC staff, and may also include mental health, medical, and other professionals invested in child well-being. The MDT model, facilitated by the CAC, further benefits the child and case by minimizing the number of times that a child must recount their experience, thus mitigating additional trauma to the child and duplication of efforts. In 2022, Missouri CACs provided services to a total of over 9,300 children.

There are 15 regional child advocacy centers in Missouri that provide services to all 114 counties, and St. Louis City, through 28 unique sites. The primary regional centers are located in St. Louis (three locations), Kansas City, St. Joseph, Springfield, Joplin, Sedalia, Trenton, Festus, Wentzville, Cape Girardeau, Poplar Bluff, Columbia, Parkville, Osage Beach, and Branson West. Satellite offices are located in Union, Farmington, Doniphan, Kennett, West Plains, Nevada, Pierce City, Butler, St. Robert, Hannibal and New Madrid.

All 15 regional CACs in Missouri are accredited by the National Children’s Alliance. To obtain accreditation, CACs must demonstrate compliance with ten standards governing the quality of a CAC’s environment, services, and operations. These standards address forensic interviewing, victim advocacy, child safety and protection/child-focused environment, multidisciplinary team functioning, case review and coordination, mental health services, medical evaluation, case tracking, organizational capacity, and diversity, equity and access. To maintain accreditation, CACs must demonstrate compliance with these standards every five years.

Missouri Network Against Child Abuse (formerly known as Missouri KidsFirst) is the Missouri chapter of the National Children’s Alliance and the statewide coalition of child advocacy centers. As such, Missouri Network Against Child Abuse (MO-NACA) provides various types of services to Missouri CACs, including public policy advocacy, direct service training, administrative support, technical assistance, and coordination of statewide efforts. The directors of Missouri’s 15 regional CACs serve as an advisory board to MO-NACA and meet regularly with the chapter to discuss CAC needs, practices, and field trends/dynamics. In addition to its services for child advocacy centers, MO-NACA is the statewide coordinator of the SAFE-CARE Network-the state’s network of medical providers trained in the response to child abuse, serves as the Missouri chapter of Prevent Child Abuse America and coordinates the state network of training facilitators for the evidence-supported child sexual abuse prevention training for adults, Stewards of Children.

Sexual Assault Forensic Examination-Child Abuse Resource and Education Network

The Sexual Assault Forensic Examination – Child Abuse Resource and Education (SAFE-CARE) program is administered by the Department of Health and Senior Services (DHSS). The program provides education and support to SAFE-CARE medical providers. These are physicians, physician assistants, and nurse practitioners who conduct forensic medical evaluations of children who may have been sexually and/or physically abused. Most of the evaluations are conducted in children’s hospitals or Child Assessment Centers (CACs). Medical evaluations conducted in a child advocacy center may co-occur with the forensic interview in the same location. This prevents multiple interviews and minimizes trauma to the child and family.

Department of Health and Senior Services collaborate with Missouri Network Against Child Abuse (MO-NACA, formerly Missouri KidsFirst) and three Child Abuse Medical Resource Centers to provide a tiered system of care consisting of primary care providers, SAFE-CARE providers, and Child Abuse Medical Resource Centers. The Resource Centers are located within the state’s three children’s hospitals. Each Resource Center has a director who is board certified in Child Abuse Pediatrics. Resource Centers provide training to SAFE-CARE medical providers, multidisciplinary team members, and primary care medical providers.

In SFY22, the SAFE-CARE program continued to utilize state funding to enhance the medical response to child maltreatment. In June 2018, the SAFE-CARE network began using the

Extension for Community Healthcare Outcomes (ECHO) model to provide ongoing training and case consultation that will be available to SAFE-CARE providers statewide. The SAFE-CARE ECHO provides a brief learning didactic, preceded and followed by case presentation. One ECHO series was held in 2022 that included thirteen events. The Children's Division has partnered with the SAFE-CARE Network and MO-NACA to be a part of the hub of experts that help share knowledge and facilitate learning at each session. In addition to SAFE-CARE ECHO, providers receive one all day in-person training annually.

The mentoring program continued, with all providers having access to a mentor who is board certified in Child Abuse Pediatrics. There are currently 63 SAFE-CARE providers located throughout the state. Many of those that are not located in one of the three Resource Centers are contracted to provide services through local CACs.

Legislation in 2016 requires investigative staff to complete four hours of medical-forensics training. In response to this MO-NACA, several SAFE-CARE providers, and the Children's Division have developed training for the Children's Division staff primarily taught by medical providers on various topics related to medical issues common to child abuse and neglect investigations.

Legislation was enacted in 2016 requiring children three years of age or younger that are reported as victims of any child abuse/neglect investigation to be either evaluated or have a case review completed by a SAFE-CARE provider.

In SFY2023, the Department of Public Safety paid claims for 4,109 child sexual assault forensic examinations (SAFE) and 1,533 child physical abuse forensic examinations (CPAFE).

Task Force on the Prevention of Sexual Abuse of Children

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. This Task Force provided the Governor, Missouri General Assembly, and the State Board of Education with 22 recommendations within seven core subject areas that include community-based child abuse prevention, professional training and technical assistance, multi-disciplinary team excellence, mental health services and treatment, awareness, funding, and statutory changes.

The Task Force was reauthorized during the 2018 legislative session to continue to study the issue of sexual abuse of children (Section 210.1200, RSMo). Prior to being reauthorized, committed experts were meeting as an Interim Task Force to further this work. The Task Force focused on four specific recommendations identified in the 2012 report:

1. Standardized online training for mandated reporters of child abuse and neglect

2. Best practices and standards for multi-disciplinary teams (MDT), law enforcement, prosecutors, and medical providers
3. Youth with problem sexual behaviors
4. Mental health services for sexually abused children

Members have continued to meet since the inception of the Task Force to address the prevention of sexual abuse of children, as well as several other areas that have been identified as important issues needing to be addressed.

Available data from the Children's Division supports the need for the important work of the Task Force. Between FY 2019 and FY 2022, the average percent of reports that were substantiated for sexual abuse was 32.95%. This represents the third largest category of abuse and neglect.

The full Task Force on the Prevention of Child Sexual Abuse was not active in fiscal year 2022 or 2023 nor were the subcommittees. The task force was put on hold as Missouri KidsFirst had limited staff capacity, there was turnover across the various Task Force member agencies, and there was not a demand among the membership. Due to turnover and possible changes in members, the task force is working on restructuring the committees. The hold on the task force meeting did not stop members from continuing to focus on prevention within their own agency and area of work.

The Department of Social Services and Children's Division will continued to implement programs and procedures that are relevant to sexual abuse prevention and treatment access.

Human Trafficking/Runaway Youth

Children's Division will continue to require and improve the use of the Human Trafficking Assessment Tool, CD-288, within all program lines. All staff will continue to receive Introduction and Advanced Human Trafficking training upon onboarding with the agency. Utilizing remaining ARPA funding, Children's Division will work with a contracted provider to develop training for frontline staff and resource parents to either supplement or replace the existing human trafficking trainings. This training will also include curriculum on youth missing from foster care.

Children's Division is continuing to partner with the Missouri State Highway Patrol and the Texas Department of Public Safety to provide Interdiction for the Protection of Children Training statewide. In 2024 and 2025, Children's Division plans to certify four additional staff members to assist with delivering this training.

In 2023, the Statewide Council on Sex Trafficking and Sexual Exploitation of Children recommended funding to Missouri Network Against Child Abuse (MO-NACA), formerly Missouri KidsFirst, for the development of a Commercial Sexual Exploitation of Children (CSEC) program for Child Advocacy Centers. In 2025-2029, Children's Division will partner

with these new programs in piloted sites for the development of local CSEC multidisciplinary teams.

As a result of recommendations from the Statewide Council on Sex Trafficking and Sexual Exploitation of Children, Children's Division formed the Sex Trafficking Prevention Unit in January 2024. This unit is tasked with improving statewide efforts to identify, prevent, and respond to missing youth and youth who are at risk for or have been trafficked. The work regarding missing youth from care is included within this unit's initiatives because of the high correlation between youth who leave placement and youth who experience commercial sexual exploitation and human trafficking.

The following are current goals and initiatives to be accomplished by Children's Division's newly formed Sex Trafficking Prevention Unit:

- 1) Reduce the number of youth missing from care by improving timely search efforts, developing collaborative multidisciplinary teams for the purpose of finding missing youth, and assisting teams in identifying appropriate placements and permanency options upon location of youth. The Sex Trafficking Prevention team is currently working to develop Missing Youth Staffings to achieve this multi-disciplinary collaborative process with frontline staff, Children's Division's State Technical Assistance Team (STAT), local, state, and federal law enforcement agencies, the juvenile office, family of missing youth, and anyone else with related information regarding a child missing from care.
- 2) Reduce the number of youth who leave placement and become missing through run prevention initiatives. These initiatives will consist of a systematic process to identify youth at heightened risk of going missing, developing youth-driven support meetings for youth who are at risk of running or leaving placement, and implementing youth-created safety plans to reduce harm youth may experience when they leave placement, including human trafficking.
- 3) Improve data standards regarding youth in care who have experienced human trafficking. This includes aggregating missing youth and human trafficking data to identify trends, find gaps in services, and to report timely information to key stakeholders. To achieve this goal, the Sex Trafficking Prevention Unit is providing oversight and guidance to case workers on data entry requirements, as well as manually aggregating existing data. The unit also has plans to develop a streamlined database for missing youth using the RedCap platform or a comparable data analysis system.
- 4) Facilitate focus groups across the state to obtain feedback from current or former foster youth who have ran from placement in the past or have a history of leaving placement, in order to improve practice and policy recommendations.
- 5) Increase access to targeted intervention services for high-risk youth to: prevent human trafficking, reduce harm after leaving placement, and meet the needs of youth survivors of

human trafficking. The Unit is helping to connect case workers to relevant human trafficking service providers in local areas, creating a comprehensive human trafficking resource guide specific for children in the care and custody of Children's Division, coordinating community-based human trafficking prevention groups for youth, and seeking federal grant funding for the creation of peer support services for exploited and trafficked youth. Additionally, this Unit will utilize ARPA funding to contract for the development of human trafficking prevention training modules for frontline staff to provide to older youth in care.

6) Improve and increase placement options that are able to meet the needs of youth who have experienced human trafficking and/or commercial sexual exploitation. This will be accomplished by utilizing ARPA funds to contract for the development of new human trafficking and missing youth training for resource parents. The Sex Trafficking Prevention Unit will also work with the Department of Social Services and divisional residential teams for the development of a human trafficking residential facility distinction and criteria process, consistent with the Family First Prevention Services Act.

Services for Children Adopted from Other Countries

Child Placing Agencies licensed in Missouri for International Adoptions provide services as requested by the country they are working with, and in compliance with their accrediting agency. Services private adoption agencies provide are:

- Recruit and train pre-adoptive families;
- Complete adoptive home studies;
- Provide assistance and guidance in development of the adoptive family's dossier;
- Provide assistance and guidance throughout the referral and travel phases of adoption process;
- Place children from foreign countries in adoptive homes; and
- Provide post-placement supervision.

These services will continue throughout the 2025-2029 Child and Family Services Plan timeframes.

Services for Children under the Age of Five

Family-centered, strength-based treatment services for children under five years of age who remain in their 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. 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 determines some, or all, of the services, cannot be delivered directly. The following services should be considered:

- Infant developmental stimulation/early childhood education

- Home-based services to provide instructions on infant and child development (i.e., Parents as Teachers Program, Parent Education Services, Home Visiting Providers)
- First Steps services for ages birth-three (including a policy requirement for mandatory referral for POE findings for child/ren under the age of three)
- School district services referral for children over age three with a developmental concern or delay
- A special or therapeutic preschool, including day treatment or childcare facilities which can meet the child's needs
- Referrals to Early Head Start and Head Start
- Evaluation for Individual Education Plans or 504 Plans
- Mental Health services
- Regional Diagnostic Center
- Cognitive Screening
- Behavioral Health services
- Medical screenings

Staff assess the child's physical, social, emotional, medical, educational, and environmental needs and the parent or caregivers' ability to meet those needs. Information may be sought through a variety of sources which may include parents, extended family members, pre-existing service providers, educational staff, medical providers, etc. If any area of development is determined to warrant further assessment or a need is unmet, the Case Manager may provide education, modeling and community-based service referrals to make adjustments within the home or child's care as needed.

The same assessment and process occurs when a child enters Alternative Care.

The Division 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 children under the age of five unless necessary to accommodate a sibling group temporarily. The Division does not anticipate any changes or updates to this requirement.

In response to an executive order signed on January 28, 2021, nearly all early childhood programs across state government were consolidated into a single Office of Childhood within the Department of Elementary and Secondary Education (DESE). This re-alignment improved coordination of services, resulting in early childhood work across state government becoming more streamlined and effective. As of August 28, 2021, the CA/N Prevention Home Visiting program officially became part of this new office.

The CA/N Prevention Home Visiting program is a voluntary in-home service designed to assist with the prevention of child abuse and neglect by offering additional in-home supports for at-risk

families. Contracted providers utilize evidence-based programs, Child Welfare Adapted Healthy Families America and Nurturing Parenting, focusing on the areas of child abuse and neglect prevention, early childhood development, parent education, positive brain development, and school readiness. Seventy percent of the families enrolled in the program must be referred by and/or have been identified through consultations with Children's Division (CD). This can include families that come to the attention of CD from a report of alleged child abuse and neglect, Family Centered In-Home Services to prevent removals and Alternative Care cases with an active plan for reunification.

To be eligible the household income cannot exceed 185% of the federal poverty level and the household must include at least one child under the age of three or one member of the household must be pregnant. The program provides parents opportunities to gain skills in the areas of child abuse and neglect prevention, early childhood development and education, parenting skill development, and school readiness. Enrolled families are also provided access to hands-on training and educational support groups, developmentally appropriate books and toys for the children, and participation incentives to encourage continued engagement in the program. As the enrolled child(ren) age out of the program, they are referred to Parents as Teachers or another early learning program to maintain continuity of educational services for the family.

As of August 1, 2021, the CA/N Prevention Home Visiting program services expanded to every county in the State of Missouri, divided into 14 regions. Through this expansion, parent cafes are also available to families by every contracted provider on a monthly basis. Through this expansion, in SYF22, the program is projected to serve 2,500 unduplicated families and 3,700 unduplicated children age birth to three years old served. The percentage of children age five and under receiving Intensive In-Home Services (IIS) has remained stable for the last five years. In SFY22, 32.9% of the children served by IIS were age five and under. In SFY 21 the percentage of at risk children five and under was 37%. The IIS program provides an array of services specifically targeted towards early childhood.

Efforts to Track and Prevent Child Maltreatment Deaths

All fatalities are reported in the NCANDS Child File except for fatalities removed due to duplicate records which are included in the agency file. Missouri Statute requires coroners and/or medical examiners to report all child deaths to the Children's Division Central Hotline Unit; however, the hotline unit accepts death reports from any reporter, permissive or mandated. Deaths which are due to alleged abuse or of suspicious circumstances are investigated, and deaths which are non-suspicious accidental or natural in manner and cause are screened out as referrals. The FACES system captures all fatality reports and screened out referrals. Missouri determines substantiated findings when a death is due to neglect (in addition to abuse) as defined in the statute, unlike many other states. The FACES system does not obtain a "reporter" description of the Child Fatality Review Program (CFRP) 115 county-based panels; however, the system does capture the professional status of law enforcement, coroner/medical examiners,

physicians, nurses and other professionals who typically comprise the CFRP panels. While there is not currently an interface between the state's FACES system and the state's Department of Health and Senior Services (DHSS) Bureau of Vital Records statistical database, the DSS State Technical Assistance Team (STAT), who tracks all deaths and oversees the state's child fatality review panels, has collaborative processes with the Bureau of Vital Records to routinely compare fatality information. As of October 2018, the DSS Children's Division received this information directly from the DHSS Bureau of Vital Records. The DSS STAT can make additional reports of deaths to the hotline to ensure all deaths not otherwise reported are documented in FACES. The standard of proof for determining if child abuse and neglect was a contributing factor in the child's death is based on the "Preponderance of Evidence" evidentiary standard of proof.

