

Missouri Department of Social Services, Children's Division



TITLE IV-B

2021 ANNUAL PROGRESS AND SERVICES REPORT

JUNE 30, 2020

**Submitted to:
Department of Health and Human Services**

Title IV-B
2021 Annual Progress and Services Report

State of Missouri
Department of Social Services
Children's Division

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Link to 2020-2024 Child and Family Services Plan found at <http://dss.mo.gov/cd/cfsplan/>

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Introduction

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

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 five regions with each governed by a Regional Director. In the Jackson County 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 five regions are St. Louis, Kansas City, the Southwest Region, the Southeast Region, and the Northern Region (East and West).

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 (CSFR), Missouri developed the CSFR Advisory Committee. The purpose of this collaborative advisory committee is twofold; first, to serve as a vehicle for cross-system collaboration to promote the achievement of better outcomes for the children, youth, and families; and second, to fulfill an ACF requirement for a collaborative process.

The CSFR 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. Standing members include Children's Division

managers, representatives of the Department of Elementary and Secondary Education, Department of Mental Health, Office of State Courts Administrator, Department of Health and Senior Services, Children’s Trust Fund, CASA, Missouri Coalition Against Domestic and Sexual Violence, the health care community, private child welfare agencies, public university partners, a tribal representative, as well as foster/adoptive parents, foster youth, and front-line staff.

The CFSP Advisory Committee regularly reviews data and practice standards, and provides input and feedback. This group continues to be a part of the implementation and monitoring of the CFSP. As the Division continues to strive to meet the goals of the strategic plan, this group was consulted throughout the process. The Annual Progress and Service Report (APSR) is reviewed by this committee each year.

As the Children’s Division began to identify the goals and objectives for the 2020 – 2024 Child and Family Services Plan (CFSP), a group of Children’s Division personnel and community members met over a period of months to review CFSP and state-published outcome data, discuss agency strengths and areas for improvement, and develop strategies to recognize system advancements. Membership in this group included Children’s Division administration and management, representatives from the judiciary and court personnel, the Office of State Court Administrator, attorneys representing children and parents in family court matters, and service providers who partner with Children’s Division in service provision. Several members of this group are also members of the CFSP Advisory Committee.

In addition to the group described above, the CFSP Advisory Committee, members of the Quality Assurance System team and the Supervision Advisory Committee, and Children’s Division leadership discussed the goals and objectives for the 2020 – 2024 CFSP.

The Children’s Division continues to collaborate with the courts through a variety of mechanisms. A member of the Children’s Division’s management team attends the Juvenile Court Improvement Project meetings and regularly shares relevant data. There are 18 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. In addition to the above projects, an OSCA representative participates in the planning and development of the Children’s Division’s quarterly In-Focus newsletter, a newsletter developed to guide the CQI teams at all levels. In turn, OSCA shares the newsletter with judges and other court personnel throughout the state.

The Children’s Division will continue to seek the guidance of the above groups for the implementation and monitoring of the CFSP and PIP.

Following is information on the various groups and committees with whom the Division collaborates on a regular basis. Their input is valued and necessary for the continued improvement of Children’s Division practice and outcomes.

Community Based Child Abuse Prevention

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

While CTF works with the Missouri Children's Division at the state level through collaborative efforts through initiatives such as Early Childhood Comprehensive Systems (ECCS) and the Maternal Infant and Early Childhood Home Visitation (MIECHV), and as an ongoing member of the Parent Advisory Committee state planning team. In addition, Family First Act planning, safe sleep and home visiting are other examples of CTF and Children's Division working collaboratively.

At the local level, CTF-funded home visiting programs often work with families referred by Children's Division.

Background Information

Over the past 19 years, the Missouri CTF has primarily used CBCAP funding to partner with 18 communities to implement a coordinated service delivery/collaborative model to prevent child abuse and neglect. Efforts have centered on overcoming challenges, which have historically diminished the effectiveness of child maltreatment prevention efforts. Designated as the Lead Agency Model, this model was based on Collective Impact and was particularly effective for families with multiple needs.

Beginning in FY 2019 CTF shifted CBCAP funding from the Lead Agency Model to support home visiting programming, including a home visiting-specific Collective Impact model.

Home Visiting

CTF currently uses CBCAP funds to support three home visiting programs, which include a Collective Impact initiative in the central west part of the state, including Kansas City. Promise 1000 is a home visiting collaborative that uses centralized intake and evaluation mechanisms to reduce duplication and improve the quality and assessment of services. Also supported with CBCAP funds are a Parents as Teachers (PAT) school-based program and a Healthy Families America (HFA) home visiting program (Whole Kids Outreach). CTF uses leveraged funds to support an additional HFA site (Randolph Co Health Center), a Nurturing Parenting home visiting program and a program that provides in-home services to families with children who have disabilities/developmental issues (Capable Kids and Families).

At the state level, CTF's Executive Director is working with the Children's Division, the Department of Health and Senior Services, and the Department of Elementary and Secondary Education leadership to align home visiting services to reduce duplication and to improve data collection and evaluation.

Evaluation

CTF has aligned its home visiting evaluation with the MIECHV program administered by the Missouri Department of Health and Senior Services (DHSS), including assessing for the MIECHV performance indicators. CTF has contracted with DHSS to collect and analyze data from CTF-funding home visiting programs.

Parent Engagement and Leadership

CTF uses CBCAP dollars to support a state level Parent Advisory Council (PAC). The PAC has evolved through the collaborative work of stakeholders including CTF, the Department of Mental Health, Department of Health and Senior Services, Department of Social Services/Children's Division, Lutheran Family and Children's Services and the Head Start Collaboration Office among others. Members of the PAC continue to meet as well as engage in leadership activities at the national, state, and local levels. Examples include PAC members presenting community training, participating in Child Advocacy Day, reviewing grant proposals for prevention funding, and participating in national parent advisory councils.

Training

CTF uses CBCAP funding to support training initiatives, including statewide and regional training. Currently, CTF uses CBCAP dollars to sponsor a biennial prevention conference and to support Missouri's Prevent Child Abuse America chapter, Missouri KidsFirst, is taking the lead on providing the Stewards of Children, Darkness to Light child sexual abuse prevention training. As a sustainability strategy, a network of trained Stewards facilitators has been developed and continues to grow.

Crossover Youth Initiative

Background: Crossover youth are defined as any youth who have experienced maltreatment and engaged in delinquency and have had any level of contact with either the dependency (child welfare) or delinquency (juvenile justice) systems. These youth have a unique set of risks and challenges and typically require a more intense array of services, and the leadership within Missouri's youth-serving agencies is committed to improving both the experiences and outcomes for these youth. The Crossover State Policy Team was formed in 2013 and includes executive leadership from several youth service agencies including the Missouri Supreme Court, Office of the State Courts Administrator, Children's Division, Division of Youth Services, Department of Mental Health, and the 26th Circuit Chief Juvenile Officer. Through an ongoing partnership with the Center for Juvenile Justice Reform, this team led the initiative to pilot the Crossover Youth Practice Model in four Judicial Circuits, encompassing 9 counties and provide technical assistance to two additional Judicial Circuits seeking to improve their practice with this population. This team also developed a shared framework to including the following guiding principles for system change and case level practice related to Crossover Youth:

1. Developmentally Appropriate Interventions as a Stepping Stone to Wellbeing

2. Trauma Informed
3. Evidence/Science Informed
4. Data Driven
5. Equitable at the Individual and System Level
6. Collective Responsibility

Progress In 2019: Building on the work of Missouri’s Crossover Youth State Policy Team, experiences of pilot projects, and ongoing assessment of field practice/outcomes over the last seven years, a workgroup comprised of core youth serving agencies partnered with the Center for Juvenile Justice Reform to begin creating the Missouri Crossover Youth Toolkit. The workgroup brought together central office, regional leadership and field staff from juvenile justice, child welfare and mental & behavioral health to contribute to the development of the Toolkit. The Toolkit is being designed as a complete best practice guide for child welfare and juvenile justice professionals working with Crossover Youth. It includes the shared framework for approaching crossover work, steps to implement system changes, a field guide for coordinated case management and resources for cross training and enhancing front line practice. The State Policy Team also coordinated to pull aggregate data from multiple systems to assess the prevalence of Crossover Youth in Missouri. These reports are provided on a quarterly basis. A Prevention Workgroup was developed to design and implement a prevention pilot and began meeting in 2019.

System-level goals include the following:

1. Ongoing operation of the Crossover Youth State Policy Team to drive the initiative forward through setting vision and providing oversight of implementation of the Toolkit. Team members from several core youth-serving agencies will partner to provide funding to support the state’s work with the Center for Juvenile Justice Reform through March 2021, provide aggregate data about this population from multiple agencies, and initiate a pilot project focused on prevention of youth unnecessarily crossing over between systems.
2. Completion and roll out of the Crossover Youth Implementation Toolkit to provide training to state and circuit level leadership within juvenile justice, child welfare and mental & behavioral health on the Toolkit’s purpose, content, and utility. This will include access to the System Self-Assessment which will empower circuit level teams to identify system strengths and areas where practice change should begin and a complete field guide to implement best practices for Crossover Youth.
3. Create and implement sustainability plan to ensure ongoing efforts toward best practice. This includes ongoing technical assistance from a multi-agency team, enhancing aggregate data reports to include indicators specific to desired outcomes, annual completion of system self-assessment by circuit level leadership to track

progress, and providing progress updates and ongoing training throughout the juvenile justice and child welfare systems.

There are several outcomes expected through the system-wide changes including a reduction in foster youth who formally crossover to delinquency, increased collaboration among youth-serving agencies, a safe reduction in out of home care, a reduction in the use of congregate care, a reduction in disproportionate minority representation, and improved transitions into adulthood.

Additionally, the Georgetown Center for Juvenile Justice Reform (CJJR) training, consultation, and technical support is provided as a result of a Memorandum of Understand between the Department of Social Services and the Office of the State Courts Administrator (OSCA).

Challenges

At both the state and community level, the initiative has engaged many participants from a wide range of community partners. Challenges include the multiple, often competing, priorities across youth-serving agencies. Another related challenge involves the level of collaboration necessary to implement substantial sweeping changes to impact practice across youth-serving agencies. Although there is a deep commitment to improving Missouri's youth-serving agencies, changes of this magnitude are coming along slowly, and there are systemic challenges among local jurisdictions that must be addressed for successful implementation. Some of the systemic challenges include ineffective cross-agency communication, role confusion among staff, and poor histories of collaborative work. The Toolkit seeks to address these challenges by identifying shared process and outcome goals and providing a roadmap for the system practice change process whereby all partners have a shared responsibility and clear roles within the practice.

State Youth Advisory Board

The Children's Division recognizes the importance of and remains committed to youth involvement, development, and empowerment. When possible, youth are asked to assist in foster parent STARS pre-service and in-service trainings. Youth also speak at the Older Youth Program (OYP) training where it is provided to all new employees. The Professional Development and Training Unit receive the State Youth Advisory Board members' contact information on a quarterly basis and work with the contracted Chafee providers to provide speaking engagements for youth. Other opportunities for youth include Transitional Living Advocate and Court Appointed Special Advocates trainings. Youth are often invited to participate on panels and to facilitate and lead workshops. Youth will continue to speak at events as requested, such as foster parent appreciation dinners held throughout the state.

Through the State Youth Advisory Board (SYAB), youth have an opportunity to give policy and procedural input to CD staff, provide meaningful leadership training and experiences for board members, and empower board members who, in turn, can empower other youth in out-of-home

care. SYAB members and other current and former foster youth have been involved in panel presentations and various state/area conferences regarding what the Chafee Foster Care Program for Successful Transition to Adulthood (CFCP) has meant to them and how it can make a difference.

Members of the SYAB represent all children and youth who have been or are currently in out-of-home placements from his/her area of the state. Each member of the board is an outstanding youth in foster care or youth who obtained adoption or guardianship after the age of sixteen. SYAB members are responsible for providing Children's Services policy and procedural input to CD administrative staff/Juvenile Court. The SYAB determines the goals and activities to pursue for upcoming meetings and carries those out accordingly. The SYAB also works as a network by bringing back important information to the Area Youth Advisory Board (AYAB).

The Transitional Living Program contract contains language for youth to participate in a local board. The Chafee contract contains language for youth to participate in a local board, the State Youth Advisory Board, the bi-annual adult and youth leadership and empowerment conference, and speaking engagements as part of a panel at conferences/seminars or participating as a youth representative in a workgroup or committee.