It is noteworthy that Missouri captures 100% of child abuse and neglect reports and referrals based on the hotline (CPS) agency being the central recipient for fatality reporting, combined with the statute which requires coroners and medical examiners to report all fatalities. Missouri may have a higher number of child abuse and neglect fatalities compared to other states where the CPS agency is not the central recipient of fatality data. Missouri is able to thoroughly report fatalities as compared to states which do not have similar statutes for reporting child deaths to the Child Welfare Agency.

In Missouri, agencies have a "check and balance" with each other to ensure no child is overlooked in the reporting of child maltreatment deaths. The DHSS Bureau of Vital Records reports child deaths to STAT and the Children's Division every month. Additionally, the Children's Division keeps an internal log, maintained by Central Office, and performs an as needed comparison with STAT.

Plan to Prevent Child Maltreatment Fatalities

The Missouri Children's Division is taking steps to develop and implement a comprehensive statewide plan to prevent child maltreatment fatalities. As part of this process, Missouri is working with law enforcement, state agencies, and other stakeholders to discuss how specific programs and child abuse and neglect prevention services may be incorporated into this plan.

The Missouri Department of Social Services State Technical Assistance Team (STAT) oversees the Missouri Child Fatality Review Panel (CFRP.) Following the release of recommendations by the National Commission to Eliminate Child Abuse and Neglect Fatalities, the CFRP developed a subcommittee to review records of child fatalities that the local CFRP identified as child abuse or neglect. The Missouri Children's Division participates on this subcommittee as well as public and private agency partners, including law enforcement, Missouri Department of Health and Senior Services, Missouri Children's Trust Fund, Missouri Office of Child Advocate, the Missouri Office of Prosecution Services, law enforcement, medical providers, and other community providers (e.g., domestic violence, mental health.)

The Child Fatality Review Panel (CFRP) subcommittee continues to review case records associated with child fatalities, where the local CFRP attributed the death to child abuse or neglect. Based on their review, the CFRP subcommittee has developed strategies and recommendations to prevent child maltreatment fatalities, including creating a culture of safe sleep; improving law enforcement's and the Children's Division's response to child deaths; improving the provision of resources to high risk or high need families; educating citizens of Missouri on how to prevent or address scenarios that increase the risk for a child death; increasing and improving interagency collaboration in cases with suspected child maltreatment; and improving mandated reporters' ability to recognize and respond to suspected child maltreatment.

Members of the CFRP subcommittee, as well as representatives from the Missouri Department of Mental Health and the Missouri Department of Elementary and Secondary Education, have been invited to assist in the development of a comprehensive statewide plan to prevent child maltreatment fatalities. It is believed there is value in coordinating these efforts, and there is an opportunity to strengthen and support each other's efforts to prevent maltreatment fatalities.

The Missouri Children's Division and agency partners will build on the existing work of the Child Fatality Review Panel subcommittee, share information about existing programs, services, and partnerships that contribute to this body of work, and access additional information to contribute to the development of the comprehensive statewide plan to prevent child maltreatment fatalities. Additionally, the plan will consider gaps in services that may be beneficial to prevent child maltreatment fatalities and develop strategies to address identified needs.

There are several existing workgroups that regularly meet, specifically the Missouri Suicide Prevention Network and a Safe Sleep Coalition. On occasion, when a youth dies by suicide, or a child dies as a result of being in an unsafe sleep environment, there are concerns of neglect associated with the incident. It is believed that the work of the Missouri Suicide Prevention Network and the Safe Sleep Coalition will be built upon and incorporated into Missouri's comprehensive plan to prevent child maltreatment fatalities.

<p>Mary Lee Allen Promoting Safe and Stable Families</p>

IIS/IFRS

Intensive In-Home Services (IIS) is an intensive, short-term, home-based, crisis intervention program. IIS offers families in crisis an alternative to remain safely together, averting the out-of-home placement of children whenever possible. The Intensive In-home Services program combines skill-based intervention with maximum flexibility so that services are available to families according to their unique needs. Among other services, family members may receive individual and family counseling, parenting education, child development training, household

maintenance education, nutritional training, job readiness training, and referral to other community resources. Services provided are focused upon assisting in crisis management and restoring the family to an acceptable level of functioning.

Intensive Family Reunification Services (IFRS) is a short-term, intensive, family-based program for children who are in out-of-home care and who, with intensive intervention, can reunify with their family. The Intensive Family Reunification Services program is based on the belief families can, through intensive intervention, improve their functioning, learn to meet the needs of their children, and gain support from within their community. The goals of IFRS are to assist the family in removing barriers to the return of their child(ren), assist in the transition of returning the child(ren) home, and develop a plan with the family who will maintain the child(ren) safely in the home following the intervention. The IFRS specialist will work with the team, case worker, and family with the goal of successful and sustainable reunification.

The IIS program is delivered in conjunction with Family-Centered Services (FCS). If there is an open IIS case, the local office should 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. Families are eligible to receive IFRS services if at least one child (0-17 years) is in the custody of the Children's Division, placed in out-of-home care, and there is regular visitation between parents and their children. The contract also allows youth placed in residential treatment through guardianship and adoption subsidy to participate in IFRS to aid in reunification.

Intensive In-Home and Intensive Family Reunification Services are available to all 46 circuits within the State of Missouri. The IIS and IFRS programs are provided through purchased services by vendors contracted with the state. A new contract is currently being bid through the competitive bid process and will go into effect at some point during FY25. The state estimates ninety percent (90%) of the families referred to the contractor will be referred for IIS and approximately ten percent (10%) of the families referred to the contractor will be referred for IFRS.

According to the Children's Division Annual Report, Table 38, in SFY22, 1,314 families and 3,227 children were served through the IIS program. In SFY21, there were 1,577 families, and 3,874 children served. 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.

The percentage of at-risk children age five and under receiving IIS services has remained stable over the last five years. In SFY22, 32.9 % of the children served by IIS were age five and under. In SFY21 the percentage of at-risk children five and under was 37%. The IIS program provides an array of services specifically targeted towards early childhood.

The IIS program has successfully diverted a significant number of children from entering alternative care. As referenced in the Children's Division Annual Report, Table 39, in SFY22, 83.2 % of the families remained intact at the end of the IIS intervention and avoided child placement, compared to 77.8% in SFY21 and 77.5.% in SFY20.

According to SFY21 IIS Annual Report, Table 25, in SFY22, 6.1 % of children were removed during the IIS intervention (190/3091). It is also important to remember there are times when placement into foster care or another placement outside of the home is in the best interest of the child.

In addition to monitoring the outcomes discussed within, the IIS Program Development Specialist participates in the Peer Record Review (PRR) process, which is also used to measure program outcomes. These reviews are conducted quarterly, and a sample of cases is reviewed in each region. The Division and the contractors for the region partner to review cases to ensure contract compliance and 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 IIS Annual Report is produced once a year; however, Children's Division 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.

Intensive Family Reunification Services does not have a stand-alone outcomes report, thus all FACES data must be retrieved through ad hoc requests made to the Research and Evaluation Unit.

Family Centered Services

Families entering the child welfare system due to reports of child abuse or neglect receive case management services referred to as Family-Centered Services (FCS) as a preventative measure to reduce the risk of child maltreatment. Family-Centered Services may also be provided if the family requests preventive treatment services. Services are available to families aimed at preventing child maltreatment and promoting healthy family functioning and appropriate parenting skills. Family-Centered Services seek to empower the family and minimize their dependence upon the social service system.

In SFY23, there were 4,306 active FCS cases compared to 4,892 during SFY22. (Source: Children's Division Annual Report, Table #9). The total number of FCS cases in SFY23 decreased by 11.9%. There has been a great deal of conversation around the decline in the number of Family Centered Services Cases. The most prevalent concern leading to this decline is staffing issues, with a staffing crisis there have been fewer workers to available for FCS cases.

There is hope that there will be a steady increase in FCS cases as staffing stabilizes across the state.

Family-Centered Services Cases Active SFY19- SFY22

Fiscal Year	Cases Active	Percent Change from Prior Year
SFY22	4892	-12.9%
SFY23	4306	-11.9%

In SFY23, approximately 2.6% of FCS families were served as a result of substantiated child abuse/neglect reports (81 out of 3,121; Source: Children’s Division Annual Report, Table 11). Families with no substantiated report, but receiving preventive services made up 20% of the total served. Just over 3% of the cases were opened due to a court order. Approximately 3.5% of families were served as a result of the foster care case being closed and a subsequent FCS case being opened. The remaining 71% of families were served as a result of a Family Assessment or Newborn Crisis Assessment. The Family Assessment response exemplifies the family-centered approach, which is founded on the principle that the first and greatest investments, time and resources, should be made in the care and treatment of children in their own homes. This means resources are more wisely invested in treating and strengthening the entire family. The family assessment places greater responsibility on, and confidence in, families and local communities. Therefore, the foremost obligation is to provide families with the services and support necessary to preserve and strengthen the family and prevent out-of-home placement.

In addition to monitoring the outcomes discussed above, the FCS Program Development Specialist participates in the Case Review process of reviewing FCS cases. This field support allows the FCS Program Development Specialist to receive feedback on new policy and practice and to ensure proper implementation of the new policy when reviewing case files.

In February 2021, a FCS workgroup was created to look at areas where Children’s Division can make improvements in FCS policy and practice statewide. The FCS workgroup includes representatives from Central Office, Regional Offices, Training and Workforce Development, Quality Assurance System, and the Department’s Division of Legal Services. The FCS workgroup focuses on efforts to engage and receive input from multiple levels and program lines within the Children’s Division to affect positive advances in policy and programmatic development. Members of the FCS workgroup meet on a monthly basis to review draft policy and practice alerts, discuss FCS data outcomes, identify gaps and needs within the program area, and provide feedback for improvements to FCS policy and practice.

Memo CD21-37 was released in July 2021 and on August 2, 2021, policy went into effect regarding implementation of Temporary Alternative Placement Agreements (TAPAs) as a result of state legislation that passed in 2020. Pursuant to Section 210.123, RSMo and 13 CSR 35-30.030, a TAPA is a voluntary agreement between the Children's Division, a relative of the child, and the parent or guardian of the child to provide a temporary, out-of-home placement for a child if the parent or guardian is temporarily unable to provide care or support for the child and the child is not in imminent danger of death or serious bodily injury, or being sexually abused such that the Children's Division determines that a referral to the juvenile officer by submitting a Juvenile Office Referral (CD-235) with a recommendation to file a petition or to remove the child is not appropriate.

When there is a TAPA, a plan for monitoring the safety of the child must be developed. To further assist in monitoring the safety of the child and the parent/caregiver's progress with the plan developed through the TAPA the following must also occur:

- A Family Centered Services (FCS) case must be opened within ten (10) days of the execution of the TAPA and the case must remain open during the duration of the agreement.
- Staff must have personal contact with all the children on the TAPA as appropriate to ensure that the TAPA is being safely implemented but no less than two (2) times per month. One (1) contact with the child must be in child's relative placement. Additional contacts may occur virtually or in the community.
- One face-to-face home visit per month must be completed on all FCS cases with the parents involved in the TAPA.
- A Team Decision Making (TDM) Meeting must meet at least once every 30-days thereafter for the duration of the TAPA.

Throughout the provision of FCS services, staff maintains a focused casework perspective. Contacts with the family are purposeful and goal-oriented. Staff may provide whatever direct services a family needs through the FCS case. Examples of direct services that the worker may need to provide are:

- Teaching the family behavioral techniques for changing undesirable behaviors. An example of this would be introducing the parents to behavior modification methods such as positive reinforcement and "time-out," rather than physical punishment;
- Teaching the family appropriate methods to channel frustrations and manage anger;
- Modeling effective family communication and structuring family activities to enhance communication and family functioning;
- Engaging the family in the treatment process;

- 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 the 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;
- Encouraging and working with parents to be cooperative and engaging of the non-custodial or non-resident parent as appropriate in preserving the best interest and safety of the child(ren); and
- Referring the family to any available culturally-relevant community resources that help them meet basic needs and stabilize their family, including:
 - Housing referrals and assistance;
 - Public benefits and income support, including any assistance needed to obtain food, clothing, and utility services;
 - Child care;
 - Home care and support services, including household management and home health aide services;
 - Medical and dental care;
 - Respite care;
 - Transportation services; and
 - Vocational and educational assistance

The Children's Division is continuing to move forward with a vision for a practice model anchored in values and practices that support exemplary child welfare outcomes through a prevention model. Future work to enhance the Family Centered Services program include the development of a SDM Risk Assessment tool, uniform referral process, assessment and monitoring tools as well as implementing intervention models.

Crisis Care

The goal of Crisis Care is to reduce the number of child abuse and neglect incidents and the number of children entering alternative care by providing services to families experiencing a crisis and/or emergency situation and preventing future crises/emergency situations from occurring.

Crisis Care provides temporary care for children aged birth through 18 years whose parents/guardians are experiencing a crisis or emergency that requires immediate action for children who may otherwise be at risk for child abuse and/or neglect. Crisis Care emergencies are defined to include, but not limited to:

- Unexpected, short-term hospitalization of a parent or guardian, or child in the household, unexpected incarceration of a parent, or death of one or both parents, which produces a situation where there is no one immediately available to care for a child(ren);
- Children at risk of being sexually abused and/or exploited;
- Lack of food, utilities, and/or shelter with no immediate alternatives available; or
- Domestic Violence

Crisis Care services are not only designed to alleviate immediate crises and emergency situations, but are also designed to enhance the family's capability of preventing future crises or emergencies from occurring. Some of the services provided to families accessing crisis care services include, but are not limited to:

- Intensive case management;
- Engage, work alongside, and develop short term and long term goals with families;
- Building a natural support network with families;
- Shelter, food, personal care, medical attention, education assistance, transportation, and developmental activities for children;
- Arrangement of medical services;
- Linking to ongoing community resources;
- Assessment and family goal/safety planning to assist with identifying and alleviating stressors leading to the crisis/emergency and to aid in the prevention of the future need for crisis services;
- Follow-up engagement with families

Crisis Care services are provided free of charge to families voluntarily accessing services in response to a family emergency. Crisis Care services are available 24 hours a day, seven days a week. A child can be accepted at a crisis care facility at any time, day or night, if space is available. If space is not available, families will be aided in contacting other crisis care facilities or shelters.

Crisis Care contracts are awarded through a competitive bid process, with the most recent contract beginning September 2022. Updates to the Crisis Care contract allow for an increase in per unit charges as well as the inclusion of ½ units, which allows for more children to receive services.

Currently, there are 7 crisis care facilities across the state. Crisis care services are located in:

- St. Louis Area- 2 sites
- Kansas City Area- 1 sites
- Columbia Area- 1 site

- Springfield Area- 2 sites
- Joplin Area- 1 site

In FY23, 1046 unduplicated children were served in the crisis care facilities.

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 may 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 fewer children in the Children's Division 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 not to exceed 30 days.

Foster Care Placements

Foster homes are a licensed home caring for six or fewer children and are licensed by the Children's Division. 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 a related family member or has a close relationship with the family. Relative placement providers must complete training and a licensure process to care for a child and for payment to be received. See also relative treatment foster care below.

Elevated Needs Care (Level A and Level B) Placements

A specified placement for a child in foster care with elevated challenges which includes receiving specialized care. These foster care homes must meet all licensing requirements as a traditional foster home in addition to receiving specialized training for children with mental, emotional and behavioral challenges. These foster homes also must demonstrate a willingness to obtain any specialized training to meet the individualized needs of the child.

Treatment Foster Care & Relative Treatment Foster Care Placements

TFC services are provided by licensed Child Placing Agencies contracted with the Children's Division (CD) to develop, support and oversee TFC homes and services.

Treatment foster care (TFC) is an individualized therapeutic intervention for youth with significant medical, developmental, emotional or behavioral needs who require a higher level of care, clinical support, and case coordination along with individualized supports for the caregiver(s) than can be provided in a traditional foster home in order for the child to succeed in a community-based family setting. TFC exists to serve children and youth whose special needs are so severe that they are at risk of being placed in restrictive congregate care settings such as hospitals, psychiatric centers, correctional facilities, or residential treatment programs.

Relative TFC is a specialized TFC service that allows the TFC eligible youth to remain or placed in a relative home setting with the addition of individualized training, support, and resources provided by the TFC agency. Relative TFC parents are provided flexibilities that allow the placement of the TFC youth with a relative caregiver prior to the completion the required trainings and licensing as is permitted in traditional relative foster care homes. The TFC Agency is responsible for providing and coordinating the required specialized trainings, services and resources to assist the relative family in gaining the skills and meeting the youth's individualized therapeutic and rehabilitative needs.

Medical Care Placements

A foster care placement for a child with specific medical conditions where additional medical training is necessary for their care.

Transitional Living Placements

These types of placements are considered for youth who demonstrate the ability to live independently with some supportive services and are successfully receiving Chafee Foster Care Independence Program services.

Independent Living Arrangements Placements

Placement for a youth living on their own, usually in an apartment or college campus setting, with supervision from the case manager.

Residential Treatment Facilities Placement

A residential childcare agency licensed by the Children's Division with compliance being monitored by the Residential Program Unit to provide residential treatment services for children and youth. In accordance with the Family First Prevention and Services Act Missouri has several Qualified Residential Treatment Facilities (QRTP).

Family Based Residential which is used for a child in the legal care and custody of the Children’s Division to be placed with a parent in a licensed residential family-based treatment facility for substance use for up to 12 months.

Psychiatric Residential Treatment Facilities (PRTF) Placement

A PRTF is a program that provides inpatient psychiatric services furnished in a psychiatric residential treatment facility. Approval for placement in this setting requires rigorous review by an independent team, which includes a physician. These settings are not licensed by the Children’s Division. The Department of Health and Senior Services (DHSS) is responsible for certification of the PRTF setting in Missouri.

Below is a breakdown of the placement types and what placement the child was in at the end of the fiscal year.

Children in CD Custody - Placement Type

Placement Type	Coding Categories	SFY22	SFY23
Emergency	FHE	106	120
Foster Care	FAH, FHB, FHM, FHO	5,621	5,275
Relative Care	RHB, RHM, RHO, RHU	10,854	10,581
Elevated Needs	CFP, FHB, RHB	976	797
Medical Care	FHM, RHM	481	892
Transitional Living	TLA, TLG, TLS	241	268
Independent Living	ILA	280	290
Residential Treatment	RFA, RF2, RF3, RF4, RFE, RFH, RFI, RFP, RFT	1,430	1,024
Total Children*		20,279	19,501

*Note: the number of total children is not equal to the placement categories in the table. Placements such as hospitalizations, school, etc. are not included in the table. Source: CD Annual Report Table 19: Children in CD Custody during FY 2022 by Case Manager County and Last Known Placement Type.

All licensed out-of-home resource providers are required to have a clear child abuse/neglect background screening and criminal background check. The electronic fingerprint live scan systems are designed for ease of use and for capturing high-quality fingerprint images, helping to

ensure superior acceptance rates and accurate criminal history information. The prints are submitted for processing to State and Federal Automated Fingerprint Identification Systems. Employees of group homes and residential treatment centers are also required to submit to the background screenings and criminal background checks. For additional information about the criminal background check processes, refer to the Foster and Adoptive Parent Licensure, Recruitment and Retention section.

Foster Care Population

The foster care population in Missouri reached its lowest point in January 2009 with a point in time total of 9,104 children in care. The Children’s Division experienced a growth in the number of children in foster care in the years that followed. From mid-2021 to early 2022 the point-in-time foster care population count was in the low to mid-14,000 range. By March 2024, the foster care population was 12,143. The Division has put a focus on primary prevention strategies and designed 100 full-time positions to prevention and Team Decision Making. The Division is constantly reviewing family circumstances observed and services available to families to understand and curtail the growth in the foster care population.

Children Active in CD Custody SFY 2022-2023

Fiscal Year	Number of Children	Change from Prior Year
SFY22	20,279	0.2%
SFY23	19,501	3.8%

Source: CD Annual Report, Table #35

Length of Stay/Average Time to Exit

The table below shows the changes in recent years for several types of stays in Foster Care and the average length of stay. The average length of stay in foster care has increased over the past two years.

Fiscal year	Avg time to Reunification*	Avg time to Guardianship*	Avg time to Adoption*	Avg time to Exit (all types)
2022	15.48 months	22.82 months	32.09 months	23.96 months
2023	16.06 months	23.40 months	32.19 months	24.41 months

*Source: CD Outcomes report, table 9c Children Exiting from CD Custody During FY by Type of Exit and Length of Time to Exit.

The CFSR Round 4 noted timely permanency continues to be an area in need of attention: “Performance on the SWDIs shows Missouri trending in a negative direction on all three Permanency in 12 months indicators.” The practice of identifying relatives willing to take guardianship and using the Family Support Team to set goals that were timely and appropriate were seen as strengths. However, more efforts are particularly needed to effectuate the goal of adoption (goals could have been changed sooner and terminations filed more timely). It was also recommended that Missouri explore barriers to guardianship. “Bright spots” seen were the Family Treatment Court model and the Regional Older Youth Advancement of Life Skills (ROYALS) programs. The final report noted Missouri’s unique Juvenile Office structure where the Juvenile Officers function in a dual. “When they are interacting with the court, they are assuming the role traditionally held by the child welfare agency, and when they are interacting with the child welfare agency, they are assuming a role more traditionally held by judges.” This practice has been noted to have a negative impact on timely permanency in both Rounds 3 and 4 of the CFSR.

Strategies for 2025-2029

1. Parent Engagement

- Develop a Parent-Focused Program Development Specialist. Currently one PDS serves all areas and functions of alternative/foster care. A second position has been established which will allow one person to focus on children/youth issues and the other on parents. Goals for the new position will be developed and targeted at things such as parent engagement, parent/child relationships and visitation, collaborative case planning, and timely reunification. A priority will be to explore and develop a plan for engaging parents with lived experience to inform agency decisions and support parents currently involved in the foster care system.

2. Diligent Search for Relatives

- Missouri dedicated six full-time positions, one per region of the state, to focus on diligent searches for relatives beginning in fall/winter 2023. This team will be learning the most effective methods and tools to locate and engage the children’s relatives with a goal of increasing the participation in the case and becoming a placement resource. They will be teaching other caseworkers these skills and resources.
- The Division has requested an additional 18 diligent search staff in the SFY 2025 budget. The Division continues to use contracted programs.

3. Team Decision Making (TDM)

- With the support of Evident Change Missouri will implement the TDM model in phases across the state. The TDM model will support the goals of reducing racial

disparities in removal decisions, effective family engagement, youth-centered decision making; consistent and respectful processes; and more timely and appropriate placement and permanency decisions.

Relative and Kinship Care

Placing with relatives and kin continues to be a priority of the Division. 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 Placement Data

Fiscal Year	% of children in foster care placed in Relative Family foster homes
2022	53.95%
2023	54.11%

Source: CD Outcome Measure #16

It should be noted that the Division changed its definition of relative during 2017. At this time, all placements that are with a relative or close friend of the family are considered relative. The number of children placed with relatives have continued to increase this is expected to continue as Missouri promotes a relative/kin first culture. Missouri Children’s Division continues to locate, offer, and connect relative caregivers to additional supports and resources to meet their needs along with the relative child placement. In July 2021, Missouri implemented new service of Relative Treatment Foster Care (TFC) services. Missouri piloted the Relative TFC for over two years and there has been continued growth in the number of children with high acuity needs residing in relative home through the provision of therapeutic and rehabilitative services and supports to the relative caregiver and child. More information on specialized foster care for relatives can be found in the Elevated Needs and Treatment Foster Care section. Another support service pilot began in FY 2021. The Mobile Crisis Referral (REACH) Pilot is a collaboration with Missouri Department of Mental Health-Behavioral Health services, providing mental and behavioral health information and assessments to children and their relative placement providers.

Fiscal Year	% of children exiting care from a relative home placement
2022	58%
2023	60%

Source: CD Annual Report Table 21

There continues to be an increase in the amount of children exiting care from a relative home placement over the last few years. More children exited from a relative home than any other placement type (adoptive home, foster home, residential). This can also be attributed to the continued emphasis on identifying, locating, and placing with relatives whenever possible. Children’s Division is continually exploring new and enhanced ways to expand diligent search capabilities. Central Office is exploring the use of several different search engines to use in locating relatives, with funding options being explored for this project. It is now Missouri law that searches be made for parents of siblings (including half-siblings) and adult siblings of children who enter custody.

The Legal Aspects of Relative Placements Training continues to be used to educate on the intricacies of making placement decisions based on various laws. In addition to the law, this training brings to view factors unique to each child for consideration when making placement decisions. This training is available to staff as well as foster parents, juvenile officers, and other community partners and continues to be a valuable resource for staff when making placement decisions. This training is required of staff who are supervising or coordinating relative placements and available to all other staff. The trainings are tracked in the state Employee Learning Center.

Children’s Division provides specialized training for all relative (including kinship in this definition) providers. The STARS for the Caregiver Who Knows the Child training curriculum, a version of the foster parent training used in Missouri, is used with relatives and non-relative persons who have a close family-like relationship with the child or parent. It focuses on the same competencies as the PRIDE foster parent curriculum, also known as STARS in Missouri, and addresses issues of the role change which occurs when relatives or kin have a child placed in their home.

Missouri is in the midst of a major overhaul in relative care programming. The Children’s Division is excited to be in the process of changing Missouri’s Licensing regulations, creating a new separate licensing regulation specifically for relative foster care homes which will comply with the new federal regulations allowing separate licensing standards for relative/kinship foster family homes, removing unnecessary barriers for licensing relative foster families timelier. Effective January 1, 2024, the Children’s Division increased the foster care maintenance rate for out-of-state licensed relative/kinship foster care providers to same maintenance rates of an in-

state licensed relative/kinship foster care provider, this included the Elevated Needs Maintenance Rates. Additionally, policy was updated in which all licensed and approved Relative Treatment Foster Care (TFC) homes started receiving the equivalent monthly foster care maintenance payment as unrelated TFC homes. These two payment rate changes placed Missouri Children's Division in compliance with federal licensing regulations which allows Missouri to submit request to adopt the separate relative-kin specific licensing regulations.

Other Policy modifications and clarifications are currently in the works which will move all relative/kinship home licensing requirements, procedures, and best practices into the separate Relative Foster Care Section of the Child Welfare Manual. While Children's Division currently has a separate Relative Program Chapter, there was some references and cross references for relative licensing in the non-related foster care licensing sections which will be removed so there is no confusion on the requirements. Some of this work and clarifying current policy and located in both sections.

A workgroup has been formed consisting of CD resource licensing staff, contract agency staff, community stakeholders, relative/kinship foster parents, Relative Treatment Foster Care Agency staff, and Kinship Navigator Program stakeholders. This workgroup is tasked with selecting new relative/kinship curriculum to coordinate with the new statewide implementation of NTDC adapted curriculum, MO CARE, staff training curriculum, and providing input on the proposed licensing changes. This team has reviewed the Model Relative licensing recommendations, provided feedback and suggestion how to message the new licensing changes to staff, public and private community stakeholders, and judicial court. The new relative/kinship foster parent training curriculum will not be mandatory prior to licensure but will be offered through a variety of forums (in-person and classroom, individual coaching through resource licensing worker or kinship navigator; on-line virtual interactive classes, web-based, and self-study (printed copy) with individual or group discussions of the materials) to meet the individual caregivers learning style preference and availability. There are also podcasts available, trainings offerings and suggested topics/themes will be based on assessment of the relative caregiver and the relative child's specific needs. The training/education curriculums are being developed for both formal relative foster care providers as well as the informal relative caregivers through partnership with kinship navigator program and other community stakeholders. The staff training/curriculum will be offered to all program lines with emphasis on resource licensing staff and alternative care case managers, but also including the prevention program lines of family centered services, child abuse/neglect investigator/assessors, and prevention staff.

APPLA

Another Planned Permanent Living Arrangement (APPLA) is meant to be a planned permanent placement with a person that has a strong connection and bond with the child. The child must be 16 years of age or older to choose this permanency option. The Family Support Team must support and the court agree this is the most appropriate permanency option for the youth. The

court must agree that compelling reasons exist which make the other permanency options unacceptable. In 2015, federal law went into effect which requires a child be at least 16 years of age before APPLA may be considered as the youth's case goal. In 2016, the state of Missouri passed HB 1877 which put this federal requirement into state statute.

APPLA is not a legal final permanency option. Therefore, the court must continue to hold annual permanency hearings until such time that the court enters a legal final permanency order (reunification, adoption, or guardianship), the youth ages out at age 21 or otherwise chooses to exit care after age 18. The case manager shall continue to schedule regular Family Support Team (FST) meetings and provide support services as identified by the FST.

The out-of-home care provider will make a formal Planned Permanency Agreement with the Division and the youth.

In FY23, 1,678 youth had a permanency goal of APPLA. This includes youth who remain in custody beyond the age of 18.

Permanency Pact

A Permanency Pact should be completed whenever Another Planned Permanent Living Arrangement (APPLA), is selected for and by a youth. The purpose of the Permanency Pact is to identify permanent supports for the youth who will continue to play a permanent role in the youth's life. Establishing permanency is a federal requirement and a guiding principle of the Children's Division.

It is critical to the youth's success to identify those adults who will continue to provide various supports through and beyond the transition from care. Clarifying exactly what the various supports will include can help to avoid gaps in the youth's safety net and misunderstandings between the youth and the supportive adult.

A Permanency Pact creates a formalized, facilitated process to connect youth in foster care with a supportive adult. Developed by FosterClub, the Pact provides the structure that is needed to help both youth and adults establish a positive, kin-like relationship. Youth transitioning from foster care are often unsure about who they can count on for ongoing support. Many of their significant relationships with adults have been based on professional connections which will terminate once the transition from care is completed. This process has proven successful in clarifying the relationship and identifying mutual expectations. A committed, caring adult may provide a lifeline for a youth, particularly those who are preparing to transition out of foster care to life on their own.

Copies of the Permanency Pact are provided to the youth, the Supportive Adult and maintained in the case record. All other members of the youth's Permanency Planning/Family Support Team receive copies of the Permanency Pact.

Case Management Support

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. Safety is continually assessed and needs met while the youth remains in care.

Staff Education

Children’s Division educates staff on the appropriate use of the APPLA goal. Emphasis is placed on using this goal when other options have been ruled out and when the goal is appropriate for the child considering the circumstances of the case.

The Division is tracking the number of children who still have a goal of APPLA but are under the age of 16. The chart below shows point in time data.

Date	Number of children under 16 with a goal of APPLA
January 31, 2022	26 of 14,004
January 31, 2023	23 of 12,218
January 31, 2024	21 of 12,117

Source: Data Drive, ALL LS-1

Each month this data is provided to each Region across the state for review and correction.