Membership Requirements and Composition:

Members must be ages 15-21 to serve, but if a youth turns 21 or leaves Children's Division custody during the term; he/she can finish the remainder of the term if in good standing. During a conference planning year, a youth may stay on the board until the conference is over, even if they have turned 21 and their term expired so they may finish the commitment they started. The youth must be an active participant of a Chafee or Transitional Living Program (TLP) and must have a good attendance record for activities in which he/she is involved, such as AYAB meetings, school, work, etc. The SYAB has a Chair, Co-Chair, Scribe, Co-Scribe, Censor, and Media Specialist. The Media Specialist position was added in SFY19 however has not been officially added to the handbook as the board is trying this position out. The Media Specialist is responsible for creating brochures and flyers as needed as well as submitting articles for the OY Newsletter "The Connection" as requested. However, this position has not worked out as envisioned, as the person who was elected to this position has not participated in some of the important activities about which an article could be written. However, this position will continue in SFY21. Officer elections are held annually each summer. The board also may consist of three non-voting, Ex-Officio members. An Ex-Officio member must be a current or former foster care youth who served at least a one-year term as a board member or alternate within the last three years. Currently, there are no Ex-Officio members on the board with the last being SFY18. Ex-Officio members must apply each year and can serve no more than 2 years upon recommendation of the ILC and approval of the Director. In SFY20, previous members expressed a desire to "visit" but not to become an Ex-Officio member.

Community members are also invited to participate in meetings for topical issues. A community member is a non-voting member with no more than three per meeting in attendance, but occasionally more do attend but they are invited to attend on different days so no more than three are there at a time. The community member understands and respects the guidelines as adopted by state board members.

In SFY20 to date, the SYAB has had seven unique community members:

In September 2019, four guest speakers came to the meeting. A Children's Division Special Assistant Professional came on behalf of the Director to hold a focus group on resource home recruitment and provide an update on what is happening in the agency. A trauma specialist from the Center for Excellence in CHILD Well-being and a Children's Division Program Development Specialist came to hold a trauma focus group. Missouri's FosterClub All-Star 2019 came and spoke about her experiences during her internship and presented a workshop on "Family Matters."

In November 2019, four guest speakers came to the meeting. The Interim Director of the Department of Social Services came to introduce herself and speak about the legislative process. Work continued on the trauma focus group with a trauma specialist from the Center for Excellence in CHILD Well-being attending. A Program Development Specialist from Children's Division came to assist with Child Advocacy Day preparations. A representative from United Healthcare spoke to the youth about how to be an active partner.

In SFY20, the Children's Division has new leadership. The interim Department of Social Services Director came to the meeting in November. Although Department Directors have participated in SYAB events in the past, this was the first meeting to be attended. The Children's Division administration was to participate in the March meeting, which had to be canceled due to COVID-19, but will be invited to participate in the June meeting. The youth enjoy having direct contact with DSS and CD leadership and this is also helpful to leadership as they can hear directly from the youth on various topics. The youth feel valued and empowered by their attendance and participation.

Guests are welcome as long as there is space to accommodate them and they agree to the confidentiality of the personal information shared by the youth and there is a general connection to the group. Guests are discussed with the SYAB officers prior to the meeting. There is one ongoing "guest" who is a Field Support Manager from the SW Region. She supports the board as needed and follows up on any concerns the youth from her region share. The board had an intern for one of the Chafee agencies participate in the November meeting.

The Chafee contract contains language requiring each region to nominate up to three youth for potential membership on the board. Regions are allowed to have additional youth as well but membership overall is kept under forty to be manageable and productive. The SYAB vote and determine if the youth nominees become a delegate member of the SYAB. The SYAB has final

authority on membership approval. Some regions have more than one local youth advisory board and therefore send several more than the required three representatives, particularly in the more rural regions.

As a regional delegate/SYAB member, the youth is expected to attend or otherwise participate in the SYAB meetings, making a one year commitment. The regional delegate/SYAB member is also asked to participate in speaking engagements and leadership activities. The Chafee contracted providers transport the regional delegates to and from the meetings and chaperone the attendance at SYAB meetings and activities.

As of March 2020, there are 17 members on the SYAB.

The SYAB met on a quarterly basis for SFY20 with the exception of the March meeting which was cancelled due to social distancing measures for COVID-19. The meeting was not rescheduled as the time period for distancing is unknown at the writing of this report. The SYAB will continue to meet quarterly in SFY21.

Board Policy and Written Guidance:

The SYAB developed a strategic plan in SFY12 to direct their work after the youth conference and no changes have been made to the plan. The youth continue to value and work on the goals set out in the strategic plan however, as it has been some time since it has been formally reviewed, this is a goal of SFY21.

The three goals are as follows:

- Plan and facilitate a conference for youth in summer 2021 – including developing workshops and eligibility for attendance and seeking donations.
- Make a difference in communities by establishing annual or bi-annual goals, maintaining consistent communication and completing a community project.
- Be an effective, educated, and productive board by receiving training as deemed necessary, advocating, providing input, attending local advisory board meetings, and staying informed on policy updates.

Work has been done on these goals in SFY20 and will continue in SFY21. Conference planning will begin at the June 2020 meeting and will continue throughout the remainder of SFY20 and part of SFY21.

The SYAB did not make any changes to their handbook in SFY20, primarily because time did not allow for an extensive review and there were no imminent reasons to make this a priority. The handbook will be reviewed and revised as needed in SFY21.

The board uses a creed to assist with conduct at meetings. Potential members must agree via signature to the conditions of the creed prior to becoming members and the creed is kept on file

with the Independent Living Coordinator (ILC). The board has had minimal conduct issues but this was thought to be another step to solidifying expectations of youth leaders on the board and was modeled after 4-H. The creed is specific so when an issue arises, it is easily handled. There were no revisions to the Code of Conduct in SFY20 and this will be evaluated as needed in SFY21. There were some behavior issues in SFY20 and they were all covered by the Code of Conduct.

Although members have busy and sometimes unpredictable lives, commitment to the SYAB is vital for its success. Nine members have been involved with the SYAB for over one year. There are two youth who have been members since September 2017, with one currently holding an officer position. Two youth have been members since March 2018, with one currently holding an officer position. As members are asked to make a year commitment, members with a longstanding history reflect the importance of the board and are vital to the success of the board for historical knowledge, particularly in a conference planning year. Even though these youth with longstanding history do not always serve in the role of an officer, they become natural leaders of the group.

Youth Representation and Activities:

Child Advocacy Day

Each year the SYAB participates in Child Advocacy Day. Missouri's annual Child Advocacy Day is an opportunity for parents, providers, youth, and community members to speak up and ask lawmakers to make the health, safety, and education of Missouri's children a top priority for the state. However, due to COVID-19 and social distancing, for 2020 this event will be online. There are no planned events consequently by Children's Division however youth have been invited and encouraged to participate virtually in the official day's agenda. The SYAB did some preliminary work for this event at the November 2019 meeting and were to finalize their talking points at the March 2020 meeting which was cancelled due to COVID-19 and social distancing. In SFY21 as in prior years, the SYAB will develop talking points to share when they meet with legislators from their area to talk about issues important to the youth and plan on to speak in an open forum at the Capital with legislators. They will resume the normal activities associated with Child Advocacy Day such as the rally at the Capital, an educational workshop on advocacy, and lunch hosted by the State Youth Advisory Board.

The SYAB advocated for several things in SFY19, and some of these issues were on the draft of talking points for SFY20:

The SYAB supported two legislative proposals:

- HB 833: Amends the definition of "reasonable efforts" in juvenile court proceedings to include parent-child visitation. Provides that a parent's noncompliance with a case plan will not be the basis for suspending parental visitation. Before suspending the visitation,

the court will hear the recommendation of the Family Support Team. If the court determines that parental visitation should be suspended, the court will make specific findings as to how to suspending parental visitation is in the best interest of the child and why supervised visitation is not safe or possible. However, the bill did not pass.

- HB 1036: Provides MO HealthNet coverage for any person who was in foster care under the responsibility of the State of Missouri at any time when the person was 13 or older until the age of 26. However, this did not pass.

They also advocated for an increase in the rate for service provision for Medicaid/MoHealthnet Dental and Medical providers, recruitment and support for quality foster parents for older youth (a topic again in SFY20), and the use of psychotropic medications (stop using medication to treat symptoms of trauma, other options explored before medication, and to include youth in discussions about medicine) (a topic again in SFY20).

In SFY20, Children’s Division has done much work to address the use of psychotropic medications.

In November 2019, the SYAB began working on talking points but these were not finalized however will be shared with the board again in preparing for Child Advocacy Day in SFY21 and will be shared with administration when requests for legislative proposals are sought. They were also shared with members and youth were encouraged to meet with their representatives although Child Advocacy Day is virtual in SFY20. The main topic was for there to be consideration given for reunification of youth with parents whose rights have been terminated in which adoption has not occurred and is not likely to occur. The youth researched other states who had legislation on this.

Participation in Child Advocacy Day will continue in SFY21.

Youth and Adult Leadership and Empowerment Conference:

The SYAB hosted an Adult and Youth Leadership and Empowerment conference July 2019. The theme of the conference was “We Were, We Are, We Will Be” The conference was held over three days in Jefferson City with over 200 youth and adults participating from throughout the state. The event has been planned by SYAB throughout SFY19. This biannual conference had workshops and presentations geared toward topics related to transitioning and life skills. The event was fun, educational, and allowed youth to interact with other youth and supportive adults throughout the state. There were six workshops presented designed to empower and educate youth on subjects relating to their independence. The workshop topics included: mindfulness, diversity, permanent connections, advocacy, and a life course game. Additional events included Sheltered Reality – “a drum lesson to change the world,” a “Dramatic Health Education Project” on HIV presented by The Coterie Theatre, Theater of the Oppressed presented by the University of Missouri, a resource round robin, a “meet the Directors” session,

carnival, and dance.

The SYAB feels it was a great opportunity to bring youth and adults together to share what they have in common and to empower them toward leadership and self-advocacy. Youth invited to attend are between the ages of 15 to 20, with some SYAB members being 21.

The last meeting for SFY20 and the meetings for SFY21 will be spent planning for the next conference to be held summer of 2021. The conference is viewed as a recruitment opportunity as is Child Advocacy Day. As membership is not open in the meetings right before a conference, this allows for more youth to join after a conference and youth are excited to join from participation in the conference, however for reasons unknown this was not the situation for this year. The conference often inspires youth to get involved and stay involved to be on the other side. Some older youth remain on the board to participate in a final conference and resign immediately after, having been a part of something special. There were five youth that resigned at the conference in July. One of these youth had been a member since March 2014.

FosterClub All-Star Program:

Children's Division has invested in the FosterClub All-Star Program to send a youth to leadership training and participation in national leadership events. The FosterClub All-Star program is in Seaside, Oregon during the summer. Youth are provided with intensive leadership and public speaking training, and then sent to teen conferences and foster care-related events across the country. In addition to motivating, educating and empowering foster youth across America, the FosterClub All-Stars raise awareness about foster care. Missouri utilizes the youth upon his or her return to teach other youth, particularly SYAB members, leadership and advocating skills as well as to represent Missouri in speaking engagements.

It is the philosophy of the agency by providing this type of leadership training and national exposure, one youth will be able to directly impact the lives of many youth within the state of Missouri. This youth will also be a trained leader in which he/she can better advocate within the system on behalf of youth in foster care. Since 2006, Missouri has sponsored an All-Star participant and will again sponsor a participant in SFY20-21. Each of these youth has been and is expected to participate in CD workgroups, state agency advisory boards and various speaking engagements.

The 2019 All-Star attended an SYAB meeting to share her experiences from her internship in order to get current members interested in the opportunity. She presented a workshop on "Family Matters" to members. She was to attend the March meeting which was cancelled to present a workshop on strategic sharing and youth advocacy. She has done some national engagements on behalf of FosterClub throughout the year.

It is anticipated participation in the FosterClub All-Star program will continue in SFY21. Applications are currently being accepted for the 2020 All Star and interviews and a selection will take place in April 2020.

Each year, in addition to the FosterClub All-Star internship, FosterClub, the national network for youth in foster care, recognizes 100 outstanding youth who have been in foster care across the nation in celebration of National Foster Care Month. The recipients are honored by FosterClub for their demonstrated resilience, leadership, accomplishments, educational achievement, and community service. In 2019, Missouri had three selected for this recognition. Missouri will continue to nominate youth for this honor in SFY21.

Workgroups, Speaking Engagements, and Input:

The SYAB, as well as other foster youth and alumni youth, have been active in participating in speaking engagements and workgroups to promote the needs of youth in foster care. The following are activities which occurred in SFY20.