In 2021 the Learning Circle Permanency Planning 101 (CD000708) was developed in response to the Program Improvement Plan (PIP) and is mandatory for all staff to complete. The Learning Circle remains an available resource for staff.

Older Youth Program

The Older Youth Program (OYP) provides services to youth with an APPLA goal. Often those services include: life skills education, hands-on modeling, youth leadership opportunities, financial assistance for post-secondary education/training, and subsidized living arrangements. The OYP helps support the services offered to foster youth, focuses on positive youth development and assists them in reaching their life and permanency goals. The OYP is available for all youth aged 14 or older.

CASA Support

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. The CASA works with the Children’s Division to identify specific needs of each child and volunteers serve as mentors to help with the transition to independence.

Criteria for Continuation of APPLA as a Permanency Option

For youth with a goal of APPLA, for the continued approval of the case plan for the youth, the Children’s Service Worker must:

- Document steps taken to ensure the youth’s out-of-home care provider is following the reasonable and prudent parenting standard.
- Consult with the youth, in an age-appropriate manner, about the opportunities and activities he/she could participate in regards to extracurricular, enrichment, cultural, and social activities.
- Document at each permanency hearing for the youth per PL113-103, the intensive, ongoing, unsuccessful efforts made for family placement including returning home, securing a placement for the youth with a fit and willing relative (including adult siblings), a legal guardian, or an adoptive parent. Efforts should include search technology (including social media) to find biological family members for the youth and should be updated as of the date of the hearing.

At each permanency hearing, the appropriateness of the placement will be re-determined by the court by ascertaining the permanency plan for the youth.

Strategies for 2025-2029

Authentic youth involvement and voice in case planning and key decisions.

1. Redesign the Social Service Plan with improved focus on assessing and meeting the needs of youth and engaging them in the development of their plan.
2. Implementation of Team Decision Making meeting with the support of Evident Change. The TDM model aligns with child welfare best practices by “Ensuring a place at the table for teens addressing the longstanding problem of foster youth feeling ignored in their own life decisions.” <https://evidentchange.org/what-we-do/team-decision-making-rtdmtm-model/>
3. Participation in the Quality Improvement Center on Engaging Youth in Finding Permanency (QIC-EY) project. Missouri was selected as a pilot site in 2023. The CD will pilot the QIC-EY project in the Southwest region of the state, which consists of 29

counties and includes Springfield. The Northeast region, which comprises 25 counties and includes Columbia, will serve as the comparison area for the QIC-EY project.

Elevated Needs

Elevated Needs foster care is a program designed for the youth with identifiable and documented moderate or serious emotional and/or behavioral needs requiring intensive and individualized intervention to succeed in a community-based family setting and to achieve their goal of permanency. There are two levels of care available to meet the child-specific elevated needs: Level A and Level B. Resource (foster, relative, and adoptive) providers approved to care for youth with elevated needs are required to complete Missouri's pre-service foster care training and have completed additional specialized training to equip them with trauma-informed, positive parenting strategies and skills to meet the unique needs of youth with elevated needs. Resource parents receive a higher level of monthly maintenance and additional respite services to support the higher levels of individualized care required, including greater structure and supervision.

The elevated needs program was established over 30 years ago and has evolved over the years. In 2022, there was a statewide workgroup comprised of a team of Children's Division staff, contracted staff/community partners, and foster parents that worked on enhancing the Elevated Needs program policies, procedures, and process. This workgroup reviewed existing national curriculum and selected CORE Teen as the new Level A Training curriculum. This evidence based curriculum and competencies was a great fit as it complements the NTDC pre-service foster care curriculum that Missouri piloted. CORE Teen Level A Training was implemented in 2022 and continues to be a valued asset added to the elevated needs program.

While this workgroup had to take a pause in early 2023, Children's Division has continued to work on increasing the availability of elevated needs training to resource parents statewide through collaboration with the Family Resource Centers (FRC) and contracted agencies. In late 2023, CD Program Staff and Foster & Adoptive Care Coalition, the St Louis Region FRC, re-engaged to develop a new Level B curriculum. There will also be a reboot of the statewide Elevated Needs Workgroup to continue the important work of updating and enhancing the Elevated Needs Program including Medical Foster Care.

Treatment Foster Care

Treatment (also known as therapeutic) foster care (TFC) is family-based, individualized therapeutic interventions for children with significant medical, developmental, emotional, or behavioral needs who require a higher level of care and individualized supports for the caregiver(s) than can be provided in a traditional foster home in order for the child to succeed in a community-based family setting. TFC Services includes foster parents with specialized training and a treatment foster care worker that provides enhanced supports and mentoring to child, foster parent, and child's family to ensure the needed therapeutic and rehabilitative

services are being provided to meet the child's individual treatment plan and successful transition to permanency.

The Children's Division established the TFC Program in January 2015 as a service array option offered as part of the residential treatment contract. In July 2021, the TFC program made significant changes starting with procurement of a separate stand-alone contract for TFC with licensed Child Placing Agencies, outside the umbrella of residential treatment contract. This has allowed for any child-placing agency licensed with the Missouri Children's Division the opportunity to provide TFC services. Relative Treatment Foster Care (TFC) and Transition Treatment Foster Care (TFC) were also implemented which allowed the expansion of specialized services and supports to relative caregivers and emphasized transition of children to timely permanency through the concurrent work with biological parents along with relatives or other permanency placements. In August 2021, the Children's Division TFC Program staff and the contracted TFC Agency Program staff formed the TFC Provider Council, a collaborative entity of providers recommending consistent quality practices and standards along with enhanced training and skill building for staff and TFC resource families in Missouri. The TFC Provider council meets monthly to review current practices and work collaboratively to enhance the quality and quantity of TFC services available to ensure children and families are supported and equipped to allow children to be placed in the least-restrictive family and home settings with the goal of safety, stability, and permanency.

In 2023, the TFC Program implemented a two-tier system through the addition of Level 2 TFC/Relative TFC to serve youth who require multiple therapeutic services and an intensive level of individualized intervention (one-on-one supervision) 75% of the time by the TFC parent in order to support the child in a family-home setting. This new two-tier TFC system included a rate increase for Level 1 TFC/Relative TFC services and the Level 2 TFC rate is significantly higher than Level 1 rate to allow TFC Agencies to provide increased supports and services to both the TFC foster/relative parents and the TFC youth in a family home setting.

The Children's Division continues to make concerted efforts to enhance and grow the TFC Program in Missouri. Over the past three years, Missouri has continued to increase the total number of youth placed in family treatment foster care (TFC) homes. Relative TFC Services has made the most significant impact in the TFC programming, growing from 10 children at the end of the Pilot in 2021 to 68 children currently placed with Relative TFC homes in March 2024. Over the past three years, numerous children have been able to maintain their placement with relative caregivers, move from more restrictive congregate and non-related foster care placements into their relative/kinship caregivers' homes with the addition of intensive therapeutic supports and rehabilitative services provided to the children and their relative caregivers in order to meet the child's unique needs. The Relative TFC and Transition TFC services have also led to children's permanency through Reunification, Guardianship, Adoption, and Independence.

Even with the major enhancements to our TFC Program over the last three years, there continues to be a number of children and youth with significant behavioral and emotional needs that require a higher level of care than our current capacity of family-based placements can provide. The Children's Division recognizes that targeted approaches and resources are necessary to build capacity, increase the number of TFC homes and TFC services available statewide to meet the placement needs of children within the Missouri foster care system. Through collaborative efforts of external TFC consultants and the TFC Provider Council, the Children's Division has implemented or in the process of implementing the following TFC capacity building strategies.

The core strategy the Children's Division has employed is the development of a TFC Capacity Building contract that is offering a funding opportunity to all Missouri Child Placing Agencies approved and contracted for TFC services. The contract will include a one-time TFC Capacity building grant to use specifically for Targeted TFC Recruitment and expansion of the TFC service coverage area with additional incentives for underserved geographical areas of the state. The second funding component of the TFC Capacity Building contract includes outcomes-based grants that offer fixed reimbursement rates to TFC agencies for providing required foster parent training, family assessment/home study, and the licensing/approval of foster families available and equipped to care for the high-level needs children in family home settings. This TFC Capacity Building funding is expected to be available in June 2024 as the contract is in the approval process.

The Children's Division also provided trainings specific to Targeted TFC Recruitment and TFC Capacity Building to each of our seven (7) contracted TFC Agencies. An external trainer with expertise in targeted foster care recruitment met both in-group setting and one-on-one with each of the TFC Agencies to develop an individualized targeted TFC recruitment plan. External consultants in collaboration with the Children's Division and the TFC Agencies created a TFC Capacity Building Plan template and a customized TFC recruitment-tracking tool, Forecasting Model. Current Capacity Building plan, Targeted Recruitment plan, and Forecasting Model tracking tool will all be required as part of the new TFC Capacity Building Contract.

Independent Assessor

Missouri began implementation for the Family First Prevention and Services Act (FFPSA) on October 1, 2021. At that time the Independent Assessor process was started for all youth who were being referred for residential treatment placement. Though the federal legislation only requires that assessment for youth entering Qualified Residential Treatment Program (QRTP) placements, Missouri believes this process should be utilized for all youth regardless of QRTP placement.

Children's Division partnered with the Missouri Department of Mental Health (DMH) and the Missouri Behavioral Health Council (MBHC) to work with local Community Mental Health Centers (CMHC), Certified Community Behavioral Health Organizations (CCBHO) and some

Federally Qualified Health Centers (FQHC) to complete the Independent Assessments. The chart below shows the breakdown of the providers and the judicial circuits they cover.

Missouri Judicial Circuits	Behavioral Health Service Provider
4 • 5 • 43	Family Guidance Center
3 • 9	North Central MO Community Mental Health Center
1 • 2 • 10 • 41	Mark Twain Behavioral Health
6 • 7 • 8	Tri-County Mental Health Services
16	Comprehensive Mental Health Services, ReDiscover, Swope Health Services, Truman Behavioral Health
14 • 18 • 13	Burrell Behavioral Health
12	Arthur Center
11 • 15 • 16 • 17 • 19 • 20 • 25 • 26 • 27 • 28 • 30 • 45	Compass Health Network
21 • 24	BJC Behavioral Health
22	Hopewell Center
23	COMTREA
32 • 33 • 34	Bootheel Counseling Center
35 • 36 • 42	FCC Behavioral Health
37 • 44	Ozarks Health
31	Jordan Valley Community Health Center
29 • 38 • 39 • 40 • 46	Clark Mental Health Center

The assessors have been trained in and use the Child and Adolescent Needs and Strengths (CANS) tool as part of the assessment process. This is a tool that many of Missouri’s residential providers already used in assessing youth in their programs. The MBHC has arranged for the assessors to be trained on the tool through the official training from the University of Kentucky and engaged in Train the Trainer courses so that assessors can eventually train their own new staff.

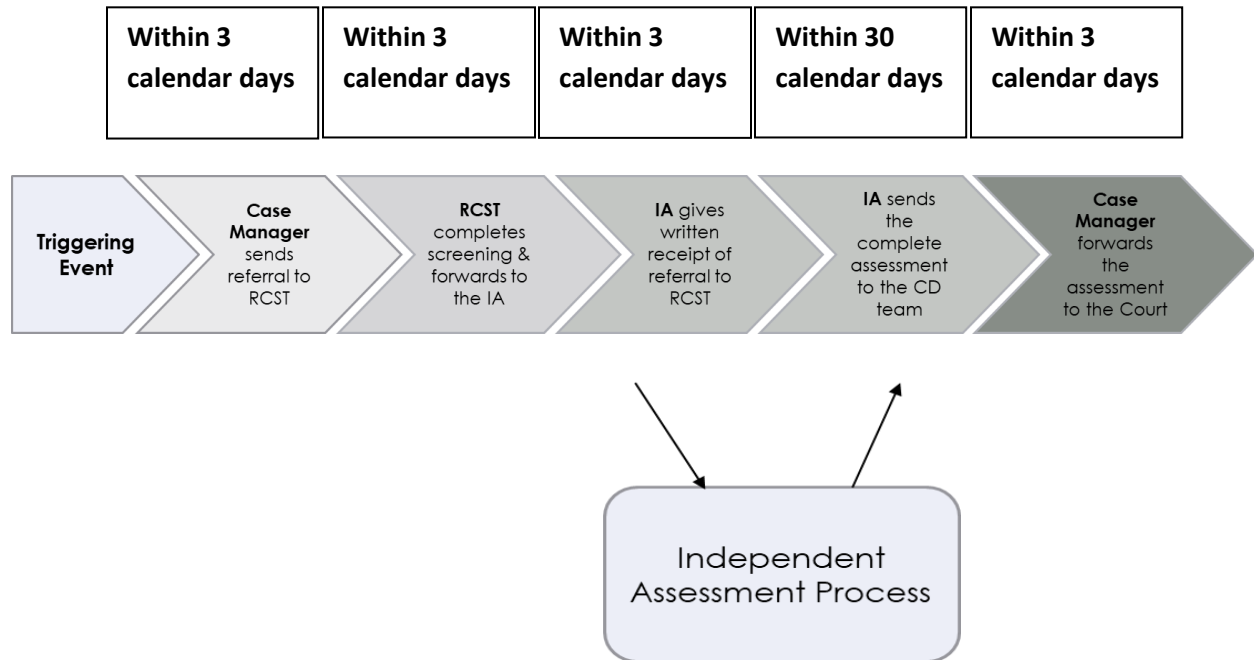
The Department of Social Services, Director’s Office Residential Unit Program Development Specialist over Independent Assessor process meets bi-monthly with the assessors, the MBHC, and the Residential Care Screening Team (RCST) to provide updates and technical assistance.

Within Children’s Division policy, there are specific triggering events that must occur in order for staff to access an Independent Assessment (IA). These are:

- Child is currently in an emergency residential placement;
- Residential treatment is court ordered (which should not be a recommendation from CD without an IA recommending residential);
- A Level of Care (LOC) staffing has made a recommendation for residential treatment;

- A disruption at a residential placement or a request for a child to be moved to a different residential facility.

The flowchart below outlines the process and timeframes following a triggering event. The RCST coordinators are responsible for screening the need for an Independent Assessment.



Residential Treatment Services

Residential treatment provides specialized treatment for children needing more structure and intervention than a foster home can provide. Placement is time limited, and treatment focused so the child can transition to a lesser restrictive setting in family or community-based care. The Residential Licensing Unit (RLU) has the responsibility for licensure, supervision, and license renewal for the Residential Treatment Agencies for Children and Youth (RTACY).

During SFY23, 345 children entering the custody of the CD were in a residential placement. This is a decrease from SFY22 when 473 children entering custody of the CD were in a RTACY placement. Throughout SFY23, 2,285 children in the custody of the CD received service in a RTACY placement. This is a decrease from SFY22 when 2,618 children received residential treatment services. Residential facilities in Missouri have reported that the children entering residential care have an increased need for intensive treatment. There has been a policy in effect to move younger children out of residential treatment and into a less restrictive setting. There has also been an ongoing effort to get older youth into specialized foster care settings and reduce the length of stay in residential for all children. Also, there are more foster/relative/kinship homes being developed and utilized due to the foster care case management contracts.

Residential treatment services provided include individual, group and family counseling, recreational therapy, educational services, medical and psychiatric services, transitional living and life skill training for older youth, family focused reunification services and a closely supervised, structured place to live.