- An “adult former victim” of child abuse/neglect is a member of the Missouri Task Force on Children’s Justice. The task force is a Citizen Review Panel that reviews the Children’s Division’s compliance with the State Child Abuse Prevention and Treatment Act (CAPTA) Plan, assists the Children’s Division in the coordination of foster care/adoption program, reviews child fatalities and near fatalities, examines policies, procedures, specific cases, and generates an annual report to be released to the public.
- One youth is a member of the Health Care Oversight and Coordination Committee. The purpose of the group is to develop a plan to coordinate and provide oversight of health care services for foster youth.
- Two youth are members of the Children and Family Service Review (CFSR) Advisory Committee.
- An SYAB member is available to participate in the Continuous Quality Improvement (CQI) Statewide meetings as requested. CQI is a process by which all staff looks at the agency as a whole and develops plans for improvement. The voice of youth has been added as a regular feature to the CQI InFocus Newsletter each quarter beginning in 2016, however in SFY20 input was not needed. SYAB will continue to be available as needed for CQI input in SFY21.
- SYAB members participate ongoing in foster parent STARS training.
- Youth from the Northeast and Northwest participated in participated in Older Youth Summits. The Older Youth Summits are an extension of the Youth Independence Interdepartmental Initiative which began in April 2010. Missouri plans to continue summits throughout SFY21 and youth will be an integral part of these events.
- In March 2020, at writing of this report, three youth applied for the FosterClub All-Star internship.

- Youth were nominated for FosterClub’s Outstanding Young Leaders and three youth were recognized for this honor from Missouri in 2019.
- Missouri encourages youth to apply for the Congressional Coalition on Adoption Institute internship but it is not always known if a Missouri youth was selected.
- Several SYAB members participated in the filming of a video on psychotropic medications from the youth perspective with which the Children’s Division training unit assisted. To date this video has not been released.
- Several SYAB members participated in the filming of a video for the recruitment of resource homes that the Department of Social Services communications unit is overseeing. To date this video has not been released.
- One SYAB youth attended the IL/ETV Coordinator’s meeting in Washington, DC in August 2019 as a youth ambassador.
- Youth have been participating as key stakeholders for the Council on Accreditation review sites being held throughout the state.
- Two SYAB youth attended the Chafee Grantee’s meeting in Washington, DC in March 2020 as youth ambassadors.
- Two youth are members of the Missouri Kinship Navigator Steering Committee Meeting.
- Three youth are members of the Psychotropic Medication Advisory Committee.
- Four youth participated in a working meeting to implement the LifeSet model from Youth Villages.

The activities represented in this section are at the state level or region wide. However there are many local activities in which youth participate as well.

Youth are made aware of opportunities for speaking engagements and memberships in advisory committees and internships as they become known or requested at the local, state and national level via meetings, email, the older youth newsletter, and Facebook and this will continue in SFY21.

The Children’s Division provides SYAB members and other current and former foster youth with a per day stipend for attending speaking engagements or participating in requested events, such as a program workgroup. The youth also receive mileage reimbursement to any such event if they are transporting themselves. Youth attending leadership events via SYAB are reimbursed \$25. Youth attending meetings, workgroups, or committees that require most of the day, receive \$35.

The SYAB provided youth input on the following topics outside of the meetings in SFY20:

- Efforts made to keep youth in care scaling question for the In-Focus Newsletter for Continuous Quality Improvement
- Memorandum CD20-11 Independent Living Arrangements

- Word cloud on things that come to mind on trauma (words were shared at a meeting). This will be used in a video on psychotropic medication.
- Improving Guardian Ad Litem communication (tools being developed)

Input will continue to be provided as needed in SFY21.

Throughout SFY18 and SFY19, youth input on the topic of normalcy was sought. The youth voice will continue to impact the direction of this work. A survey for youth, providers and resource parents is being developed to assess where CD is at with the implementation of normalcy and the SYAB will be providing input on the surveys once they are at a sharable point. Continued focus on how this important legislation is becoming part of everyday practice from the youth perspective will continue in SFY21 to improve the work on normalcy for youth in foster care. Information has been included in SFY20 in the OY Newsletter “The Connection.” Also, at SYAB meetings, information is shared on what youth are experiencing through various formats such as guest speakers or focus groups and this is another means CD uses as learning about the direct impact with youth from this legislation.

Improvement Efforts:

Increased efforts began in 2019 by the ILC to address the issue of attendance at meetings. Although the SYAB has guidance in the handbook on absenteeism, members were often not following this. Members are to let the ILC know if they will be absent from meeting and the reason why prior to the meeting. Many times at the actual meeting, it was not known why a youth was absent, even by the Chafee Specialist, making it difficult in terms of voting a member on or off or excusing them for the absence for a reason that is allowable. The ILC began sending out emails two weeks prior to the attendee list due date and requesting absentee information be made at the time the email was sent. In addition, at the time the list of attendees is submitted to the ILC, the ILC checks the names with the SYAB roster and then reaches out to the Chafee Specialist and youth to see why the youth is not coming to the meeting. The list of attendees is sent to everyone two weeks prior to the meeting. At the meeting the reasons for the absence is discussed and recognized officially for membership purposes based on the reason and confirmation from Chafee and the other members of the youth’s local board. After the meeting, an email is sent to all members with absent members noted and an individual email sent to youth not in attendance letting them know the status of their continued membership. It is just a few extra steps but everyone has been more accountable with a few meetings this year having 100% participation. At each meeting, attendance as part of commitment is stressed throughout in several ways including during interviewing of perspective new members.

Attendance is related to turnover in membership and efforts on this continued in SFY20. Previously, there was an issue with youth attending one meeting and not returning. Part of this issue has been addressed with the Chafee Specialist to assess youth for their commitment before even coming to a meeting. Some youth who have been unsure have come to observe and this has

helped as they may or may not go through with membership whereas in the past, they may have and then not followed through in attendance in future meetings. The issue of resigning versus just not returning has been stressed. If a youth resigns once they determine they are not returning to the board, this allows their place to be filled at the next meeting and prevents the board having to go through the removal process which does allow for absences and can take more than one meeting. The Independent Living Coordinator (ILC) communicates on a regular basis with members, sending personal emails to each member after meetings as well as sending a personal note on a youth's birthday to keep youth engaged. Time is spent discussing the need to make all youth feel welcomed by other youth and seniority youth have been paired up as roommates with new attendees.

In SFY20, membership has decreased. There are 17 members compared to 33 at this time in SFY19. If all agencies had full representation there would be 21 members and there has always been the ability to have more youth represented and this has been encouraged. Many agencies have exercised this option. The lower membership number is in part due to a few regions not having the required contractual representation and where this was appropriate, it has been addressed formally. There were however issues of potential members cancelling right before a meeting and some behavior issues in which members were expelled from the regions who do not have the contractually required membership. This is something that will continue to be monitored in SFY21. The board will have not met for a period of 7 months with the cancellation of the March meeting so it is hoped that this extra time will allow for recruitment of youth. There was some consideration given to having an online meeting but at this time nothing has been scheduled as based on the board's history, work is best done in person and local boards are not meeting either.

Apart from SYAB having this as part of the strategic plan, strengthening of local boards continues to be a goal of the ILC. The ILC has Older Youth Transition Specialists (OYTS) attend locally if they are able, assist with sharing meeting times and locations, and check in regularly with the contractor to see how they can help and how things are going. At each SYAB, regions give a report of what the local youth advisory board is doing. In this report out, which is not formal, many report on community projects that their local boards have done. Information regarding local boards has been included in the OY Newsletter "The Connection."

SFY21:

The SYAB will continue to provide input for programs and policies and advocate for youth in out-of-home care. SYAB members, as well as other older youth in care throughout the state, will continue to be active in participating in speaking engagements and workgroups to promote youth in foster care needs. SYAB members will continue to present at statewide Children's Division events as well as local presentations. SYAB will continue participating at the national level in an internship in Washington, DC, through Foster Care 2 Success and the FosterClub All-Stars.

The SYAB will continue to be the voice of youth in care and increase their visibility and participation in communities in SFY21.

The Children's Division is always looking at ways to improve practice with older youth. The youth voice is powerful and when possible and feasible, the CD acknowledges the needs of the youth with programmatic and practice changes and will continue to do so in SFY21.

Older Youth Summits

In SFY14 and in conjunction with the 2015-2019 Child and Family Services Plan, CD and its partners began having Older Youth (OY) Summits. OY Summits are held at the community level and the focus is on education, employment and job readiness, cross systems collaboration, health and mental health, permanency and life-long connections. The goal of the summit is develop a common vision of where a community is and where they would like to be in helping older youth transition successfully to adulthood. The summit is intended to allow community members to identify next steps and responsible partners to achieve community vision. Summits have been held across the state in most every area, following the same format for the day, with Central Office coordinating the events. In SFY17, the format of the summits changed with regions and circuits structuring and planning the day as they see most beneficial, with the same overarching goal of developing a common community plan of supporting youth in transition, while allowing hosts to be creative.

To date, thirteen summits have been held. Since the last APSR submission, the following summits have occurred:

- March 2019 in Springfield with 140 participants from the Southwest Region.
- June 2018 in Wellsville with 45 attendees from the 12th Judicial Circuit in the Northeast Region.
- October 2019 in St. Joseph with 75 attendees from three Judicial Circuits in the Northwest region of the state.

The event in Wellsville had guest presentations on the Chafee program, permanency planning, life after high school (community college, military, and Job Corp) financial future (banking and maintaining employment, a REALL (Reality Enrichment and Life Lessons) Simulation by Central Missouri Community Action, an alumni youth speaker and vendor booths.

The event in St. Joseph had the theme of Oh, The Places You'll Go! by Dr. Seuss, The book was read and each youth in attendance received a copy. There were several inspirational guest speakers who shared their personal journeys and experience in foster care who had involvement with the community and child welfare system currently in their professions. Many area agencies had vendor booths to speak to youth about their services. The Summit was held at a college and campus tours were given in the afternoon to the youth in attendance.

Older Youth Summits will continue in SFY21 with two summits being planned. The Kansas City Region and the Southeast Region are in the beginning planning stages for summits to be held in SFY21.

State Foster Care and Adoption Advisory Board

The Children's Division meets on a quarterly basis with the Missouri State Foster Care and Adoption Board (MSFCAB). The members of this board are appointed by the Governor of Missouri. The board was organized in 1986 by the then Director of the Division of Family Services to be an advisory board which communicates between local foster parent advisory boards and central office. In 2012, state statute 210.617 RSMo. was adopted which transformed the advisory board into a Governor appointed board. The statute states:

1. There is hereby created within the department of social services the "Missouri State Foster Care and Adoption Board", which shall provide consultation and assistance to the department and shall draft and provide an independent review of the children's division policies and procedures related to the provision of foster care and adoption in Missouri. Additionally, the board shall determine the nature and content of in-service training which shall be provided to foster and adoptive parents in order to improve the provision of foster care and adoption services to children statewide consistent with section 210.566. The board shall be comprised of foster and adoptive parents as follows:

(1) Two members from each of the seven children's division areas within the department of social services delineated as follows:

- (a) The northwest region;
- (b) The northeast region;
- (c) The southeast region;
- (d) The southwest region;
- (e) The Kansas City region;
- (f) The St. Louis area region;
- (g) The St. Louis City region;

(2) Area members shall be appointed by the governor, with the advice and consent of the senate, based upon recommendations by regional foster care and adoption boards, or other similar entities.

2. Statewide foster care and adoption association representatives shall be voting members of the board as approved by the board.

3. All members of the board shall serve for a term of at least two years. Members may be reappointed to the board by their entities for consecutive terms. All vacancies on the board shall be filled for the balance of the unexpired term in the same manner in which the board membership which is vacant was originally filled.

Each member of the board may be reimbursed for actual and necessary expenses incurred by the member in performance of his or her official duties. All reimbursements made under this subsection shall be made from funds within the department of social services' children's division budget.

5. All business transactions of the board shall be conducted in public meetings in accordance with sections 610.010 to 610.030.

6. The board shall elect officers from the membership consisting of a chairperson, co-chairperson, and secretary. Officers shall serve for a term of two years. The board may elect such other officers and establish such committees as it deems appropriate.

7. The board shall establish such procedures necessary to:

(1) Review children's division proposed policy and provide written opinions and recommendations for change to the children's division within thirty days of receipt of the proposed policy;

(2) Provide draft policy suggestions, at the request of the children's division or in response to issues by the board, to the children's division for improvements in foster care or adoption practice; and

(3) Fulfill its statutory requirement in accordance with section 210.566 to determine the content of in-service training to be provided by the children's division to foster and adoptive parents.

8. The board shall provide to the director of the department of social services, the governor, the office of the child advocate, and upon request, members of the general assembly, a written report of annual activities conducted and made.

9. The board shall exercise its powers and duties independently of the children's division within the department of social services in order to ensure partnership and accountability in the provision of services to the state's children affected by abuse and neglect. Budgetary, procurement, and accounting functions shall continue to be performed by the children's division.