In SFY23, children received services through 52 licensed residential treatment agencies for children and youth operating at 78 separate sites. Of the 52 RTACYs, 45 agencies hold a contract with the Department of Social Services. In SFY23, there was 1 initial RTACY license awarded. Seventeen RTACYs renewed their licenses in SFY23. In SFY23, of the 52 licensed RTACYs, 29 are accredited through nationally recognized accrediting bodies (Council on Accreditation of Services for Children and Families, Inc., Joint Commission on Accreditation of Healthcare Organizations, Commission on Accreditation of Rehabilitation Facilities). Two additional RTACY are actively seeking accreditation at this time. Such accreditation in Missouri serves as prima facie evidence that an accredited agency meets state licensing standards. Licensed RTACY staff are required to have initial orientation and a minimum of 40 hours of ongoing training per year. Of the 52 RYACYs 17 agencies have a QRTP designation.

Specialized Care Case Management

The Specialized Care Management contract was awarded to Missouri Alliance for Children and Families (MACF) in April 2006 and has been renewed annually since that time. The contract was up for rebid in 2023 and MACF was awarded the new contract, which began on January 1, 2024.

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

The contract is capped to serve a maximum of 375 youth statewide. The areas served are comprised of designated counties within the central, eastern, western, southwestern, and southeastern regions of the state. As of March 1, 2024, there is approximately 273 youth being case managed through this contract.

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. Children enrolled under the specialized contract may be as young as six years up until the youth's 21st birthday. The average age of active enrollments is 14.25 years.

Nine specific outcomes are measured during each contract period (January 1 through December 31). The following outcome measures assess safety, permanency and stability, and child well-being:

- Children shall not be the subject of reports of child abuse or neglect where there is a finding of preponderance of evidence and the incident date is later than the enrollment date.
- Children shall not be on/or have been on runaway status in excess of 48 hours.
- Children should remain stable within their community 90 days after disenrollment. It should be noted that this data does not include children who dis-enrolled and because of the child's age and/or legal status, data could not be gathered regarding their stability in the community.
- Youth will not experience a move that is to the same placement type or a more restrictive placement setting.
- Children placed in a residential care facility at the time of enrollment will be moved to a less restrictive setting within 180 days.
- Children enrolled with the contractor for an entire month must have received at least four face-to-face visits with the contractor each month with no more than ten days between visits at any time.
- Children dis-enrolled or discharged must have had a physical examination within the past 12 months.
- Children must be enrolled in and actively participating in an educational program or have successfully graduated.

Children's Division and MACF staff continue to reach out to internal and external stakeholders during routine contact to discuss and define this stability service array and factors that distinguish it from other case management services focused on permanency. Periodic meetings between staff from both agencies have occurred.

Foster Care Case Management Contracts (FCCM)

The award of Foster Care Case Management contracts on June 1, 2005, not only changed how Missouri interacted with private and not-for-profit child welfare providers, but it also changed the payment structure from a fee-for-service model to a performance-based model. Each contractor is awarded a maximum caseload and paid based on the awarded caseload; however, the contractor achieves a financial incentive if performance exceeds the expectations of the contract. Likewise, a financial disincentive occurs if the contract expectations are not met.

The initial contracts were awarded on June 1, 2005, to seven provider consortiums to serve 1,845 cases across nine Missouri counties. Since then, Foster Care Case Management has experienced substantial growth. The Children's Division now contracts with seven provider consortiums to serve 4,634 cases across 32 Missouri counties. Because contractors serve a set caseload, the

percentage of children served through the contract is influenced by the number of children entering and exiting care statewide. Contractors currently serve approximately 38% of the children in the care and custody of the Children's Division. This is an increase from 2019 when approximately 25% were served by the private contractors. This increase is due to an expansion of 1200 additional cases being assigned to the private contractors in 2023.

In October 2011, Foster Care Case Management regulation was promulgated which changed the case referral methodology from a designated number of monthly case referrals to a 1-for-1 case replacement methodology where a case is referred only when another case exits the contractor's services. The new methodology maximizes opportunities to refer cases at the entry point of care and reduces the need to disrupt already active cases for the sole purpose of maintaining contractor caseloads. This new methodology has allowed Children's Division the opportunity to move away from the rebuild process historically necessary to bring contractors back to their base caseload. When new contracts are awarded, or expansion occurs, the referrals can focus on new entries into care.

The contracted providers are evaluated on a yearly basis using four performance outcome measures. These performance measures are permanency, re-entries into care, safety, and well-being. If a contractor does not meet a performance measure, the division collaborates with them to develop a Performance Improvement Plan which outlines specific strategies the contractor will implement to meet the outcome measure for the coming year. The average permanency rate achieved statewide for 2023 was 30.48%, the safety measure was 99.79%, where only 0.21% of the children had a substantiated CA/N report while in care, 95.9% of the children served did not re-enter care within a 12-month timeframe from achieving permanency and 94.9% received their HCY Exam within 30 days of entering out of home care.

The permanency targets for each region over the last 18 years have ranged between 26 to 54 percent. These targets are subject to change with each contract bid and are set based on the permanency rates achieved by the Children's Division in each region.

Recruitment and Retention Contract

KVC was awarded the contract in 2024. They are now the contractor for recruitment and retention for the Northwest and Kansas City regions of Missouri.

The Northwest Region of Missouri, as well as Jackson County, is under the purview of a contract for Privatization of Recruitment Licensing and Retention of Resource Homes. KVC and their subcontractor manage the cases of resource families, completing activities of licensure and re-licensure as well as support services to retain foster and adoptive resource families.

Additionally, the contractor is responsible for identifying placements for children from their pool of resources for placement of children managed by the Children's Division. The contract no longer requires the contractor to be responsible for activities to support licensure/approval of requests received through ICPC as that function has been absorbed by the Children's Division.

Three staff members have been assigned to cover this function within the Division with one based in Jackson County, one in the Northwest Region and a floater to cover overflow of ICPC requests. The intent of this change is for the contractor to focus efforts on recruiting and licensing families who will be willing to accept older youth, youth with elevated needs which will include therapeutic or treatment resource homes in an effort to reduce utilization of residential placements.

The contractor shall provide services for the recruitment, recommendation for licensure/approval, and retention of Missouri resource homes for any child in custody of the Missouri Department of Social Services’

The contractor shall understand and agree that for purposes of the contract, “recruitment” shall be defined as the process of attracting, screening, and selecting an individual/family to serve as a Missouri resource home.

The contractor shall understand and agree that for purposes of the contract, “retention” shall be defined as the ability to keep Missouri resource homes in place to provide foster home, an adoptive home, relative placement, or kinship placement services.

The transition took place March 1, 2024. The goal is to transition the program over to KVC within 90 days. Transition weekly meetings are occurring as well as other meetings necessary to ensure a seamless transition for the families. The placement requirement was put back into the contract asking for 24/7 availability for KVC staff to help find placement.

Goals for the next five years are increasing the number of traditional foster homes especially those who will accept higher level needs children, sibling groups, and teenagers. Focusing more on our rural areas and developing the homes needed there is also a goal.

Adoption Services

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

When it is not possible or in the best interest of the child to return to their biological family, consideration is given to placing the child for adoption. Several factors influence this decision; the attachment of the child to his/her biological family, the parent’s ability and willingness to voluntarily relinquish the child for adoption, the juvenile court’s determination of whether or not parental rights will be terminated, and the desire of an older child to be placed in an adoptive family. In a case involving a child under fourteen years of age, the guardian ad litem shall

ascertain the child's wishes and feelings about his or her adoption by conducting an interview or interviews with the child, if appropriate based on the child's age and maturity level, which shall be considered by the court as a factor in determining if the adoption is in the child's best interests.

Persons who are interested in becoming adoptive parents currently apply at local Children's Division offices, with the Foster Care Case Management contractors or with the Recruitment, Retention, and Licensing of Foster and Adoptive Resources Contractor in Jackson County and the Northwest region of Missouri. All applicants must complete Pre-Service training provided through the Division or its contractors. Children's Division workers and/or contracted providers, in coordination with the training, complete the family assessment, and work with families to determine suitability for adoptive parenting. The family assessment is initiated within 30 days of the receipt of the application and completed within four months for families to be considered for adoptive placements.

Children are featured on the national AdoptUSKids web site at www.adoptUSkids.org and Raise the Future at <https://www.raisethefuture.org/>.

Children are also featured on the Missouri Adoption Heart Gallery web site at <http://www.moheartgallery.org>. The web site includes child photo profiles, child video profiles, and a digital Heart Gallery. Photo profiles and the digital child profiles are used in venues around the state for presentations by staff to raise adoption awareness. Raise the Future partners with the Division to arrange for the photography, photo preparations, updates to the web site, and updates to the digital Heart Gallery.

In the next 5 years, there is a goal to increase adoption-training opportunities for pre-adoptive families to increase their knowledge and understanding of the process, expectations, and support resources for their families as needed. This will be done through partnerships with contracted, community, and Faith Based agencies.

Adoption, Resource, and TFC Supports (ARTS)

The Adoption, Resource, and TFC Supports (ARTS) team serves as a centralized group consisting of regional adoption representatives who meet quarterly with representatives from Central Office to discuss recruitment strategies, training needs, or opportunities for support to staff. Team members share information with one another on regional recruitment events, providing new ideas for all regions to consider for recruitment of resource homes, and informing the state recruitment plan.

ARTS serves as a forum to discuss and resolve issues faced by field staff, assist in defining best adoption practice for Children's Division and provide the necessary support to staff responsible for identifying and supporting permanent homes for children.

The ARTS group is a central meeting place for statewide diligent recruitment planning. It continues to review the streamlined approach via Raise the Future, AdoptUSKids, and The Missouri Heart Gallery. The ARTS team will continue to be a sounding board for developing policy, training, or any support necessary to field staff.

Within the next 5 years, Children's Division hopes to increase the number of staff who attend the meetings to build relationships and collaborate with other staff and agencies to help meet the needs of children and families in Missouri.

Heart Gallery

The Missouri Heart Gallery began in 2006 and continues today. Children featured in the Heart Gallery are children with the goal of adoption without an identified placement resource. The Division continues to collaborate with Raise the Future and the ARTS team to modernize the process and practice. The Children's Division continues to increase the number of children that are featured on the sites and will continue to do so in the next 5 years.

The Division collaborated with Raise the Future to create the digital Heart Gallery display to be used in the community as a new recruitment opportunity. This digital Heart Gallery display can be used in the same venues, i.e. churches, school functions, and community events as the Traveling Heart Gallery display. The digital Heart Gallery display has been updated through the year and offers a better user-friendly format. This approach will allow for flexibility to feature the Heart Gallery at a moment's notice in smaller venues, i.e., churches, school functions, and community events.

Prospective adoptive families are directed to the online Heart Gallery for a complete list of children featured. Family registrations also receive extra images of children from other regions.

The Missouri Heart Gallery is a joint effort between the Missouri Department of Social Services and Raise the Future.

Subsidized Adoption and Guardianship Program

Some children placed in out-of-home care will never be able to return to their birth home. Furthermore, many of these children suffer from handicapping conditions, and others are older or are members of a sibling group. These factors make it challenging to find adoptive homes. Frequently, these children have special needs, such as the need for medical care, counseling, therapy, or special education services. The cost of caring for these children can be prohibitive for a potential adoptive family, or those wanting to provide permanency through a guardianship arrangement. Adoption and guardianship subsidy provides the child with the benefit of a permanent family while assisting with the financial responsibility of adopting or becoming a guardian to a special needs child. The basic subsidy package includes maintenance, childcare,

MO HealthNet, respite, and legal fees. Additional services may be added as needed and approved.

Child Placing Agencies

The Children’s Division is the licensing body for Missouri child placing agencies pursuant to Chapter 73 of the Children’s Division - Child Placing Agency rules in the Missouri Code of State Regulations. Child placing agencies may be licensed to provide “recommendation of foster homes for licensure,” “placement of children in foster family home,” “foster care services” and “adoption services,” which includes international placements.

In CY 2023 Missouri Children’s Division had 63 licensed child placing. Many of the agencies have multiple operating sites resulting in a total of 104 licensed sites in Missouri. Of the 63 licensed child placing agencies, 33 of these are accredited by a nationally recognized accrediting body (Council on Accreditation, Joint Commission on Accreditation, IAMME or Hague Accreditation). The licensed child placing agencies facilitated placements and adoptions of 73 domestic and 13 international children for adoption. Licensed child placing agencies provided post placement or post finalization adoption services to families. Several of the licensed children placing agencies also are contracted for foster care case management and specialized care contracted services previously described in this report.

Service Decision-Making Process for Family Support Services

Children’s Treatment Services

A variety of therapeutic and adjunct treatment services are funded by the Children's Division for the prevention and treatment of victims of abuse or neglect. The goals of these services are to:

- Provide services which ensure the safety and well-being of the child(ren) with active involvement with the Children’s Division,
- Promote the preservation and reunification of children and families consistent with state and federal law, and
- Support concurrent and post-permanency efforts for children and families consistent with state and federal law.

All children and families served through Children’s Treatment Services (CTS) funding must have open involvement with the Children’s Division, such as an active Child Abuse and Neglect (CA/N) Investigation, Family Assessment, Family-Centered Services (FCS) or Alternative Care (AC) case, an adoption or guardianship subsidy case. Contracted services to an individual or family must be based on the goals developed by the Social Service Specialist 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. Examples of CTS include (but are not limited to): individual, family, and group therapy, psychological evaluation and testing, parent aide, parent education, day treatment, drug testing, and respite. CTS is utilized only after all other funding resources, such as Medicaid or private insurance, are exhausted.

Beginning November 2019, the following services have been added to facilitate better outcomes for children and families: Specialized Clinical Assessment (Psychosexual Evaluation), transportation, and transportation behavioral. The contract revisions were a result of multiple requests from the courts to provide a specialized clinical assessment, and as a result of monitoring, to expand services to families. The CTS explanations of services were also updated to reflect more evidence-based curriculums be used when providing parent aide and parent education services to the families and children.

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 Children's Division utilizes protocols built upon Structured Decision Making (SDM) to assess safety and risk, to address threats of danger, and to focus treatment services on families at the greatest risk of child maltreatment.

The Structured Decision Making (SDM) Safety Assessment

The SDM Safety Assessment tool assists staff in assessing whether a child is likely to be in imminent danger of serious harm that may require protective intervention. The SDM Safety assessment is required for all Investigations, Assessments, Newborn Crisis Assessments, and Out of Home Investigations (OHI) reports. The SDM Safety Assessment tool will not be required for Non-caretaker Referrals, Preventative Service Referrals, and Juvenile Assessments. The SDM Safety Assessment is required to be completed on all victim and non-victim children within 72 hours.

The SDM Safety Assessment defines the following:

- Caregiver: An adult, parent, or guardian in the household who provides care and supervision for the child.
- Family: Parents, adults fulfilling the parental role, guardians, children, and others related by ancestry, adoption, or marriage; or as defined by the family itself.
- Household: All persons who have significant in-home contact with the child, including those who have a familial or intimate relationship with any person in the home. This may include persons who have an intimate relationship with a parent in the household

(boyfriend or girlfriend) but may not physically live in the home or a relative where the legal parent allows the relative authority in parenting and child caregiving decisions.

There are three types of SDM Safety Assessments:

- Initial—Every Investigation, Assessment, Newborn Crisis Assessment or OHI report should have at least one initial safety assessment, completed during the first face-to-face contact with at least one child victim in the household where there are allegations. However, if there are allegations in two households within a single report, there may be two initial safety assessments.
- Reassessment--A reassessment of any additional as well as any secondary households. The frequency of safety reassessments is described in Section 1, Ch. 5.4.2. There may be review/update safety assessment completed if the safety of all children was not verified during the initial safety assessment/contact.
- Closing—when the initial safety assessment was determined to be “Unsafe” or “Safe with Plan”, a review/update safety assessment must be completed prior to closing as a case should not be closed if safety threats are still present in a household.