Minutes from the Board's quarterly meetings are posted by the Children's Division at <https://dss.mo.gov/cd/foster-care/foster-care-adoption-board/index.htm> .

The Children's Division created a mailbox for the Board to facilitate communication between the board members. All policy regarding resource parents and foster youth is presented to and discussed with the MSFCAB using email and at the quarterly meetings. Each member, in turn,

provides information to their local boards and peers. Policy for resource parents and foster youth is only published after the MSFCAB has provided review and comment. Some examples of policy that the board reviewed during CY2019 include:

- Revision to the Travel Expense Log for children in Foster care, CD-106
- Support for Relative Resource Providers, CD-70
- Family First Preventive Services Act National Model Foster Family Home licensing Standards
- Revision to the Resource Home Capacity Exception Approval Tracking Form, CD-157

Parent Advisory Council

The Missouri Parent Advisory Council (PAC) is a group of family leaders from across the state. These leaders have experience in their own communities working with agencies that provide services to at-risk families with young children and have demonstrated leadership. They have each received training in Strengthening Families™ and the Protective Factors Framework through Strong Parents, Stable Children: Building Protective Factors to Strengthen Families training and facilitative leadership training. They are working in their communities to bring issues facing families in their communities to a higher level to improve access to services and family engagement within programs.

The PAC was implemented with support from a collaboration of agencies that include the Department of Health and Senior Services; the Children's Trust Fund; the Department of Mental Health and the Department of Social Services, Children's Division. The Children's Division has become a more active participant with this group over the last year and continues to attend meetings and bring information to the PAC for their input and consideration.

Task Force on Children's Justice

The Missouri Task Force on Children's Justice was established by the Children's Division, in conjunction with federal legislation, to improve the investigation, prosecution, and judicial handling of child abuse and neglect cases, and to reduce trauma to child victims of abuse. The Task Force on Children's Justice is tasked with providing stable, flexible, and ongoing funding to support efforts to improve the investigation and prosecution of child abuse and neglect, create changes that prevent additional trauma to child victims and to further protect their rights. Funding granted by the Task Force will assist the State in its efforts to expand training; expand services; provide better staff development opportunities and positive work environments; promote a positive image; and gain public support. The end goal is an improved ability to recruit, train, and retain staff; ultimately, it will enhance the State's ability to respond to child abuse and neglect in the most timely and effective manner.

In 2019, the Task Force examined its work from previous years and re-evaluated its priorities for improvement of the child welfare system's investigative and prosecutorial response, multi-disciplinary team collaboration, and improved mandated reporting. They are as follows:

1. Improving mandated reporting. Through the Task Force's review of cases and personal experience in their own disciplines, there appear to be gaps in the reach of mandated reporter training and opportunities to increase the quality of reports being made to the hotline. The Task Force would like to evaluate the current training requirements across multi-disciplinary teams to see if the training is consistent across the state to identify gaps with regard to who is receiving the training. The issue of staff turnover is recognized as a possible barrier in mandated reporters getting adequately trained on a consistent basis. The Task Force will seek to collaborate with Missouri KidsFirst to see how mandated reporter training can be enhanced within the State of Missouri. The Task Force will also use this goal as a factor when reviewing grant requests for trainings across the state.
2. Creating high-functioning multi-disciplinary teams. The Task Force recognizes that successful investigation and prosecution of child abuse is a multi-pronged process. Many disciplines must work together to assure that reports of child abuse are adequately investigated, prosecuted and services are provided to families. The Task Force will seek to collaborate with partners such as the Missouri Office of Prosecuting Attorneys (MOPS) to expand and improve multi-disciplinary team training across the state. It is again recognized that turnover in service fields is high, and that in rural areas it is more difficult to coordinate such trainings. The Task Force will also be factoring in the need for training in this area when reviewing grant requests.
3. Supporting collaboration of multi-disciplinary teams in response to the opioid and substance abuse epidemic. Substance Use Disorder has become a prevalent factor in the area of child abuse and neglect. The Task Force will seek to support activities that would promote collaboration between the various agencies and service providers that respond, investigate, and provide services to families affected by substance use and abuse. The Task Force will use this as a factor when reviewing and funding grant requests.

To support the enhancement of multi-disciplinary teams, Erin Lueker from the Missouri Office of Prosecuting Attorneys (MOPS) presented on Multi-Disciplinary Team (MDT) Training in the State of Missouri to the Task Force with an overview of the MDT training that she has provided to several areas of the State. This training was developed due to a survey that was sent by The Task Force on Child Sexual Abuse Prevention in 2016 to statewide MDTs to assess their level of functioning. Several of Missouri's MDTs described themselves as "dysfunctional". Based on this self-assessment, an eight (8) hour training was developed called, "The Basics of MDTs". The purpose of the training is to bring everyone that would be involved in the local MDT

together to address strengths and challenges within their group. The training focuses on the “big picture”. The training is set up for group work and to enhance communication within the group.

The training also introduces the Missouri CJA Task Force grant funded Child Protector App. The Child Protector App is introduced to trainees when educating team members on determining what happened to a child regarding abuse and neglect and now the app can be of assistance to them.

Given the far reaching efforts this training could provide for MDTs across the state and the alignment with the Task Force’s goals, the Task Force is further collaborating with MOPS to expand this training. MOPS submitted a grant request for scholarships for individuals who would like to obtain MDT Train the Trainer education at the MOPS conference in the spring of 2020. This would allow participants to train the MDT training across the state. Scholarship recipients would be required to use the training to do at least one training in their area. The CJA Task Force approved funding to assist in providing this training.

The Task Force again supported and sponsored the Show Me a Helping Hand conference in June 2019. The target audiences included counselors, therapists, law enforcement, Children’s Division, schools, and other related professions. The conference was held at Lincoln University in Jefferson City, Missouri, on June 27 and 28, 2019. The conference was free to all attendees. CJA sponsored the cost of two speakers and lodging for 45 attendees. The conference featured the Task Force’s own Greg Holtmeyer, speaker, trainer, educator, advocate and survivor of child sexual abuse. Also speaking was Task Force member Chief William Carson, who spoke to the attendees about “Groomers and Grabbers” and “Women Offenders”. Other speakers presented topics on survival, post-traumatic stress, and healing in male sexual assault victims. The conference received immense positive feedback from attendees and the Task Force decided to sponsor their third conference on March 5 & 6, 2020.

The Task Force sponsored the third Show Me a Helping Hand conference March 5 and 6, 2020. The event was again held at Lincoln University in Jefferson City, Missouri. The event targeted professionals in law enforcement, prosecution, the Children’s Division, counselors, therapists, and schools. Since the event was held while college courses were in session, many students interested in human services attended. The event was free to all attendees and 36 scholarships were given to those attendees for a hotel stay. Fifteen free hours of continuing education credit was also given to professionals seeking them. Topics of this conference included male sexual abuse and treating survivors, human trafficking, and sexual abuse in schools. Approximately 150 individuals attended the conference and evaluations were given to all attendees. A majority of the attendees felt that the topic of male sexual abuse was especially relevant as this is an area which does not receive much training or information.

In addition to meeting quarterly, the Task Force via the use of subcommittees, held in-person meetings and conference calls, conducted case reviews, reviewed policy, tracked and evaluated

proposed legislation, reviewed reports, and engaged in discussions which clearly displayed the value of having a multidisciplinary task force involved in the evaluation of the child welfare system's response to reports of child abuse and neglect. The Task Force continued to keep the improvement of the investigation and prosecution of child abuse and neglect and reducing trauma to children as its primary target for its work moving forward while continuing to make efforts to connect its work to other child welfare program areas and objectives.

Domestic Violence Coalition

The Missouri Coalition Against Domestic and Sexual Violence (MCADSV) unites Missourians with a shared value that rape and abuse must end, and advances this through education, alliance, research, and public policy. While work with adult survivors of child abuse and neglect is not the program's focus area, individuals coming to the programs may have a long history of abuse (or multi-abuse trauma history) which may include childhood abuse and neglect. MCADSV is a key partner in Missouri's child welfare system who has been actively involved in the Task Force on the Prevention of Sexual Abuse of Children, assisted with curriculum development for mandated reporter training, as well as work being done around children with problem sexual behavior. The Children's Division has contracted with MCADSV since the nineties to provide training and technical assistance on domestic violence for frontline staff. MCADSV is in the process of updating this training curriculum to better meet the needs of staff, with plans to eventually create advanced training modules. As a part of the development of an advanced curriculum, MCADSV has partnered with the Children's Division to develop in-depth child welfare policy related to identifying and addressing domestic violence. Protocols at the Child Abuse and Neglect Hotline Unit (CANHU) have been developed, in collaboration with MCADSV, to improve screening practices related to children who are involved in or witness domestic violence. Policy has been developed to better educate staff on confidentiality requirements specific to individuals who receive services from domestic violence shelters. MCADSV continues to work with The Full Frame Initiative to incorporate the Five Domains of Well-Being into the practice of its member agencies, which the Children's Division is also actively incorporating into its foundation of practice. Staff from MCADSV has participated in Team Decision Making (TDM) domestic violence training to support the implementation of this model within the Children's Division. The Children's Division has incorporated MCADSV's standards and guidelines for batterer intervention programs into service and provider requirements under the Children's Treatment Services (CTS) contract, which was revised and released in March 2016. MCADSV has also worked with the Children's Division's Continuous Quality Improvement (CQI) process to include information on domestic violence and is actively involved with the Child and Family Services Review Advisory Committee. MCADSV is also participating in the Children's Division Family First Implementation committee.

Foster Care Case Management Partnerships

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

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

Though Missouri is now in the 15th year of a performance-based case management contract, time continues to be set aside at the CQI meetings for quality assurance/best practice discussions. As such, invitations for the regional CQI meetings are sent to the public and private Quality Assurance (QA) and Quality Improvement (QI) Specialists.

Program manager meetings are held quarterly. These meetings now serve as the state level tier for the CQI process. These meetings are co-facilitated by a contractor and state agency representative. These meetings provide a forum to work on unresolved issues from the regional CQI meetings and an opportunity to share best practice. In recent years the group has discussed strategies to increase parent/child and sibling visitation, identify evidence-based mental health practitioners, transition foster youth to adulthood, and improve placement stability.

CEO meetings are also held on a quarterly basis. Items of discussion have included resource development, improving outcomes for older youth, performance measures, and SACWIS compliance. Currently, participants of this meeting are working together to make recommendations around improving the procurement process and identifying additional outcome measures. In addition, there was partnership around revisions and improvements to the next contract which was bid in FY19.

Joint QA/QI initiatives at the regional level include local program improvement plans to address deficiencies identified through the circuits' self-assessments. Contracted staff, including their QA Specialists, is invited to attend the local planning meetings. The desired outcome is the development of joint QA/QI plans to address areas of concern and sharing of best practice. Contracted case management agencies are not located in every circuit throughout the state, so invitations of contracted QA Specialists are limited to areas holding Foster Care Case Management contracts.

Joint QA initiatives at the state level include federal reviews such as worker visits with children and CFSR and AFCARS/data integrity. Contracted QA staff is invited to attend Children's

Division QA Unit meetings. The contracted QA specialists are now routinely engaged in data quality initiatives developed to achieve improved data integrity. For example, as data quality concerns are discovered and impact contracted agencies, the contracted QA specialists are notified of the issues and provided a listing for data clean-up. Contracted QA staff is provided monthly data concerning the demographics of children in foster care assigned to their respective agencies. Progress and performance in the areas of worker visitation with children and parents are also provided on a monthly basis.

The Foster Care Case Management agencies have case management representatives on the CFSR Advisory Committee, which met on a quarterly basis. In early 2018 the FCCM providers partnered with the Children's Division and community stakeholders to develop ideas for the Program Improvement Plan in response to the CFSR results. Several FCCM QA designees have attended the Missouri Child Welfare Case Reviewer Training and have assisted in completing case reviews for PIP monitoring.

Since 2015, FCCM providers have partnered with Children's Division to implement the new Missouri Practice Model. This includes being trauma-informed, recognizing the signs of safety, and increasing access to wellbeing for children and families. Additionally, in 2018, there was a Practice Model Showcase in which the FCCM providers were invited to attend and present on how they are implementing the Missouri Practice Model. In 2018 the FCCM providers sent representatives to be trained on the Trauma Toolkit which gave them the capability to train their staff to be trauma-informed directly. FCCM providers have had representatives complete the train the trainer training for the Five Domains of Wellbeing. Upon completion of this training, FCCM providers have the capability to provide this training directly to their staff as well.