There are three outcomes of the SDM Safety Assessment:

1. Safe—No safety threats were identified and there are no children likely to be in imminent danger of serious harm and no safety intervention is needed.
2. Safe with Plan—one or more safety threats are present but based on an assessment of protective capacities, an Immediate Safety Intervention Plan and/or Temporary Alternative Placement Agreement (TAPA) can be used to control the threat.
3. Unsafe—one or more safety threats are present. An Immediate Safety Intervention Plan or TAPA were considered but would have been insufficient to control the threat(s). Protective custody must be requested. Staff will submit a copy of the “Unsafe” SDM Safety Assessment with the Juvenile Office Referral (CD-235).

Completing the SDM Safety Assessment

For a new Child Abuse/Neglect Report, the SDM Safety Assessment is completed following the initial face-to-face contact with all child victim(s). The safety assessment should be entered into FACES within seventy-two (72) hours of the report date.

Staff should attempt to see all children (victim and non-victim) per policy timeframes as well as interview the parents within 72 hours of the report being alerted. If all victim and non-victim children are not present upon initial contact and verification of safety, staff must complete a

review/update safety assessment when the other children have been seen and verification of safety has been completed.

The SDM Safety Assessment is completed on households. If a child's parents do not live together, the child may be considered a member of two (2) households. If the alleged perpetrator is not a member of the child's household, but there is a failure to protect allegation of the child's caregiver, complete a safety assessment for the child's caregiver's household.

Workers should always be on the alert to changes in the family, new dynamics, the interaction of multiple threats of danger and other "red flags" that indicate that the threat to the safety of a child is no longer manageable. If such safety threats occur, a new safety assessment should be completed.

Family Risk Assessment Tool

The SDM protocols are utilized to assess risk for CA/N reports and applies to assessments, investigations, Newborn Crisis Assessments and Juvenile Assessments. The risk assessment must be completed by the close of the report. The Family Risk Assessment Tool should assist the supervisor and investigator in the collection and analysis of information to determine what key factors are present that increase the likelihood of future maltreatment to a child. By completing the risk assessment, the worker obtains an objective appraisal of the likelihood of child maltreatment in the next 18 to 24 months. Key factors that are discussed while utilizing the Family Risk Assessment Tool:

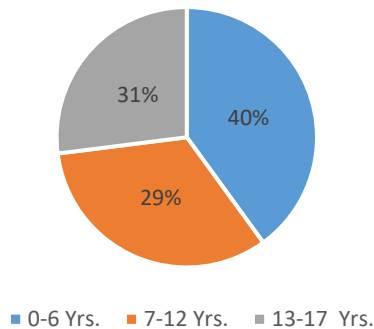
- How does the family's past history relate to the current report?
- What services have been previously provided to the family?
- Were the services successful in reducing safety concerns?
- How do the biological and developmental ages of the children affect their ability to protect themselves?
- Does the parent/caretaker(s) exhibit protective capacities consistent with the child(ren)'s needs?
- Is there a history of mental health or substance abuse needs within the family?
- Is mental health or substance abuse a current concern within the family?
- Is there a history of domestic violence within the family?
- Is there a current concern for domestic violence within the family?
- What was the parent/caretaker(s) response to the current report?

The Family Risk Assessment Tool is a guide to assist staff to make more informed safety decisions about the extent of safety planning that may be required to enhance child safety and decrease risk to children. The Family Risk Assessment Tool informs decisions on opening or referring families for prevention services.

Identified Population

Pre-school aged children are typically more vulnerable and at the greatest risk of maltreatment because they are dependent on others to meet their nutritional, physical, and emotional needs. No changes in the population of children at the greatest risk of maltreatment have been identified since the development of Missouri's Child and Family Services Plan. 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. They may also have limited contact with entities outside their immediate families.

Substantiated Victim Children by Age



Based on the chart, children birth through age six constituted 40% of all substantiated victims in SFY23. By Missouri statute, children must be enrolled in school by the age of seven. The most vulnerable population for child abuse and neglect in Missouri are those children who may not be visible within society.

Children birth through four years old constituted approximately 29.5% of all children involved in substantiated investigations. This demographic supports the Children's Division's goal to target services to Missouri's most vulnerable children.

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 Individuals with Disabilities Education Act (IDEA). Pursuant to the federal mandate of Child Abuse Prevention and Treatment Act (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.

Children Referred to the First Steps Program:

In calendar year 2023, 983 children were referred to the First Steps program by the Department of Social Services Children's Division. Of the 983 children, 501 children (51.0%) had a referral source of CAPTA, and 482 children (49.0%) had a referral source of DSS.

Of the 501 children referred with a referral source of CAPTA, 119 children (23.8%) were found eligible and reached the status of an IFSP. The remaining 382 children did not reach IFSP status due to the following reasons: 213 were withdrawn by a parent or guardian; 75 were Part C ineligible; 63 were unable to contact/locate; 25 were inquiry only*; three were refused by SPOE; and three had moved out of state.

Of the 482 children referred with a referral source of DSS, 169 children (35.1%) were found eligible and reached the status of an IFSP. The remaining 313 children did not reach IFSP status due to the following reasons: 120 were withdrawn by a parent or guardian; 101 were Part C ineligible; 62 were unable to contact/locate; 21 were inquiry only*; six were refused by SPOE; two had moved out of state; and one was deceased.

In July of 2016, the Comprehensive Addiction and Recovery Act was signed into law. The Comprehensive Addiction and Recovery Act (CARA) established a comprehensive, coordinated, balanced strategy through enhanced grant programs that would expand prevention and education efforts while also promoting treatment and recovery.

The Comprehensive Addiction and Recovery Act (CARA) requires statewide laws, policies, and/or procedures requiring healthcare providers involved in the delivery, or care of infants born and identified as affected by substance abuse, withdrawal symptoms resulting from prenatal drug exposure, or Fetal Alcohol Spectrum Disorder to notify state child protective services for the occurrence of such conditions of infants.

New legislation regarding CARA was introduced during the 2018 Missouri legislative session. Then current law indicated a health care provider may refer a family to the Department of Health and Senior Services (DHSS) when a child may have been exposed to a controlled substance and DHSS was required to offer service coordination services, upon referral, to the family. In August 2018, Senate Bill 819 changed that health care providers may refer to the Children's Division within the Department of Social Services and removed the requirement that the DHSS offer coordination services to the family.

The language of SB 819 did not **require** health care providers involved in the delivery or care of infants born and identified as affected by substance abuse, withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder to notify the Children's Division of the occurrence of such conditions of infants. Rather the language stated that the providers "may" refer to the Children's Division.

Though Missouri has mandated reporter laws, there could be infants that could potentially be missed due to the permissive wording of “May” within the statute. To gain compliance for CAPTA and assure that practitioners specifically “shall” report infants that are affected by substance abuse, withdrawal symptoms resulting from prenatal drug exposure, or “a Fetal Alcohol Spectrum Disorder”, in 2019, Senate Bill 514 added the following to Section 191.737 RSMo.:

2. Notwithstanding the physician-patient privilege, any physician or health care provider shall refer to the children's division families in which infants are born and identified as affected by substance abuse, withdrawal symptoms resulting from prenatal drug exposure, or “a Fetal Alcohol Spectrum Disorder” as evidenced by:
 - (1) Medical documentation of signs and symptoms consistent with controlled substances or alcohol exposure in the child at birth; or
 - (2) Results of a confirmed toxicology test for controlled substances performed at birth on the mother or the child.

The statute change went into effect on August 28, 2019. Missouri notified external parties of the statute change as well as internal staff. A letter explaining the statute change and Plans of Safe Care was disseminated to all of the birthing hospitals in Missouri.

CARA amended sections of Child Abuse Prevention Treatment Act (CAPTA) to remove the term “illegal” as applied to substance abuse affecting the identified infant and to specifically require that Plans of Safe Care address the needs of both infants and their families/caretakers. It also added requirements relating to data collection and monitoring. Additions to the Children’s Division’s policy manual included guidance on recognizing infants affected by substance abuse, withdrawal symptoms, Neonatal Abstinence Syndrome, and Fetal Alcohol Syndrome Disorder (FASD). New manual additions also included things to consider when assessing a family that has been identified as having a child with substance abuse exposure.

When determining if an infant has been “affected” by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder, Children’s Division staff shall assess if the child’s physical, mental, or general well-being is affected by the use of substances by the parent/caretaker and a Plan of Safe Care is needed. Examples include:

- Infant tests positive at birth for a substance but is not exhibiting withdrawal symptoms. After assessment by a physician and/or a Children’s Division staff, it is determined that this exposure will have a probable adverse effect on infant’s physical, mental, or general well-being.
- Infant is displaying withdrawal symptoms due to exposure to substances as determined by a physician.

- Infant is exhibiting Fetal Alcohol Spectrum Disorder symptoms as determined by a physician.
- Infant's safety could be jeopardized by the continued use of substances by parent/caretaker or other household member.
- Infant tested positive for a substance at birth and did not exhibit withdrawal symptoms, but the parent/caretaker's continued use may adversely affect the safety and well-being of the infant or other children in the home.
- Infant did not test positive for a substance at birth nor did they exhibit withdrawal symptoms, but parent/caretaker's continued substance use may adversely affect the safety and well-being of the infant or other children in the home. This could include parent/caretaker's inability to make coherent decisions in regards to feeding, caring, or transporting the infant or other children in the home.

If during the initial assessment of the family, staff identifies an infant born being affected by substance abuse, withdrawal symptoms, Neonatal Abstinence Syndrome, Neonatal Abstinence Syndrome, or a Fetal Alcohol Spectrum Disorder, a Plan of Safe Care shall be developed with the family. A Plan of Safe Care should address the health and substance use treatment needs of the infant and affected family or caregiver. The plan should be developed with input from the parents or other caregivers as well as any collaborating professional partners and agencies involved in caring for the infant and family. Staff should observe and assess the needs of each member of the family. The Plan of Safe Care should be distinctly reflected in documentation of the record.

A Plan of Safe Care should be inclusive of the following:

- Parents' or infant's treatment needs
- Other identified needs that are not determined to be immediate safety concerns.
- Involvement of systems outside of child welfare
- Plan that is able to continue beyond the child welfare assessment if a case is not opened for further services.

In March 2018, changes to FACES were implemented to reflect if a Plan of Safe Care was developed. The three data reporting criteria that are now captured in FACES are as follows:

- Number of infants identified under the law
- Number of such infants for whom a Plan of Safe Care was developed
- Number of such infants for whom a referral was made for appropriate services including services for the affected family or caregiver.

In May 2018 Missouri Department of Social Services Children's Division (CD) and Department of Mental Health's Division of Behavioral Health (DBH) identified mutual interest in collaborating to identify a potential SUD intervention for pregnant and post-partum women with the goal of providing access to treatment and services in their own home and community. DMH-DBH offered their Assertive Community Treatment team (ACT) model for consideration; ACT teams are already planted in 20 sites within Missouri. The ACT team model could provide the foundation for a new community-based SUD treatment project. The ACT model is a nationally recognized evidence-based model supported by SAMHSA that focuses on serving people with serious mental illness within their own homes. The ACT has vetted fidelity tools that help ACT providers follow the model to attain the highest chance of success with clients. ACT teams have rigorous reporting requirements to SAMHSA and DMH in order to receive funding. SUD is not a requirement to participate in the traditional ACT program, although ACT provides SUD services when needed. A decision was made to name the team a Coordinated Specialty Care (CSC) team instead of ACT because a few changes were made in service delivery of the program. There are a few key differences between the ACT and the CSC team. ACT team's primary focus is on Mental Illness; SUD is not a requirement to participate in the ACT program. Clients who participate in ACT do not have to be pregnant or parenting. The CSC pilot's primary focus is treatment and services for pregnant and post-partum mothers of children under three, who have SUD and a co-occurring Mental illness, or they are at risk of mental illness. The CSC's team has more knowledge and competence around SUD treatment and recovery, prenatal care, NAS, MAT during pregnancy, breastfeeding, post-partum depression, parenting, child development, etc. Because the CSC team's services look a bit different than the traditional ACT, it is not assumed this model is evidence-based even though its foundation was built upon the highly regarded ACT model. This is the reason for the name change to Coordinated Specialty Care Team. This is primary and secondary prevention work, as mothers can be referred who are not involved with the Children's Division and of course, the Children's Division can make referrals as well. This pilot is fully funded by DMH-DBH. The program's title was adopted as IMPART (Infants, Mothers, and Prenatal Assessment Recovery Team).

The IMPART program has now been serving clients for approximately two years. A Memorandum of Understanding (MOU) was completed in 2020 so that Burrell and the Children's Division can share data to get a better understanding and demographic of those served and success rate.

Burrell has reported that they have completed internal assessments of progress of clientele by using the General Anxiety Disorder-7 (GAD-7), Patient Health Questionnaire (PHQ-9), the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) and the Daily Living Activities Functional Assessment (DLA-20). They found that overall, with the aid of IMPART, clients experienced improvements in their symptoms related to anxiety and depression, as well as reductions in substance use. Additional data indicated progress in community functioning, as related to employment, independence in housing, regaining or keeping custody of children, and

personal care. These conclusions are evidenced by improvements in the GAD-7 and PHQ-9 scores indicating improvements in symptoms of both anxiety and depression, as well as reductions in ASSIST scores that are indicative of decreases in substance use among the client population. Finally, the increases in DLA-20 scores show improvements in housing stability, overall communication, alcohol and drug use, leisure and self-care, access to community resources, productivity at work and school, and coping skills. All taken together, there is significant evidence of improved client outcomes through the participation in IMPART over time.

The Children's Division, in conjunction with the Department of Mental Health, will continue to monitor progress with the IMPART pilot program to see if efforts can be replicated throughout other areas of the state in the future.

Monthly Caseworker Visit Formula Grant and Standard for Caseworker Visits

The Children's Division has successfully reported the monthly caseworker visit information as required for the past five years. Missouri has met the percent of monthly visits with children by caseworkers every year since the new standard was implemented.

In FFY23, 95% of Missouri's children in care had 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. Additionally, 96% of the visits conducted during FFY23 were held in the child's placement.

Worker Visit Measure #1: Monthly Worker Visit with Child

- Number of Children: 16,933
- Total full months kids were in care during FFY23: 143,038
- Total months with visits: 136,507
- Percent Visited Every Month: 95.4%

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

- Total months with visits: 136,507
- Total number visit months where child was visited in the placement: 130,818
- Percent for Worker Visit Measure #2: 95.8%

The following chart provides Missouri's performance for the past two fiscal years.

	Measure #1	Measure #2
FFY23	95%	96%
FFY22	96%	96%

Missouri’s strong performance in this area is due to a priority focus by Children’s Division leadership, Quality Assurance System team members, and field supervisors reinforcing the importance of this practice on child safety and wellbeing. Successful use of several reports created for monitoring and improving visits has been a key strategy.

Case managers 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, the staff is likely to visit with children more than once a month and frequency is to be determined based on the child’s need. The majority of the visits must occur in the placement home to assess safety, separation from family, understanding of case plan, adjustment, and sibling/family relationships.

Policy enhancements have been made to require supervisors to observe at least one worker/child interaction per worker each quarter, providing the supervisor the opportunity to offer feedback and coaching around the worker’s ability to engage youth in quality interactions. Multiple reports used to monitor and improve performance at the State, Region, Circuit, Office, Supervisory Unit, and Frontline Worker Level, continue to be made accessible to supervisory and management staff.

Continued use of the electronic FACES monthly worker visit report, which drills worker visit data down to the case level and is accessible by the case manager, supervisor, QAS team members and Managers. Contracted Case Management Agencies can also access this report.