Juvenile Court Improvement Project

The purpose of the Juvenile Court Improvement Project (JCIP) is to develop and implement a statewide plan for improvement which will result in timely, full and fair proceedings for children and their families and to provide for the safety, well-being and timely placement of abused and neglected children in permanent homes. The activities of the court improvement project are directed by the JCIP Steering Committee, which meets quarterly. Such activities include numerous multi-disciplinary, collaborative educational opportunities. Original members of the Juvenile Court Improvement Project Steering Committee were appointed by order of the Supreme Court of Missouri in January 2004. In that same order, the Steering Committee was assigned to the Family Court Committee. The Office of the State Courts Administrator (OSCA) staffs both committees. Appointed members include associate circuit family court judges, deputy family court administrator, guardian ad litem, state child advocate, court appointed special advocate, foster parent, tribal community representative, and child welfare agency staff.

Fostering Court Improvement Project

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

Fostering Court Improvement was initially implemented in four judicial circuits. These circuits were among those with the highest populations of children in out-of-home placement. They received initial training in October 2006, although several circuits have requested refresher trainings as needed. Over the next several years, the project expanded to include nine additional circuits. Currently, 18 of Missouri's 46 circuits participate in the FCI project. The number of circuits joining has not grown as consistently in recent years, as staff are working with additional circuits in other ways to expand the philosophy on more of a statewide level.

The 10-15 member teams who attend the FCI training include the following: judges, court personnel such as juvenile officers and court administrators, juvenile clerks, attorneys who represents the state (JO attorney & DLS attorney), attorneys who represent parents, GAL/CASA, Children's Division staff, and community stakeholders such as contracted service providers. These teams continue to meet locally on a monthly to quarterly basis. The Office of State Courts Administrator and the Children's Division provide technical assistance to the project sites to assist them with identifying systemic areas for improvement and to develop and implement improvement efforts. This support can include on-site visits and attendance at the monthly meetings.

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

Court and agency practices have changed to serve children better. Guardian's ad litem are being appointed sooner and provided additional education. Older youth are educated about their rights

and responsibilities. Cross training is occurring between court staff and agency staff. Collaborative relationships with schools and law enforcement have formed. Foster parent recruitment initiatives have increased. In addition, communities are being involved in ways not seen before. Some circuits have regular guest speakers or mini trainings about different programs available to the families that they serve. These include topics such as parenting programs, crisis nursery, and free counseling services. Several circuits have school personnel attend monthly meetings, while others host quarterly discussions with local law enforcement.

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

The future of the FCI Project may continue to grow as additional circuits request to participate. It may look a little different, however, the philosophy will remain the same. Over the last year, FCI has been discussed with many circuits. Staff continue to evaluate the best way to support an expansion statewide without the physical ability for monthly visits to each circuit. Utilizing the judicial engagement project and the joint partnership initiatives, circuit multidisciplinary teams are coming together to review data and discuss best practices to improve circuit protocols and improve the outcomes for youth in care. These are also initiatives which are to increase participation and enhance existing locations. The goal of FCI is that every circuit will adopt these practices, and it will no longer be a project but a common practice statewide.

Missouri Court Appointed Special Advocate (CASA) Association

The Missouri Court Appointed Special Advocate (CASA) Association's mission is to support, improve, and grow local CASA programs and lead advocacy efforts for abused and neglected children across Missouri. Currently, the Missouri CASA Association provides support and funding to 23 local CASA programs that serve 26 judicial circuits. Volunteers for the local CASA programs are caring community individuals who are supervised and supported by local CASA staff, and appointed by a judge, to advocate for the best interests of abused and neglected children. The Missouri CASA Association is working to expand the number of local CASA programs in our state.

Missouri Children's Division is an essential partner that collaborates and communicates with both the Missouri CASA Association and local CASA programs in support of our shared goal to ensure the safety, permanency and well-being of Missouri's abused and neglected children. The Missouri CASA Association participates in statewide committees facilitated by Children's

Division including the CFSR Advisory Committee. Children's Division staff provides training to CASA volunteers and staff on both a statewide and local level to improve their understanding of child welfare policy and practice. Local CASA program volunteers and staff communicate regularly with Children's Division staff to ensure that they are advocating for the best interests of the children they serve.

Partnership for Child Safety and Wellbeing

The Children's Division recognizes that child welfare is a multi-disciplinary practice through which the best outcomes are achieved with effective collaboration with court partners. To that end, the Children's Division continues to collaborate with the Office of the State Courts Administrator (OSCA) through the Partnership for Child Safety and Wellbeing (PCSW). The partnership began in 2017. Additional members involved in the partnership include the Supreme Court Justice, a representative from the judiciary, juvenile officers, Casey Family Programs and Division of Legal Services.

Over the last year, the statewide PCSW has continued to convene on a monthly basis. The group has focused efforts on a multi-phase collaboration and training scheduled. The group's priorities for the past year have included: 1) planning and executing a leadership conference between all 46 juvenile officers and circuit managers; 2) planning and executing an educational conference for juvenile court judges and commissioners; 3) identification of and training for facilitators within each circuit to assist the circuit in effective collaboration; 4) planning and executing another round of regional convenings, to include a greater number of participants (up to ten) from each site; and 5) ongoing support for court technical assistance (TA) teams. In addition, the group established a sub-group to plan and implement a strategy to address legal representation for parents and children through Title IV-E funding.

Leadership Conference

On November 7-8, 2019, the PCSW hosted a leadership conference for all juvenile officers and circuit managers from each of the 46 circuits. The conference, titled "Leading Together", provided an opportunity for the juvenile officer and circuit manager from each circuit to come together in order to collaborate around child welfare concerns. Juvenile Officers and Circuit Managers participated in leadership training, best practice discussions and identification of goals moving forward. Each team was given data for its circuit, and was asked to discuss the trends and possible strategies for improvement. The circuits were also encouraged to meet regularly to continue to discuss strategies for improvement.

Juvenile Court Judges/Commissioners Educational Conference

On April 17, 2020, the PCSW was scheduled to host juvenile court judges and commissioners to provide training specific to several areas of concerns. The training was to include education with regard to the American Bar Association's Judge's Guide to Safety and Framework for Safety, crossover youth initiatives, family first initiatives and legislative updates. This training has been postponed due the national pandemic outbreak of COVID-19 and will be rescheduled.

Facilitator Training

As part of prior discussions surrounding the regional convenings, the leadership conference and the technical assistance teams, the need for experienced facilitators has been identified as a need within each of the circuits, in order to assist teams in identification of areas of concern. Collaboration at the local level is key to successful problem solving and an experienced facilitator is essential in moving teams forward. In Spring 2020, the PCSW will work to identify individuals within each circuit to act as facilitators and to support the local team. Once individuals are identified, the PCSW will plan and host a training to assist the identified individuals in facilitation and best practice.

Regional Court Convenings

A series of regional convenings were held in the fall of 2018. The teams consisted of the judge, juvenile officer, Guardian Ad-Litem (GAL), Children's Division staff and contracted foster care case managers. At each court convening, participants were provided a binder/ toolkit which included information about roles and responsibilities, and information about the Family First Act. The convenings introduced the expectation that each circuit would begin or renew multidisciplinary court partnership efforts. In order to further support collaboration at the local level, the PCSW will host a second series of five regional convenings in the summer of 2020. The convenings will include additional participation from local stakeholders, to include up to ten (10) members of the multi-disciplinary team.

Court Technical Assistance (TA) Teams

Staff from the Children's Division and OSCA continue to provide support and regular data dissemination as a basis for each monthly discussion held between the juvenile officer and circuit manager. The Children's Division's data team continues producing quarterly reports for all 46 circuits, to be used as conversation starters, at court partnership meetings. Multiple trainings have been held within the circuits as requested. Several circuits have partnered to obtain training specific to legally sufficient referrals to the juvenile officer by the Children's Division when a request is made to remove a child from the home. Technical assistance has also been provided to assist circuits in electronic filing of documents by the Children's Division. The Children's

Division has hired a Court Engagement Coordinator to manage the technical requests from the circuits and to assist in data distribution, as well as information as to best practices in child welfare.

Jurist-in-Residence (JIR) Work

In addition to the regional convenings, Children's Division has also worked closely with OSCA and Casey Family Programs to assist with the Jurist-in-Residence program. The Jurist-in-Residence program pairs a retired judge (Judge James Welsh) with current members of the juvenile bench for mentoring and problem-solving support. Just as a youth in foster care often take advice most readily from their peers, and parents involved in the court system will readily turn to other system-involved parents for support, judges too will frequently contact other judges for guidance about best practices and decision-making. The Jurist-in Residence is contracted with OSCA to begin work in at least three counties. Although Children's Division is not a party to the contract, staff will provide ongoing consultation and collaboration to ensure its efficacy. Currently, the JIR program exists in the 7th, 9th, 19th and 34th judicial circuits.

- The 7th judicial circuit has collaborated with Synergy to hire navigators to provide daily contact with parents and children, specific to drug exposed infants in order to keep the child within the home.
- The 9th judicial circuit has collaborated to engage in multi-disciplinary trainings and parent cafes. Parent Cafes have been extremely successful within the circuit. The circuit has further collaborated with the Missouri Extension Office to provide support to parents, children and child welfare workers.
- The 19th judicial circuit has focused on support for drug exposed infants and in-home supports in order or infants to remain within the home. The circuit is working to obtain data as to the success of the interventions provided.
- The 34th judicial circuit has been successful in collaborating with area faith based communities to provide supports to parents and children. Because of the success in collaboration with the faith based community, the multi-disciplinary team will begin efforts to meet regularly with the area school partners. In addition, the circuit has begun to recruit for CASA and mentors to support children within the circuit.

Judicial Engagement Team (JET)

Collaboration between courts and child welfare agencies, along with other community stakeholders, has long been recognized as a requirement for the protection and well-being of children. The Children's Division has worked closely with Casey Family Programs Judicial Engagement Teams in Kansas City and Springfield, Missouri. JET is a tenured and highly experienced team that assists courts in using data to inform what needs to be done to achieve the best outcomes for children. These groups have addressed concerns such as Termination of Parental Rights, case backlogs, and reducing the number of youth placed in congregate care

settings. JET launched in the St. Louis area and continue to meet to assist in the resolution of concerns.

Staff Competency in Court

The Children's Division's Legal Aspects Trainers have identified the need for training of courtroom skills for all circuits in the state. The first round of trainings was scheduled for April 2020, however will be rescheduled and will continue until completion in the fall of 2020. The Legal Aspects trainers will collaborate with the local jurisdiction's attorneys and court personnel along with Children's Division staff. In addition, the Children's Division's Legal Aspects Trainers have created a Legal Aspects 360 for all circuit managers to participate in to refresh their knowledge of legal aspects in both investigations and alternative care.

Other Activities:

Children's Division's Data Team produces quarterly data reports for all 46 circuits (to be used as a conversation starter at court partnership meetings). The information provided to circuits includes; number of children in alternative care, number of children in relative placement, the number of children exiting care, the number of children entering care, the number of children re-entering care and the number of children reaching permanency within a specific timeframe.

- The Children's Division, as part of the Partnership for Child Well-Being and Safety Committee, has established a sub-committee to further explore implementation of the Title IV-E reimbursement to fund child and parent representation in Missouri. The Partnership has discussed the ability to implement under current statutory authority. After legal review, it was decided legislative changes would need to occur, as well as budgetary authority. Legal Services has also reached out to the Partnership and provided the committee with a potential plan to provide legal services for parents.

Adoption Resource Centers

Missouri adoptive parents have had the benefit of having Adoption Resource Center (ARC) services available since House Bill 11 (2007) and are currently providing funding for centers located in St. Louis, Kansas City, Springfield, Jefferson City, Rolla, Columbia, Northwest, and Southeast. The motivation for these centers was the prevention of adoption disruption and support to resource families. The centers were developed to create and utilize local and regional partnerships with other agencies providing similar services to maximize the funds available and avoid duplication or gaps in services. These centers in effect serve the eastern, western, central and southwest portions of Missouri and were awarded funding in the SFY20 budget totaling 1,957,379.

The Community Connections Youth Project (CCYP) was created to focus on increasing the quality of life experienced by youth impacted by the foster care system. By connecting youth to community-based resource providers, the hope is to maximize the impact of the health and well-being of former foster youth, producing a more effective continuum of care for this population. This project is launched through the Kansas City, Rolla, and Springfield centers and with a SFY 20 total budget of \$900,000.

There are common goals for concise reporting of outcomes to the Missouri legislature regarding efficacy of the program in which the ARCs developed. Outcome measurements in the quarterly reporting form captures numbers served in the following areas:

- Support Groups
- Respite Care
- Case Based Intervention
- Education (school advocacy)
- Crisis Intervention
- Training
- Specific Programs/Service of the ARC

In FY19 there were 10,977 families served, 15,650 children served and 145 adoptions disruptions avoided.

In addition to post adoption supports being provided by the Adoption Resource Centers, the St. Louis, Kansas City, Central Missouri and Springfield centers were awarded funding in the SFY20 budget totaling \$1,312,872 to carry on Extreme Recruitment Activities. Extreme Recruitment (ER) is a 12-20 week intensive intervention to identify relatives and kin for youth awaiting permanency in foster care. The ER staff includes family finders, as well as a private investigator, that mines the records of waiting children and identifies and then locates relatives and kin to be explored for potential placement. In addition to ER, the Adoption Resource Center on the eastern side of the state is using 30 Days Family™ which focuses on family search, engagement, and placement efforts for youth entering out-of-home care. 216 children were served by the ER program in the FY 19.

State Technical Assistance Team

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

in the number of child deaths to facilitate the development and implementation of prevention strategies.

STAT is managed by a DSS Deputy Director and has investigative staff available 24 hours a day to respond to requests for assistance. STAT's investigative responsibilities are considerably different than those of the CD. During CY19, STAT opened 193 investigative cases which directly resulted in the arrest of 72 persons for over 100 serious felony charges. It should be noted that additional felony charges may have been filed by other investigative agencies, but if STAT was not the primary investigative agency, they would not be included in these totals. In 2019, there were an additional 27 cases of sexual abuse which resulted in high technology forensic examinations. Seventy two individuals were arrested and charged with more than 135 felonies as a result of the STAT investigating contact and child exploitation cases.

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

The Missouri Child Fatality Review Program (CFRP) State Panel, consisting of members from various child protection professional disciplines, meets bi-annually to review topics of concern and identified trends and patterns of risk. The State Panel continues to recommend prevention efforts related to child deaths from same surface sleeping, unsafe bedding and abusive head trauma involving infants, among other types of child deaths. The Children's Division and STAT continue to promote safe sleep for infants with the use of brochures and materials provided by the Missouri Children's Trust Fund and the Department of Health and Senior Services. The CFRP Annual Reports from 2002 to 2017 are available for review at the following website: <http://www.dss.mo.gov/re/cfrar.htm>.

As a result of the reviews of individual child fatality cases, local CFRP panels made other specific recommendations for prevention during CY19. Some of these included: adequate prenatal care during pregnancy, appropriate safe sleep arrangements for infants, traffic safety, proper restraints and following traffic laws, appropriate parenting techniques and adequate supervision of young children, suicide prevention, firearm safety, when to seek medical care, fire safety, never leave a child alone or unattended in or around a vehicle, signs of child abuse and when to report, water safety, outdoor weather safety, ATV and bike safety, farm equipment safety, illegal drugs and prescription abuse, recognition of mental health concerns, and road signage and maintenance.

STAT notifies Central Office policy staff of all identified trends, patterns and spikes of risk to children. Practice Alerts have been sent to all CD staff addressing safety issues involving children, infants and toddlers. Practice Alerts remind staff of important policies or practices and

help ensure best practice continues to occur. The CA/N hotline number is available on the website accessible by the public, and information about the 1-800 hotline number is routinely disbursed during public training opportunities. Additionally, mandated reporters are routinely provided training on investigating child fatalities. Additional prevention efforts in the form of PowerPoint presentations and information fact sheets can be reviewed at the following website which is updated as needed: <http://www.dss.mo.gov/stat/prev.htm>.

Head Start

During FY19, the Missouri Department of Social Services, entered into a contract with the Curators of the University of Missouri on behalf of the University of Missouri – Missouri Head Start State Collaboration Office (MHSSCO) - Columbia. This contract includes both Early Head Start and Head Start. The contract period is for March 1, 2019 through February 29, 2020, with a renewal to go into effect March 1, 2020 through February 28, 2021. The funding amount is a firm, fixed price of twenty-five thousand dollars and zero cents (\$25,000.00) for services provided pursuant to the contract.

The local collaboration plan is designed to improve the coordination of services for the children and families served by both agencies. 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 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 child care services to help with school readiness. Accessing services also aids in ensuring:

- Reduction in the recurrence of child maltreatment
- Consistency in addressing risk of harm
- Consistency in addressing families’ needs for services and/or provision of services
- Availability and accessibility of needed services
- Fully engaging parents in child care choices
- Providing input to Children’s Division field staff for consideration in case planning, service delivery, and goal attainment through the Family Support Team involvement
- Diligent efforts to meet children’s early educational needs
- Assessment of mental health needs of the parent, as well as developmental and social/emotional needs of the child and provision of mental health services

Missouri Community Partnerships

For over a quarter century, Missouri has a unique network of collaborative organizations which focus on child and family wellbeing. These twenty Community 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

Because every community is unique the manner in which the Children's Division connects with the partnerships varies. At the core of their work is to help identify local needs and build strong relationships to address them. The way Children's Division utilizes these partnerships varies by community. When needs are identified, local staff approach the community partnership and collaborate to develop a solution. Many times, this collaboration includes other partners and agencies from the community.

The Family and Community Trust (FACT), also a non-profit corporation, is comprised of eleven state department heads and ten leaders from the corporate and civic arenas. This 21 member board provides guidance and direction to the 20 partnerships. The board meets regularly each year, and most of the Community Partnerships are represented at those meetings. The FACT web site is www.mofact.org. In addition to its work with the Community Partnerships, FACT is the Annie E. Casey Foundation KIDS COUNT grantee for Missouri and is working to battle childhood hunger as the statewide No Kid Hungry affiliate. The Executive Director of FACT is a standing member of the CFSR Advisory Committee.

The ability to address each community's unique needs is greatly enhanced by the large source of local volunteerism. During the current fiscal year, the partnerships have generated over 230,000 hours of volunteer service to their respective communities. In addition to the many service hours generated by the partnerships, they leveraged over \$8.00 for every \$1 of state funding provided them in FY19. They continue to be a good return on investment, and together, they serve over a half million individuals annually.

The main focus of Community Partnerships is the wellbeing of Missouri's children and families. The prevention of maltreatment of children and the safety of families are paramount within the Missouri Community Partnership initiatives. The following link contains the latest brochure, which includes information about the kinds of services and initiatives the Community Partnerships provide.

[MO FACT Brochure 11x17 revisions 4.3.20.pdf](#)

Across Missouri, the network of Community Partnerships has efforts similar to these to help each community's unique needs. The ability to coordinate their services with other local partners produces very effective results.

Missouri KidsFirst

Missouri KidsFirst is a statewide not for profit organization located in Jefferson City, Missouri. The Missouri KidsFirst Board of Directors is comprised of community and business leaders from across Missouri with a wide variety of backgrounds. They operate under an approved set of detailed by-laws.

For over 15 years, Missouri KidsFirst has been dedicated to protecting Missouri's children from abuse. Their mission is to empower adults to protect children from abuse and neglect through community education, professional training, and child advocacy. The mission points to some of Missouri KidsFirst's core beliefs. Namely—only adults can protect children, and it is every adult's responsibility to do so. This means that if children are to be safe, adults must have the knowledge, skills, and understanding required to act on behalf of children who are abused. Missouri KidsFirst's work falls into roughly three broad categories: education, advocacy, and prevention.

The Missouri Network of Child Advocacy Centers is a membership program under Missouri KidsFirst. The Network operates with program guidelines developed by the Network Directors. Each Director of the accredited regional centers in Missouri serves on the Network. There are 15 regional child advocacy centers (CACs) in Missouri, with 23 locations, serving each of Missouri's counties. Missouri KidsFirst works with the Network Directors in achieving the goals of the Network and works with all the Child Advocacy Centers coordinating service delivery, providing support, advocacy, training, and technical assistance.

While the work of Missouri KidsFirst extends beyond CACs, their core activities remain dedicated to members' needs and their success in serving children victimized by abusers. Training provided to CACs and their multidisciplinary team (MDT) members include:

- ***ChildFirst*[®] Missouri**-Missouri KidsFirst trains forensic interviewers and members of multi-disciplinary teams to conduct a child abuse case in a child-friendly manner. This training improves the effectiveness of all facets of child abuse cases from disclosure to prosecution to healing.
- **Forensic Interviewer Peer Review and Advanced Training**-Because of the critical nature of the forensic interview to the child abuse case, Forensic Interviewers are required to participate in peer review and ongoing advanced training to assure interviews are forensically sound, non-leading and representative of the latest research and best practice.
- **Victim Advocate Training**-This program teaches advocates effective techniques for serving victimized children and non-offending caregivers.

- **Multidisciplinary Team Facilitator Training-** This program teaches MDT leaders how to get the most out of their teams by reflecting on the diversity of cognitive styles, learning effective feedback techniques, and providing conflict resolution training. Creating and maintaining excellent MDTs greatly benefits children victimized by abuse.

Missouri KidsFirst manages the SAFE-CARE (Sexual Assault Forensic Examination-Child Abuse Resource and Education) network. SAFE-CARE is Missouri's medical response to child abuse. Missouri KidsFirst handles the SAFE-CARE network's logistics, facilitates monthly case reviews and provider update sessions, and gathers SAFE-CARE data. Missouri KidsFirst also recruits new SAFE-CARE providers and works with child abuse pediatricians to develop training to ensure that current providers maintain the standards of the SAFE-CARE network as established by the SAFE-CARE Advisory Council. Missouri KidsFirst and the SAFE-CARE network provides in-person and web-based training about medical forensics for Children's Division staff.

Prevent Child Abuse Missouri, a program of Missouri KidsFirst strives to create a statewide movement that explains how child abuse and neglect can be prevented and the role adults and organizations play in achieving that goal. The economic and social viability of every community depends on the healthy growth and development of children, supportive environments for children, and healthy, stable, and nurturing families. Prevent Child Abuse Missouri works to create this movement through several projects, including Stewards of Children Child Sexual Abuse Prevention Education, Mandated Reporter Training, Pinwheels for Prevention campaign, and the promotion of Child Abuse Prevention Month. They also offer a framework for building home-school-community relationships through training, a variety of resources, networking, technical assistance, and other professional development opportunities.

Supervision Advisory Committee

The Supervision Advisory Committee (SAC) consists of 15 supervisors representing all regions of the Missouri Children's Division and central office units. The Charter was revised in 2018 to expand membership to add two supervisors from the Child Abuse and Neglect Hotline Unit and one supervisor from the Out-of-Home Investigation Unit. Additionally serving on the committee are the Children's Division Quality Improvement Unit Manager, member of the Training Unit, CFSR State Lead and a University School of Social Work faculty member. The membership and activities of the SAC are conducted in accordance with the group's Charter. The agency provides support to ensure the implementation of SAC's strategic plan. The SAC provides formal recommendations to the 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 next quarter. The following is a description of each strategic goal and includes a summary of progress towards completion.

Strategic Goal 1: Supervision Skill Building

This goal focuses on enhancing supervision skill building for all supervisors statewide. The benchmarks include creating on the job training for supervisors, addressing needs for mentoring and shadowing veteran supervisors, addressing continued education and advanced training in areas, creating a supervisor toolbox for all supervisors. The members of this sub-group also assisted in planning the 2019 practice model showcase conference for all supervisors.

Strategic Goal 2: Recruitment and Retention

This goal focuses on increasing the recruitment and retention of agency employees. The benchmarks include creating designing and proposing a career ladder for supervisors, establishing an on-call system for AC workers, and reviewing retention practices and informing all circuits for the purpose of improving staff retention.

Strategic Goal 3: Practice Enhancement

This goal focuses on improving the performance of frontline staff and supervisors in order to serve families better. The benchmarks include instituting a supervisor web ex so that supervisors can share promising practices with supervisors across the state and soliciting input from supervisors on various topics. Emphasis on the cross-cutting themes identified in the CFSR have provided focus for this goal. One supervisor web ex was held in 2019, focusing on risk and safety assessments.

In addition to strategic plan goals, SAC has provided recommendations and feedback to leadership to enhance numerous initiatives across the State, including recruitment and retention, policy manual revisions, case planning, and regional accreditation strategies.

Regional Collaborations

In addition to the statewide collaborations described above, there are numerous collaborations occurring locally. Following are a few examples for each region.

Northern Region:

- All 22 circuits in the Northern Region are expected to ensure that schools and other requesting agencies receive training on mandated reporting for child abuse/neglect reporting.
- Adopt a Children's Division Worker (ACDW) has been implemented in two circuits in the northwest. This consists of churches being matched with FCS and CAN workers to provide support to families, including material items, as well as skill-based support to include:

mentoring, job preparation skills, tutoring, organization, cleaning assistance, etc. The goal of the program is to support the prevention of abuse/neglect by creating supports for families where none or little exists, and providing basic necessities families need. Two examples of recent support provided by this program include: churches arranging and providing a taxi service for a child to attend an after-school program and a retired school teacher providing mentoring to parents and tutoring to a child. Both of these cases are high risk, Family-Centered Services cases.