The monthly caseworker grant will continue to be used to address any barriers to visitation with children. In SFY23, the grant was used to fund mobility and remote work options for staff. This project provides all frontline staff with iPads and/or iPhones, allowing for data entry and ease of communication. The Children’s Division has rolled out WiFi in the offices, expanding where necessary. Data plans are also purchased for the iPhones. This allows iPad users to access the iPhone’s hot spot to increase internet connectivity. It is anticipated the caseworker grant will continue to be used in funding mobility options for staff in the future.

The quality of visits with children is addressed through the use of the FACES case review tool.

Federal Fiscal Year 2024 caseworker visit data using the full population will be submitted by December 15, 2024, as required.

Chafee Foster Care Program (CFCP)

CFCP Purpose #1:

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 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 and Training Voucher and Missouri Reach Program, and Independent Living Arrangements. In February 2024, there were 3,845 youth in the Chafee eligibility age range. 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 consideration and agreement by the Family Support Team. Youth in detention, hospitalized, and on run status are not referred for services until the circumstances change for the youth.

The CFCP is contracted to private agencies to administer and deliver services and funding to older youth in foster care, adopted youth, or youth who have obtained legal guardianship after the age of sixteen, as well as former foster youth. Services have been contracted since January 2008. In SFY19, the contract was rebid and awarded to three agencies to provide services in five regions of the state. Two providers are Community Partnership agencies and do not bid on the contract, but rather sign an agreement. This contract has the option of four annual renewals. This contract is up for rebid in November 2024.

Missouri 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).

Missouri has provided supervision of youth over the age of 18 who are in foster care from another state but placed in Missouri for the purpose of attending college, living in an Independent Living Arrangement (ILA), or a Transitional Living Arrangement (TLA) since SFY14.

Children's Division continues to work to ensure youth are referred for Older Youth Program services. The referral status information for Chafee services was added to a Tableau dashboard in SFY22 so management staff have the ability to see this data at any time. As of February 2024, per Tableau, 93% of Foster Care Case Management eligible youth are referred for Chafee services and 95% of Children's Division case managed youth are referred.

The Older Youth Program serves youth in transitional and independent living placement settings. As of February 2024:

- 152 youth are in Independent Living Arrangements
- 4 youth are in the Transitional Living Advocate Program
- 130 youth are in Transitional Living Scattered Site Placements
- 59 youth are in Transitional Living Group Homes

- **Transitional Living Program:**

The Transitional Living Program contract was awarded in SFY22 to ten agencies in six regions.

On-going communication occurs with the providers of Chafee and TLP services via electronic mail from the Older Youth Program Coordinator, as well as quarterly visits from the OYTS. Annual statewide provider meetings are held as needed and topical presentations are provided. Upon contract award, a meeting was held with the new Transitional Living Program providers to review the contractual requirements.

- **Independent Living Arrangement:**

Another placement option for youth in care is an Independent Living Arrangement (ILA). The Independent Living Arrangement Checklist (CD-282) and the Self-Developed Case Plan for Independent Living Arrangement (CD-283) are used to ensure youth readiness and eligibility. The ILA Checklist was developed for use with all youth being considered for an ILA placement and is completed each time the youth move to a new ILA to ensure the living environment is safe and meets ILA requirements. The checklist is reviewed quarterly by the case manager and the supervisor during case consultation. The Self-Developed Case Plan for Independent Living Arrangement is used to assist with preparation and budgeting for an initial ILA placement. Prior to placement being made, the Social Service Specialist sends the completed ILA Checklist and the Self-Developed Case Plan for Independent Living Arrangement to the Circuit Manager (CM) for review.

After reviewing, the CM will indicate whether the placement constitutes an ILA per the criteria in the Child Welfare Policy Manual. A decision as to whether the placement meets ILA criteria is determined within 30 days after the checklist is initially received. This process ensures the placement is planned and evaluated. One of the Regional Older Youth Transition Specialists monitors ILA placements to ensure youth are receiving visits and contacts and notifies Regional Directors of any concerns.

- **Tools:**

There were no changes to the tools utilized in SFY24.

- **Transition Planning:**

The Children's Division policy currently requires staff to begin transition planning for all youth ages 14 and older. To prepare youth for their exit from the foster care system, the Social Service Specialist meets with their youth to coordinate exit planning 90 days prior to release from custody. The Adolescent FST Guide and Individualized Action Plan Goals are used to capture the transition plan for the youth and are intended to be a proactive, youth-driven case planning tool. This tool should be discussed and utilized, at least every six months, during Family Support Team meetings with youth ages 14-21. A critical alert is received notifying the Social Service Specialist 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 foster care. Exit packets contain information on ETV, MO Reach, MoHealthNet, Chafee Aftercare Services, National Youth in Transition Database (NYTD), Healthcare Treatment Decisions, options for re-entry, Foster Youth to Independence (FYI) Housing Voucher Brochure, Show Me Healthy Kids information, and local community resources. A verification letter indicating the youth's time in care is provided to aid the youth in receiving assistance for services which require eligibility verification.

An exit information checklist is housed in FACES and displays at case closing for older youth. The screen/checklist allows date entry for documentation when exit packet information was provided for youth. It displays for youth who leave care after age 17.5.

There is an Exit Packet and Personal Documentation Checklist available to staff on the intranet. Information on transition/exit planning is available in the Child Welfare Manual and as a resource on the intranet. Documentation of youth receiving exit packet material is completed in FACES on the youth's transition plan, the Adolescent FST Guide, and Individualized Action Plan Goals. Chafee and TL providers note possession of youth's personal documents on a quarterly basis on youth outcome reports. Providers are to attend the exit meeting (when invited) with youth who are aging out of care and share information regarding the contractor's aftercare program with the youth. OYTS attend these meetings if they are able.

- **National Youth in Transition Database:**

The Children's Division implemented the requirements of the National Youth in Transition Database (NYTD) in October 2010. A handout is included in the exit packet and a poster is available to be displayed where visible to youth. The Children's Division website has a section on NYTD. Step-by-step instructions regarding service reporting, youth surveys, and an online tracking screen in the FACES system of survey completion has been provided to staff. Missouri has designated the OYTS to locate and survey youth no longer in care. Social Service Specialists continue to follow up with youth in care. A Social Service Specialist receives an email when a youth on his/her caseload with an active Alternative Care function, care and custody with CD, turns 17 or 19. The email is sent only on youth who are in the NYTD survey

population as a reminder that the youth needs to complete the NYTD survey. It is an ongoing challenge to locate youth formerly in care and engagement is critical.

A one-page information sheet is included in the mailings with NYTD surveys as an outreach to keep youth informed of services they are eligible for and information youth may find interesting. The sheet has information on how to access the Children's Division website, the Older Youth Program's Facebook page, and the "What's It All About?" guidebook for youth.

Missouri has been compliant with NYTD reporting for SFY23. During the period of April 1, 2023 to September 30, 2023, Missouri surveyed a cohort of 17 year old youth; 86% of youth participated. From October 1, 2023 to March 31, 2024 Missouri is surveying the first cohort of 21 year old youth.

- **Regional Older Youth Advancement of Life Skills Unit (ROYALS) Case Management Program:**

In SFY21-22, Children's Division implemented the ROYALS unit in each region of the state. The ROYALS unit is a specialized, intensive case management service which prepares older youth in foster care for their transition to adulthood and independence. The ROYALS provide comprehensive support to older youth to ensure they have stable housing, employment, a support network, and other important life skills before they transition from Children's Division custody. The ROYALS outcome data focuses on youth enrolled in an educational program/trade school, percentage of youth employed full or part-time, percentage of youth who have bank accounts, percentage of youth with a Permanency Pact Agreement with at least one supportive adult, and percentage of youth with a permit or driver's license.

The ROYALS Unit eligibility criteria includes youth ages 17-20. As services are limited, due to the number of specialists, priority is given to pregnant and parenting youth, youth preparing to discharge from congregate care within 3 months, youth exiting care in the next 12 months, youth in independent and transitional living placements, and youth who have re-entered care under the re-entry legislation. The ROYALS Unit Social Service Specialists are available to the young adults 24/7.

Youth need to be ready for intense case management services as the ROYALS Specialist meets with the youth 2-4 times each month. A youth's judicial situation should be post-permanency and they should not have a goal of reunification when referred. Youth must be ready to work intensely on independent living skills.

There are two units comprised of 11 Specialists and two Supervisors, with each region of the state having at least one Specialist.

- **Older Youth Efforts:**

Youth continue to receive information about available Chafee services through their Social Service Specialist, OYTS, youth boards, Children’s Division website, and Facebook page. Youth are involved in their case planning to address the development of skills and resources needed to facilitate the transition to self-sufficiency. 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 Children’s Division workers for development and documentation of the youth’s transition plan.

The use of technology as a means to stay connected to youth will continue in SFY25. SYAB utilizes a GroupMe chat for communication in between meetings. Events, web resources, leadership opportunities, NYTD information, and general information pertaining to older youth are posted in this chat. 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. The Department of Social Services maintains a Facebook page and publishes resource information for older youth.

In 2023, the Children’s Division created the Missouri Youth Leadership Academy (MYLA). MYLA is designed to be an interactive, curriculum-based program to help youth learn about life skills, leadership skills, and learn about opportunities for activities, employment, and community involvement. The goal of MYLA is to increase youth confidence, connection, and contribution. There are two cohorts of MYLA per year. Once both cohorts are completed, youth are able to attend a group graduation celebration. The Department of Natural Resources and The Department of Conservation partner with CD to provide a two-day camp and graduation ceremony. Since its development in 2023, MYLA has been contained within the ROYALS unit. In SFY25, CD would like to incorporate more youth across the state, including those who are not in the ROYALS unit.

In 2023, Missouri Children’s Division began a partnership with the Quality Improvement Center on Engaging Youth in Finding Permanency (QIC-EY). The QIC-EY is charged with advancing child welfare programs and practice to ensure they are authentically engaging and empowering children and youth in child welfare practice, especially in relation to permanency decisions. This pilot project lasts until September 2026; the Southwest region is the intervention site and the Northeast region is the comparison site. CD will identify, implement, and evaluate an authentic child and youth engagement program model, implement child welfare training and coaching curriculum, identify and implement systemic changes, and partner with courts to implement a training for court professionals and staff. In SFY25-29, Children’s Division hopes to successfully complete the pilot and, subsequently, expand this model throughout the state of Missouri.

CFCP Purpose #2:

To help children who have experienced foster care at age 14 or older achieve meaningful, permanent connections with a caring adult; 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.

The Adolescent FST Guide assists Social Service Specialist's 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 requires up to three adult supports be identified by the youth and this is an integral part of the NYTD requirements.

Contracted Chafee staff communicate by phone calls, voicemails, texting, emailing, virtual videos, giving youth rides home from school, meeting at sports events, and/or meeting during youth's work breaks to ensure that all youth are seen as often as possible.

Youth were connected with community supports such as Peer Mentoring through Vocational Rehabilitation as well as Pre-Employment Transition Services through the University of Missouri Extension Centers. Youth were connected to Family Counseling Centers, Boys and Girls Club, FosterAdopt Connect, I Pour Life, local churches, and community action agencies. Community groups/individuals were also sought and introduced to youth in order to build relationships and act as natural supports for the youth as they transition from the foster care system.

- **Permanency Pact:**

Children's Division utilizes the Permanency Pact for the permanency options of Placement with a Fit and Willing Relative or Another Planned Permanent Living Arrangement (APPLA). The purpose of the Permanency Pact is to identify permanent supports for the youth who will continue to play a permanent role in the youth's life. The Permanency Pact is a tool to be used for the ongoing conversation regarding permanency planning. It is a pledge by a supportive adult to provide specific supports to a young person in foster care. Developed by FosterClub, the Pact provides the structure needed to help both youth and adults establish a positive, kin-like relationship. It is important that both the youth and the identified permanent connection understands their involvement with the youth.

- **Other Supports:**

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. The State Youth Advisory Board's strategic plan states that local boards complete at least one

community service activity per year. Youth regularly report about community activities with which the local boards are involved.

Children's Division promotes interaction between youth and dedicated adults through the Transitional Living Advocate program. Through this program youth are connected with adults who become their advocate or mentor. These adults receive 18 hours of training from Children's Division 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. The 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 play a vital role in mentoring Older Youth. These volunteers, as a statewide organization, have assisted youth throughout the state in advocating for their needs and providing emotional support as well as teaching life skills in some areas of the state.

The Missouri Mentoring Partnership (MMP) continues to 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. MMP helps prepare youth for success and self-sufficiency. The hallmark of MMP is the support youth receive from volunteer community mentors and committed local businesses.

The 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 to post-secondary educational programs. Participants are provided with the necessary tools to achieve outcomes promoting self-sufficiency and helping them become productive members of their communities.

Local and State Youth Advisory Boards are a means for youth to have peer mentorship opportunities.

Youth participating in ETV/Missouri Reach have a virtual mentor through Foster Care to Success (FC2S). The Academic Success Program partners the dedication of trained, supported volunteer coaches with the resources of FC2S's experienced staff to provide students with the encouragement and guidance they need to do well academically and personally. Coaches make a one-year commitment to support three to four students with at least weekly communication. Coaches generally dedicate from one to three hours a week to the Academic Success Program.

Coaches can text, email, phone, Skype, or use postal mail to talk with their students. This is not a face-to-face communication program.

CFCP Purpose #3:

To help children who have experienced foster care at age 14 or older engage in age or developmentally appropriate activities, positive youth development, and experiential learning that reflects what their peers in intact families experience; To ensure children who are likely to remain in foster care until 18 years of age have regular, on-going opportunities to engage in age or developmentally-appropriate activities (as those terms are defined in section 475(11) of the Act.

- **Supporting Healthy Development and Normalization for Foster Children**

Children’s Division has policy, procedure, and practice to ensure that young people have the opportunity for ‘normal’ life experience. In SFY23, there were no changes on Missouri’s practice or policy on normalization supports for youth.

Both Chafee and TL contracted providers were able to assist youth with purchasing items needed to participate in extra-curricular activities such as sports, camps, and leisure activities during SFY23. Assistance has also been given to youth to attend college events and other events hosted throughout communities. Prom attire and financial support for tickets were provided to youth. Further, Chafee has assisted youth in paying for dual enrollment classes.

CFCP Purpose #4:

To support all youth who have experienced foster care at age 14 or older in their transition to adulthood through transitional services such as assistance in obtaining a high school diploma and post-secondary education, career exploration, vocational training, job placement and retention, training and opportunities to practice daily living skills (such as financial literacy training and driving instruction), substance abuse prevention, and preventive health activities (including smoking avoidance, nutrition education, and pregnancy prevention); and

CFCP Purpose #5:

To provide financial, housing, counseling, employment, education, and other appropriate support and services to former foster care recipients between 18 and 21 years of age (or 23 years of age, in the case of a state with a certification under subsection 477(b)(3)(A)(ii)14 to provide assistance and services to youths who have aged out of foster care and have not attained such age, in accordance with such subsection) to complement their own efforts to achieve self-sufficiency and to assure that program participants recognize and accept their personal responsibility for preparing for and then making the transition from adolescence to adulthood:

See Educational Training Voucher Section of the 2020-2024 CFSP Final Report for additional information on the Missouri Reach Credential Completion and Employment Financial Assistance Program, Education Training Vouchers, and Missouri Reach Tuition Waiver Program.

Social Service Specialists provide an exit packet to youth that are getting ready to exit custody. The contracted Chafee providers present these packets to all referred youth ages 17.5 and up. Through the exit packets, youth are able to obtain information about services available to them and resources that they are eligible for in the future.

In order to ensure that youth are able to move toward self-sufficiency, youth have the opportunity to participate in employment services through local agencies.

Life skills classes are arranged and taught by contracted Chafee and TL providers throughout the state. These classes include an array of topics such as resume building, interviewing, college exploration, career exploration, daily living tasks, vehicle maintenance, budgeting, as well as other items that youth will need in order to be successful as an adult. Local businesses are also often partnered with to simulate real life experiences. Life skills are taught based on the youth's need and individual goals and can also be provided in a one-on-one setting.

Driver's education is a need for the youth as it is not taught in most Missouri schools. Chafee contractors have helped numerous youth with the funding needed to participate in community driver's education programs. Footsteps Transitional Living Program in the Southwest Region has vehicles designated for driver's education purposes so that youth may practice this skill to work toward obtaining their license. In 2023, Keys to Independence began operating under a grant in Missouri. While funding has been limited in its first year, the hope is to expand this program throughout Missouri to offer more driving support in the future.

In March 2023, the GHSA/Ford Driving Skills for Life grant was awarded to MoDOT. \$94,000 in funding will support teen traffic safety programs. With this grant opportunity, the Missouri Department of Transportation is sponsoring driver education training opportunities for teens in foster care.

Post-secondary visits take place frequently in all areas of the state. Youth have the opportunity to tour both colleges/universities, trade schools, and military to assist them in making a more informed decision about their educational future. Not only do youth have the opportunity for financial assistance through ETV, but The Community Partnership and Steppingstone have several scholarships that they award through their agencies. Missouri Baptist Children's Home TL program has partnered with Southwest Baptist University and Hannibal LaGrange University to assist youth with their college education as well as free room and board.

- **Housing:**

In 2019, Children's Division began collaboration with the Department of Mental Health, Public Housing Authorities (PHA), and the Continuum of Care/Balance of State to procure the Foster Youth to Independence (FYI) Tenant Protection Vouchers released by the U.S. Department of Housing and Urban Development (HUD). These housing vouchers are designed specifically for youth ages 18-24 who have exited foster care after the age of 16 or are preparing to exit care to independence and are facing homelessness. Applications for each Public Housing Authority require a Memorandum of Understanding (MOU) and a protocol plan between the Public Housing Authority, Continuum of Care/Balance of State, Public Child Welfare Agency, and Supportive Service Agency. As of February 2024, sixteen MOU's inclusive of 55 counties and six cities have been fully executed. Information on these services has been placed on the Children's Division internet and shared via GovDelivery to all staff. A brochure was added to the exit packet for youth leaving care. Missouri participates in calls throughout the year with HUD leadership and Administration for Children and Families leadership regarding this project. While Children's Division helps youth become connected to, and understand the process of applying for FYI Housing Vouchers, referrals and next steps are completed through HUD.

- **Employment:**

Children's Division, Foster Care Case Management staff, and Chafee and TLP contracted providers continue to assist youth in resume development, interviewing skills, time management skills, employment aptitude testing and preparation for work and work life. They 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.

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

The Workforce Development Unit of the Department of Social Services contacts youth in foster care to discuss resources available to them. They are available to assist specific youth as needs arise.

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 SFY24 and beyond.

The Workforce Investment Opportunities Act (WIOA) Committee has met regularly throughout SFY23.

- **Education:**

The Children’s Division utilizes the Adolescent FST Guide and Individualized Action Plan to assess and plan for positive educational outcomes. Chafee and TLP contracted providers are required to assist youth participating in their programs with academic achievement by providing an array of services. These include, but are 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.

As a result of state legislation, youth aged 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 exiting from foster care. The visit includes 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. As of February 2024, 185 youth in care have a documented visit.

The legislation allows for this requirement to be waived by the Family Support Team for youth who are disabled and will not be attending college due to the severity of needs. Children’s Division plans to continue providing ETV and Missouri Reach services to youth as well as providing support and training to staff who work with older youth.

	Total ETVs Awarded	Number of New ETV’s
Final Number: 2022 – 2023 School Year (July 1, 2022 – June 30, 2023)	217	96
2023 – 2024 School Year (July 1, 2023 – June 30, 2024)	221	106

- **Health:**

Since 2012, the Department of Health and Senior Services (DHSS) has collaborated with the Children’s Division on implementing Missouri’s Personal Responsibility Education Program (PREP) in some capacity. The services are still viewed as an extension of the Chafee services as the program is for youth in foster care and the training is provided by Chafee providers. However, the agreement is directly between DHSS and the Chafee agencies with invoicing and reporting going to a DHSS staff person. This greatly expanded these services for youth in foster care in Missouri.

Youth in the providers' referral base, who receive the service, are reported for life skills services in CD's database. "Making Proud Choices (MPC): A Safer-Sex Approach to Reducing Sexually Transmitted Diseases (STD), Human Immunodeficiency Virus (HIV), and Pregnancy", is an eight-module curriculum designed to empower adolescents to change their behavior in ways which will reduce the risk of becoming infected with HIV and other STIs, and significantly decrease their chances of unintended pregnancies. 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 of Children and Families and the Family and Youth Services Bureau (FYSB) jointly oversee the program. DHSS was named 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.

- **Financial Capacity/Trust Fund Program:**

Missouri has not established a trust fund program for youth receiving independent living services or transition assistance. However, to encourage financial responsibility and capacity among youth, the Chafee and Transitional Living Providers are to work to establish Individual Development Accounts (IDA) for youth.

Some of the Transitional Living Providers and Chafee Providers have been able to initiate Individual Development Accounts within their regions through their own funds, private donors, and the United Way. Epworth has partnered their IDA program with Frank Leta Charitable Foundation (a used car dealership) in order for youth to get their funds matched to purchase a reliable vehicle.

Transitional Living Providers are required, contractually, to help youth transition to all aspects of independence, including financial stability. Per the TL contract, each contractor shall have a savings account for each youth. When the contractor requires the youth to be independent and pay bills that the contractor is receiving funding for, the monies the contractor is receiving from the state agency for these bills shall be deposited in the youth's savings account for future use. The funds shall be used for the youth such as aging out expenses, transportation expenses, or other needed services specifically for the youth. This is usually done by developing a savings account to be used when the youth exit care, with the agency and youth both contributing.

- **KIDS Account:**

Children's Division has a KIDS Account – Children's Income Disbursement System. A youth who is placed in Alternative Care and has an independent source of income (i.e., Social Security Income (SSI), Old Age Survivor Disability Income (OASDI), Veteran's Affairs benefits (VA), and/or Railroad benefits, [excludes the child's personal income, inheritance, or settlement income] etc.) have a KIDS account established. A KIDS account is a type of savings account for youth who receive benefits. Expenses are paid towards the youth's care from their KIDS account. For youth receiving income from SSI, the maximum amount that a youth can have in the account and still qualify for this benefit is \$2,000. Child support, however, is placed in a

separate account. Child support funds collected on behalf of youth under age 16 while in custody are utilized for the cost of the child's care.

At age 16, a savings of up to \$999.00 of the money deposited into the KIDS Account will begin to accrue to assist youth when they leave care. Regardless of age, there may be a balance of funds in the KIDS account once the youth leaves care. Any back state debt from the previous five years that could have been paid from this account but was not, will be recouped to other funding sources. However, if a youth leaves care after age 16, the savings (up to \$999.00) will be released to the youth's guardian, adoptive parent, or released directly to emancipated minors. For youth no longer in care, KIDS account funding is dispersed with help from the OYTS via a withdrawal request. Any remaining funds from social security benefits will be returned to the Social Security Administration.

- **Credit Reports:**

Per the provisions of the Child and Family Services Improvement and Innovation Act and the Preventing Sex Trafficking and Strengthening Families Act, each child aged 14 and older in foster care receives a copy of their consumer credit report each year until discharged from foster care; the youth is assisted in interpreting the credit report and resolving any inconsistencies. The Division of Legal Service assists in resolving any inconsistencies or identity fraud. If there is a need to further educate youth regarding credit, Social Service Specialists are to document this on the Adolescent Family Support Team Guide in the credit report section and on the Individualized Action Plan Goals, submitting the new goals to the Chafee provider. The Chafee provider will assist with the identified tasks related to the new goals. 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. 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 Social Service Specialist.

Missouri has an agreement with TransUnion to use a web-based portal for 14–17-year-olds in a batch process. A designated OYTS runs the process and sends information via email to staff regarding the credit checks. TransUnion will assist with children under the age of 14 if there is a reason to believe that the child's identity may have been compromised. This has been a request of staff and allows for proactivity beyond the requirements of Child and Family Services Improvement and Innovation Act and H.R. 4980.

Information on credit report documentation is contained on the Older Youth Data Dashboard. The discussion of these checks and increased documentation is discussed quarterly with the Regional Directors and Foster Care Case Management Program Managers.

- **Aftercare:**

Missouri continues to provide services and support for youth in foster care, youth adopted or who have obtained legal guardianship after the age of 16, and former foster care youth between

18 and 23 years of age. Aftercare services are flexible, short term and used as a safety net to meet the needs of the youth after they have exited Children’s Division custody and are provided by Chafee contracted providers. The array of services varies depending on the need of the former foster youth. 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. 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. Housing assistance through the FYI Housing Program, extended Medicaid, and post-secondary supports are available to assist youth who exited care after age 18.

As of February 2024, there are 52 youth in the aftercare service population. This is a slight decrease of youth from SFY23.

- **Re-Entry:**

Missouri has had re-entry legislation since 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/her custody returned to the Children’s Division through a petition to the Court from the youth, Children’s Division, or Juvenile Officer regardless of where the youth lives or which Circuit originally had jurisdiction. Youth are expected to participate in the case plan, meet with his/her Social Service Specialist, Juvenile Officer, and Chafee provider, and go to school and/or work to demonstrate his/her own efforts towards independence. Frequently Asked Questions are on the CD internet and a re-entry brochure is incorporated in the exit packet.

As of February 2024, point in time, there are fifteen youth in care who have come back into care under this legislation from the Southeast, Southwest, Northeast, Kansas City, and St. Louis Regions.

- **Extended Medicaid:**

Missouri has extended medical and behavioral health coverage through MO HealthNet Division (MHD) for youth who are “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 26 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.

If a youth moves out of the state of Missouri, coverage can still be provided in another state if a provider is willing to participate in that state's MHD program. This is not typically the case as most providers have not been willing to do so.

One barrier to MoHealthnet services is that youth who return to care under re-entry legislation are not eligible for this service if the last time they exited care was prior to 30 days before their 18th birthday. While in "re-entry" status youth are eligible for MoHealthNet services, but do not have this service upon exit from care up to age 26.

- **Out of State Former Foster Care Youth Extended Medicaid:**

Coverage is provided up to age 26 for youth who were in foster care under the responsibility of another state for at least six months, are currently residing in Missouri, are at least 18 years of age, are not eligible for coverage under another mandatory coverage group and were covered by Medicaid when they were in foster care. Memorandum CD20-24, effective July 9, 2020, introduced this.

Eligibility and Application:

- When case management staff learn a former foster care youth from out-of-state is under age 26 and uninsured, a referral is made to the Older Youth Transition Specialist in the appropriate region. The OYTS verifies residence, eligibility, and coordinates with the former state and Family Support Division (FSD) Central Office for FSD to begin the application and approval process.
- If FSD determines the youth does not qualify for a mandatory category of coverage and the youth meets the criteria for former foster care health care coverage, FSD will make the approval for the youth's eligibility. This is reflected in the FACES Health Care for Former Foster Care Youth screen.

The Children's Division website contains the MoHealthNet Exit Pamphlet and MoHealthNet Outreach Poster. The intranet has a PowerPoint presentation on exit planning for older youth. The pamphlet is part of the exit packet for youth transitioning from care and case managers, Chafee providers, and Transitional Living Program providers assist with providing information to youth. Information is contained in the youth guidebook "What's It All About? A Guide for Youth in Out-of-Home Care". The Children's Division maintains a separate email account questions and is managed by a Program Specialist in Central Office. Older Youth Transition Specialists educate staff regarding youth benefits.

- **Youth Future Career Program**

The Youth Future Career Program is intended to build upon the assistance provided by the Chafee providers by offering young people aged 16 and over intensive career planning, coaching and case management. This program is intended to reduce the poverty rate, curb the intergenerational poverty cycle, and reduce dependency on government benefits. The Youth Future Career Program promotes positive outcomes by providing opportunities, fostering relationships and offering support that is needed to develop young people, reduce risky behaviors and increase their capability to live economically independent lives. The program provides a life coach to train participants to cope and thrive despite certain conditions. Individual career plans are developed for each participant, complete with goals, timelines, and steps for reaching goals. Through this evidence-based program, youth are prepared and empowered to live independent, healthy and dignified lives. Life skills, supportive services, and employment and training opportunities will aid in building a foundation of skills that serve to increase employability and positively impact any career choice.

This program is administered by staff from the Missouri Work Assistance Program in the Department of Social Services. The Older Youth Program Coordinator has assisted with implementation as requested in regard to reporting for NYTD services and Chafee requirements. The Older Youth Transition Specialist (OYTS) reviews all requests for ETV, CCE, MO Reach, etc. to ensure all requirements are met prior to authorizing assistance. The OYTS ensures services are not duplicated and all necessary steps have been taken before services are authorized.

Activities Undertaken to Involve Youth in State Agency Efforts, such as the CFSR/PIP

Process:

(See State Youth Advisory Board in the Collaboration section of this report for more information)

Local Youth Advisory Boards contribute to efforts at the community level and this information can be provided if requested.

Consultation and Coordination between States and Tribes

The Indian Child Welfare Act (ICWA) of 1978, P.L. 95-608, is a federal law which regulates placement proceedings involving Indian children. It mandates preventive services before removal to protect the best interest of Indian children and to promote the stability and security of Indian families and tribes. Although, Missouri does not have any federally recognized tribes, The Children's Division complies with all mandates of the federal Indian Child Welfare Act, which includes preventing the unnecessary and arbitrary removal of Indian children from their families and tribes. Missouri provides due diligence when placing an Indian child who must be removed

in an available and safe home that reflects the unique values of American Indian culture; and adheres to the placement requirements of the Indian Child Welfare Act.

There are two active Missouri Indian Centers with which the Children's Division is fortunate to work; the Kansas City Native American Indian Center and the Springfield Indian Center. Coordination and consultation continue to be maintained with these Indian Centers over the years with phone, email conversations, and Roundtable quarterly meetings. Due to COVID, in-person meetings had to be put on pause.

In the next five years, in-person meetings will be scheduled and started up to increase the communication, partnership, and planning efforts, and to expand the knowledge of services available to AI/AN families and children. These in-person meetings will include CD staff, FCCM staff, and Native American partners who are invested in the children and families involved in the Child Welfare System.

Although Tribes bordering the state are often those who Missouri works with, staff report working with Tribes all over the US. Quarterly Roundtable meetings allow participation from the Children's Division staff, contracted agencies, and Native American partners all over the US to maximize the opportunities to improve ICWA practice to promote additional connections and develop resources in the best interest of native children and families. The goal of these gatherings is to foster an atmosphere where relationships develop as well as partnerships, learning will result, and communication will flourish. This is another way Children's Division consults with tribal representatives to coordinate services for children and families in Missouri.

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

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

Missouri's APSRs and CFSP is posted on the Children's Division website and available to all Tribes.

Targeted Plans

As specified in ACYF-CB-PI-24-02, the following plans are being submitted as discreet sections:

- Foster and Adoptive Parent Diligent Recruitment Plan (Attachment A)
- Health Care Oversight and Coordination Plan (Attachment B)

- Disaster Plans
 - CD Emergency Operations Plan (Attachment C)
 - CAN Emergency Plan (Attachment D)
 - Out-of-Home Care Emergency Plan (Attachment E)
- Training Plan (Attachment F) and Training Plan Matrix (Attachment G)

Financial Information

Please see the following attachments:

FY25 Financial Information
Missouri FY25 CFS-101