- Two Circuits are working with local churches and community organizations to provide Strengthening Families, a skill-based intervention program for the entire family. The local churches and community “wrap around” the program to ensure no barriers are present and that the family has a positive experience. Childcare, meals, and transportation are provided. “Table hosts” will be present during meal time to sit with families and at a minimum, provide modeling and healthy conversation. The hope is through these relationships, more informal supports can be developed for the families. The main components of the curriculum are: Nurturing, Improving Communication, and Boundary Setting. The vision is in five years to see faith partners and community agencies providing this evidence-based intervention program to families. Currently, the involvement for this includes a few Children’s Division staff from each office, several local faith partners, a few non-for-profit agencies, and the local Juvenile Offices.
- Bright Futures works with the Mexico Public School in Audrain County to identify the needs of the youth who attend the school and connect them with local resources. Bright Futures is a grassroots-type effort made up of all community groups (business, churches, parents, civic and human services groups) who come together sharing their time, talent and/or treasure to support school children. The thought is that when a community invests in the youth and meets their needs, they can focus on education. In return, the results will be higher self-worth, staying in school, achieving higher education, and being successful. The group meets monthly over lunch. In attendance at the meeting includes the principal, school counselor, numerous faith-based community partners, Juvenile Officer, Children’s Division, and youth from the school (high school level).
- The 14th Circuit Children’s Division is collaborating with the City of Moberly and the Moberly Police Department. The City has obtained grants to purchase buckets full of cleaning supplies for families. The buckets contain anything from trash bags and laundry detergent to lice removal kits. This is a program the City plans to continue, and the local office is excited to work with them on it.
- The 13th Circuit Children’s Division has been working with the Child Advocacy Center, Rainbow House, in Columbia for the past two years to develop a protocol on how to address, investigate, and provide services to children who have been Commercially Sexually Exploited. The core group working on a protocol has been the Circuit Manager, Central Office program specialist, the Rainbow House, Boone County Sheriff’s Department, Columbia Police Department representative, an emergency room SAFE nurse from

University of Missouri, and at times a representative from True North Domestic Violence Shelter, as well as the Juvenile Office. A memorandum of understanding was signed by each discipline. The group has developed a protocol for the community and how to pull the multi-disciplinary team together in the case of human trafficking. Since the protocol has been developed, trainings in the community have occurred to educate the different disciplines about human trafficking and the protocol.

- Circuits 9-14 and Circuit 19 continues its work with Parent Cafe' to engage parents. Collaboration with the Fatherhood Initiative (under the administration of Brian Williams) continues in the hopes of starting self-standing parent support and advocacy groups.
- Several Circuits have begun working with the CarePortal, including Circuits 5, 6, 7, 12, 13, 19, 20 and 23. The CarePortal allows the Children's Division to link families with needs to church members with resources to assist them. Tier 1 services are initiated in all of the circuits, and Tier 2 supports are now being started in Circuits 5, 6, and 7.
- Several Circuits are collaborating with their churches to ensure that needs for families and children are met through volunteers from churches.
- Circuits 7 and 20 are collaborating with Health Agencies, Maternity Hospitals, OB/GYN's and other agencies to assist in arranging treatment for pregnant mothers who test positive for illegal substances in an effort to seek treatment prior to child delivery.
- Circuit 41 has a supply closet for families and children in Alternative Care, which is supplied by a local church. Staff is able to take items such as cleaning supplies and other household goods to families in need. Hygiene products and a few clothing items are on hand for all children entering or residing in foster care.
- There are several clothing and supplies stores for our resource parents throughout the region, which is a collaboration with Foster Adopt Connect in several Northwest Circuits. Angels Wings serves several Northeast Circuits and supply closets in many other counties.

Jackson County:

- Jackson County continues to have workers co-located with several community partners to support wellbeing and decrease the need for foster care in the community. Jackson County has memorandums of agreement with three municipal jurisdictions to have workers co-located at a local law enforcement station. There is a team of workers located with Kansas City and one or two workers with Independence and Sugar Creek police departments. There is a Children's Division specialist co-located within the Social Work Department at Children's Mercy Hospital. As social distancing guidelines due to COVID-19 are lifted, staff will resume co-location. An office at Children's Mercy Hospital augments health and safety planning collaboration and supports discharge planning for children in families who may be involved with the agency and extraordinary medical needs. Synergy Youth Resiliency Center provided space at no cost to the county for adoption recruitment/ family funfest activities, providing a natural festive arts and

recreation venue for children and families to get to know each other and make a possible permanent connection.

- In the past several years, Jackson County's collaborative efforts alongside the faith community provide ministry connection to several local congregations for a variety of services that support positive wellbeing. The Care Portal is an online request system which connects state workers with congregations who may be able to fulfill needs of a family, such as concrete/ physical goods or relational services such as transportation or mentoring. The downtown campus of the Church of Resurrection provides meeting space once a month at no charge for Permanency Planning Review Team (PPRT) meetings, and the congregation coordinates the community partner (third party) attendance for these meetings. Congregations such as Evangel in south Kansas City volunteer to provide space, snacks, and drinks for workforce team meetings and adoption recruitment/ family funfest activities. Each spring, there is coordination by a local church for a prom dress boutique which provides prom dresses at no cost to youth in care. Evangel Church hosts a graduation event for older youth and youth adults in foster care, and several congregations called out to their congregations to develop or support new foster and adoptive parents.

Southwest Region:

23rd Circuit:

Jefferson County is very active in the community and works closely with community partners, which is a huge strength for the circuit. The Children's Division participates in Systems of Care along with the Juvenile Office, the local mental health provider, the Department of Mental Health, school members, and other community stakeholders. Several supervisors in the office participate in Truancy Court held at several schools. Jefferson County participates in the Faith-Based Initiative, a collaborative effort between the Children's Division and the Faith-Based community intended to build relationships with and among Faith Based partners in the communities for the purpose of promoting safe and healthy children, youth, and families.

Jefferson County Children's Division, in conjunction with the Juvenile Office, contracted agencies, Office of State and Court Administrators (OSCA), Court Appointed Special Advocates (CASA), and Judges meet monthly for Fostering Court Improvement (FCI). The goal of these meetings is to enhance communication and practice. This multidisciplinary team work promotes communication, understanding, problem solving, and accountability. The group remains focused on improving practice in working with the children and families within the circuit.

The 23rd Judicial Circuit has developed a voluntary Drug Court program for parents with a pervasive substance abuse issue. Participants must agree to participate in the program for one year. Parents are drug tested weekly, meet with the Judge and members of their Family Support Team weekly, and gain a strong support system to prevent future relapse. This program is an

asset to the circuit as it has reduced the recidivism rate and increases the likelihood of children being reunified with their parents.

Supervisors within the circuit offer various trainings for community partners, which include presenting at the Truancy Conference, offering mandated reporter training to schools and the Sheriff's Department, and presenting information regarding foster care to stakeholder agencies. These collaborations provide an opportunity to share information regarding each agency's mission, practices, and policies which help to provide better outcomes for families.

Jefferson County has been a leader within the state of Missouri in regard to placing children in relative and kinship homes. Well over 50% of the children in alternative care are placed in the home of a relative or kinship provider.

Jefferson County Children's Division has a representative that sits on the Child Fatality Review Panel. This is a monthly meeting. All fatality cases of children (0 - 17) having died in Jefferson County are reviewed. The cases remain on the review list until the medical examiner has signed out the cause and manner of death and the prosecuting attorney has made a decision if criminal charges are to be filed.

Jefferson County Investigation supervisors participate in monthly Child Advocacy Center (CAC) Case Reviews along with representatives from the CAC, Prosecuting Attorney (PA), Law Enforcement agencies, and Juvenile Office. All cases where children have been interviewed at the CAC are reviewed and discussed as to what actions are still needed. Cases remain on the review list until the PA has made a determination as to whether criminal charges will be filed.

Jefferson County Supervisors and Workers work in collaboration with the various school districts to hold prevention meetings for at risk students. These meetings are held for truancy, behavior issues, and educational issues in an attempt to work with the family on a voluntary basis to prevent these issues from rising to the level of abuse or neglect. Together the family, school, community members, and Children's Division offer services that everyone feels would be beneficial to the family in order to resolve the issues before a hotline is needed.

Children's Division and ComTrea, the local mental health provider, have worked together to provide families with a working and sustainable treatment plan. Working together has provided families with more customized intensive services. For families with multiple needs the collaboration has been able to find a treatment plan that will help the family address all of their needs between the two agencies. This provides the families with a wider range of services that not only address any abuse or neglect but also any mental health issues. This allows the families to utilize all the services between agencies to help them make the changes that are needed to have a healthy family.

Jefferson County Children’s Division recently partnered with Jefferson Community Partnership, DMH, and ComTrea to draft an MOU for the Foster Youth to Independence Initiative. The purpose of this initiative is to assist with housing to young people aging out of foster care and who are at extreme risk of experiencing homelessness. Through the Foster Youth to Independence Initiative, housing vouchers are available through local public housing authorities to prevent or end homelessness among young adults under the age of 25 who are, or have recently left, the foster care system without a home to go to.

Jefferson County Children’s Division has three members on the Jefferson County Foster Care Fund (JCFCF). This organization receives donations and raises funds to provide scholarships and funding for individual foster children. JCFCF also puts together yearly events that include an Easter egg hunt, Foster Parent Appreciation Picnic, and a Christmas Party for foster children and resource providers. JCFCF also offers programs for each individual foster child to include birthday buddies, infant layettes, and a necessity nook.

25th Circuit:

- The following are ways that The Community Partnership (TCP) in Rolla works with local Children’s Division Offices:
 - Contractor for the Chafee Independent Living program in the 25th Judicial Circuit
 - Contractor for the Personal Responsibility Education Program for foster youth (sex education classes) in the 25th Judicial Circuit
 - Co-Host and sponsor of the Annual Linking Hearts Adoption Event
 - Partnership staff serve as a regular community member for PPRTs and adoption staffings
 - Serves as an information and referral network to connect Children’s Division workers and their clients to various resources in our community to meet their needs
 - Assists with foster parent training by providing a free resource lending library for them to use for training hours and participates in STARS panel
 - Serves as fiscal agent for local Children’s Division donations
 - A Children’s Division representative serves as a member of the organization’s Advisory Council to provide input on trends in the community (concerns, needs, gaps in services, etc.).

- There is an MOU with Fort Leonard Wood (FLW) to conduct investigations and assessments on base. In this, the Children’s Division is also a part of the Case Review Committee (CRC) team. This is a multidisciplinary team appointed by the Garrison Commander and supervised by the General Leonard Wood Army Community Hospital (GLWACH) Commander to handle cases involving a Military Family where the children have or are suspected of having been abused. The 25th Circuit Manager or designee attends these CRC meetings as well as any Child Fatality reviews.

- The 25th Circuit is also working with two different foster parent organizations, Central Missouri Foster Care and Adoption Association and Foster and Adopt Connect. Children's Division is able to refer families to receive clothing/resources; foster parent training; home studies and recruitment of foster parents; extreme recruitment and finding connections for youth with a goal of adoption; etc.
- Starting October 2019, Meramec Regional Planning Commission (MRPC) was granted a two phase, three year project through the Office of Juvenile Justice and Delinquency Prevention (OJJDP) in an effort to rid the Meramec Region of the opioid epidemic. The target population of this project is at-risk children, youth, and families who use opioids, are at risk for using opioids, or have family members that use opioids. This includes children, youth, and families in all eight counties of the Meramec Region: Crawford, Dent, Gasconade, Maries, Osage, Phelps, Pulaski, and Washington.

Phase 1: Planning

Dates: October 1, 2019 - September 30, 2020

Goal: Increase agency collaboration to foster a multisystemic response to the opioid crisis.

Objectives: Develop a multi-agency consortium of stakeholders that have a regional representation of law enforcement, prosecutors, courts, probation, Division of Family Services, health care, mental health, and prevention organizations; Coordinate with OJJDP to conduct community needs assessments and SWOT analyses.

Phase 2: Implementation

Dates: October 1, 2020 - October 1, 2022

Goal: Reduce negative outcomes for children, youth, and their families impacted by the opioid crisis.

Objective: Implement a minimum of three multisystemic strategies to reduce youth opioid abuse and opioid-related deaths.

- C-STEM collaboration between CMH, CD, and TCH: Partnership to meet as many needs of the community as possible. The collaboration shares ideas and concerns and problem-solves as much as possible.
- The **Crisis Intervention Team** (CIT) program is a community partnership of law enforcement, mental health and addiction professionals, individuals who live with mental illness and/or addiction disorders, their families and other advocates.
- The 25th is involved with Kids Harbor II, the local Child Advocacy group. Phelps, Pulaski and Texas Counties have involvement with Multi-Disciplinary Teams. The circuit works locally with all Food and Service facilities in each county that offers assistance.

32nd Circuit:

The 32nd Circuit collaborates with a number of agencies in an effort to meet the needs of children and families. There are workers who regularly attend monthly meetings at the Caring Community Council. These meetings are held with First Call for Help, Mental Health, Housing, and Division of Youth Services (DYS) staff. The Caring Community Council has various grants through which services can be accessed. They offer family assistance with payments for utilities, housing programs, and even cleaning supplies. There are Children's Division staff members who attend quarterly case manager meetings. A variety of issues are discussed at each meeting that affects case managers and clients in the area. Staff also attends The Children's Coalition, which includes adoptive and foster parents and other interested individuals, as well as representatives from local foster and adoption organizations, such as CASA (Court Appointed Special Advocates), Hope For One More, Lutheran Family and Children's Services, and Room for One More. These organizations offer support to families and foster families in the area. The coalition promotes community events related to foster and adoptive families and promote events that offer training hours to foster parents and relative providers. The team works together regarding the best way to promote events in an effort for families to get the support they need. The 32nd Circuit also partners with the EPIC coalition in supporting local events to reach out to children and families in regards to substance abuse awareness and substance abuse. EPIC also provides staff to assist with supervised visits between parents and children in state's custody. Support through both the family and adult drug courts working with CD staff have worked to promote activities and provide support for children and families.

Perry County in the 32nd Circuit has a system of Care to have local stakeholders involved for families with children with severe mental health needs. This is a collaboration with the Department of Mental Health through the Community Counseling Center and with the participation of other service providers in the area. The Juvenile Office is also involved. There is already an established Systems of Care meeting in Cape Girardeau which meets monthly whereby Children's Division meets with DMH, CCC, Catholic Charities and School personnel in an effort to wrap around services for families with children with severe mental health and other issues.

When needs cannot be met for families and children through other resources and agencies, the 32nd Circuit is able to go through the Care Portal for assistance. The Care Portal was developed with Churches in both Cape and Bollinger Counties. The Care Portal has provided families with such things as furniture, bedding, air conditioners, utility assistance, and other necessities. In addition, the 32nd Circuit has Fostering Court Improvement, Fatality Panel meetings (to look at ways to possibly reduce fatalities and look for certain trends and possible risk factors), and quarterly meetings with Safe/Care providers.

In working with the Juvenile Office, the circuit has focused on older youth and have received grants to assist the older youth population (age 14 and up) in providing support and enabling networking for Juveniles in state's custody. These programs offer a variety of activities and potential employment options and are available for older youth throughout all three counties in the Circuit. Children's Division staff have been able to refer older youth to participate in this opportunities as available.

33rd Circuit:

In the 33rd Circuit, the Area Resource Council meets monthly to discuss new and existing resources. Participants include Probation and Parole, Division of Youth Services, Department of Health and Senior Services, SEMO Council on Aging, Health Department, Ministers, Mission MO (drug rehab program), SEMO Food Bank, directors from area nursing homes, Bootheel Counseling, Experience Works, MO Career Center, Mississippi County Caring Committee, New Madrid Family Resource Center, Family Assistance Specialist with the National Guard, Catholic Charities, Red Cross, representative with Hospice, and people working with those who have been incarcerated.

The 33rd Circuit is also an FCI site and is meeting monthly with the Judge, Juvenile Office, GAL, CASA, Division of Youth Services, Drug Court, Law Enforcement, School Liaison, and Attorneys. During these meetings, things that are working well with the families and children and things needing improvement are discussed. Also discussed are new and existing resources in the area. Children's Division also collaborates with the school liaison to help train mandated reporting every school year to the school staff. Children's Division supervisors and workers also attend different meetings in the community, either quarterly or monthly, to help improve services to families and children, and to continue a positive relationship with community members.

The 33rd Circuit also has a Systems of Care Program. This is a collaboration with the Department of Mental Health through Bootheel, the Juvenile Office, School Liaison, and Catholic Charities to provide wrap around services for families with children who have severe mental health issues and other issues. Many other community partners come depending on the child and the families.

When needs cannot be met for families and children through other resources and agencies, the 33nd Circuit is able to go through the Care Portal for assistance. The Care Portal was developed with Churches in Scott and Mississippi Counties. The workers are able to submit request for a family which can include, clothing, and helping to pay bills, furniture, etc. Meetings with the Care Portal representative occur every 3 months to discuss how things are going and what improvements can be made.

There is also a Fatality Review Panel which meets whenever there is a fatality in the community. This is made up of the Juvenile Office., Prosecuting Attorney, Law Enforcement, STAT team

member, and medical professional. This panel discussed ways to possibly reduce fatalities in our community and look for on-going trends.

35th Circuit:

In the 35th Circuit there are collaboration meetings throughout the circuit that meet monthly, quarterly or bi-annually including the following:

- Systems of Care Stoddard – monthly - The Children’s Division along with local stakeholders come together to support families with children with severe mental health needs. This is a collaboration with the Department of Mental Health through Bootheel Counseling Center and with the participation of the Stoddard County Juvenile Office. These meetings transpire in an effort to wrap around services for families with children with severe mental health and other issues.
- Stoddard County Resource Council – monthly - This meeting serves as a collaborative event with local stakeholders each stakeholder provides an update to the services, programs and incentives in place within their agencies. These programs include but not limited to MERS Goodwill, Bootheel Counseling, MPACT, Parents as Teachers, and Stoddard County Case Management through the Dept. of Mental Health.
- Parents as Teachers-A semi-annual meeting is attending along with other stakeholders to explore services, resources and additional educational options for children under age five within the county.
- SEMO College meetings are held with different stakeholders at each campus, this is a FOCUS group to try to get kids in college, planned parenting, and working for investments in the future.
- Infant Mortality Board through Bootheel Consortium-Dunklin and Stoddard-Quarterly – focus on exploring strategic ways to prevent child deaths, targeting pre/postnatal women and families struggling with mental health issues.
- Child Fatality Review Boards-Stoddard and Dunklin periodic meetings reviewing deaths of children 17 and under in each county.
- Superintendent Meetings are held quarterly in Dunklin County with all area school Superintendents, the Juvenile Office, the Juvenile Judge, and the Children’s Division supervisor and Circuit Manager. Various topics are discussed, including mandated reporters, SAFE exams, and the procedure, legislation, and how all agencies can work more congruently together.
- Signs of Safety Implementation meetings-Stoddard and Dunklin-utilized to work through the changes Signs of Safety brings to practice and to keep staff updated and well informed.
- TDM-Steering committee meetings are held to guide the process within the Circuit.
- Community representatives participate in PPRT meetings as well as TDM meeting within the Circuit.

- Multi-Disciplinary Reviews-Stoddard and Dunklin – Quarterly- meeting with Child Advocacy Centers-Prosecutors and Law Enforcement-the meeting serves to advise all parties the status of the pending CA/N and criminal investigations in regards to children that have completed SAFE exams.
- Children’s Home boards meetings-Stoddard and Dunklin-monthly in both Stoddard and Dunklin Counties.
- CASA-Dunklin County-The Division and CASA work together in all juvenile cases through Dunklin County.

The Children’s Division Circuit Manager keeps Judges, Juvenile Offices, GAL, Juvenile Office and attorneys advised of major changes or updates. One-on-one meetings are also held to discuss changes and develop local protocols if needed to ensure a holistic approach

Contacts remain with the local newspaper and online newspaper to help assist with recruitment efforts -all staffed by state office contacts

Local Business’s in Stoddard and Dunklin have advertised scheduled foster parent classes through billboards and flyers

Faith-based agencies assist and provide support for foster children and foster parents with Christmas parties for youth in foster care as well as Foster Parent Appreciation dinners. Local churches are also instrumental in recruitment efforts, sharing with congregations periodically a need for foster parents in the Circuit, several churches have “clothes closets” for any child in need.

36th Circuit:

The 36th Circuit Children’s Division works closely with several community partners:

- Butler County Community Council (CRC) – This group meets monthly with various community partners including Children’s Division, Probation & Parole, Department of Mental Health, Family Counseling Center, Southeast Behavioral Health, Foster Adopt Connect, Great Circle, University of Missouri Extension, local public schools and Three Rivers College. Local CD staff attend and participate in four committees: Juvenile Crime Reduction, We Can Be Drug Free Coalition, Mental Health Sub-committee, and Domestic Violence Taskforce. With the support of the CRC, yearly conferences are hosted for various topics including Autism, Suicide Prevention, Anti-bullying, Child Abuse & Domestic Violence, Grandparents Raising Grandchildren.
- Ripley County Community Partnership (RCCP) – This monthly meeting is held during the lunch hour with lunch catered each month by RCCP. Members consist of individuals from CD, DHSS, Probation & Parole, Salvation Army, Adult Education & Literacy, MERS Goodwill, Ozark Foothills Regional Planning Commission, Great Circle, local public schools and law enforcement. Updates are provided by each agency with a special presentation each month. The RCCP Program Director provides free parenting classes to families as needed. Another valuable service provided by RCCP is the SkillUP

Employment program and Coaching. RCCP also provided Christmas gifts to all foster children in Ripley County.

- Family Counseling Center (FCC) - Children's Division works cooperatively with the Family Counseling Center to provide Systems of Care (SOC) services. A team of community service providers meets monthly to staff a particularly difficult case in an effort to develop a good service delivery plan for the child/family. Team members can refer families of concern. If a family is selected, the team will meet with the family to gain information and discuss what services could benefit the family. The team then follows the case to monitor progress.
 - CD, FCC, JO & CASA meet monthly to discuss inter-agency issues, address problems and build collaboration. FCC representatives are also regular participants in TDM's and Level II CQI participants.
- Substance Use Disorder Treatment Centers – The 36th Circuit substance use disorder treatment resources consist of SEMO Behavioral Health that has both inpatient and outpatient services as well as a few different outpatient faith-based programs. Crossroads Recovery for men, Recycling Grace for women, Christ's Way Recovery for both men/women Reformers Unanimous and Fellowship of Acceptance, a family focused treatment program. CD collaborates with representatives from all of these programs to meet the specific needs of the family.
- Bread Shed - This local resource has been a tremendous support to the community through monthly food distribution in Butler County (2nd Saturday) and Ripley County (3rd Saturday). The Bread Shed also hosts a free lunch open to the public every Sunday afternoon. Support is available to provide emergency food/household items and unlimited supply of diapers for children/families in crisis. This has become a valued resource for CD staff. Bread Shed coordinators have provided unconditional support to CD over the past few years. The Bread Shed building has been made available for foster parent recruitment events and the annual Foster Parent Appreciation dinner.
- Faith Based Community –For the past 2-3 years, The Bluff Church has hosted a very successful drive within the Poplar Bluff community to raise awareness and get numerous donations of personal/household items/gift cards for foster children and intact families. Westwood Baptist Church has hosted the annual Foster Kids' Christmas party for the past several years. Several churches have hosted recruitment events in an effort to increase the numbers of resource families to take in children either through foster or respite care. Representatives from the churches (foster/adoptive parents) have done radio PSA's, paid for Facebook promotional ads, used billboards and yard signs to assist in recruitment and raising awareness. The work to engage the faith based community is an ongoing process.
- Foster Adopt Connect (FAC) – Staff at FAC have been very supportive to the local CD offices in a variety of ways. They often attend PPRT's/TDM's and Level II CQI as community representatives. They have also assisted with the Foster Parent Appreciation Dinner. They support and advocate for resource parents and have opened their clothing

store (Sammy's Window) to not only foster children but also FCS families in crisis situations. FAC has also graciously offered their conference room for TDM's when needed.

- Haven House - Women's domestic violence shelter – CD works closely with staff at Haven House who provide crisis support, parenting education and advocacy. Haven House staff attend FST's/ TDM's, Court and often assist with employment and housing. CD Circuit Manager serves on the Haven House Board of Directors.
- Great Circle Child Advocacy Center, Women's Center & Emergency Youth Shelter - The CSW IV for the CA/N unit, law enforcement and Prosecuting Attorney attend monthly MDT meetings hosted by Great Circle CAC to review outcome data and track court cases resulting from CD involvement. Great Circle also works closely with CD to provide emergency residential treatment when kids come into care as well as provide emergency crisis care for children who are not in care. Great Circle representatives provide a lot of support to CD staff through frequently attending FST's/TDM's when needed. Great Circle is also a Level II CQI participant.
- Butler County Truancy Court - CD, PB school attendance officer and JO have developed a very good system of collaboration on truancy cases. The CSW IV for the FCS unit is the truancy specialist for cases related to educational neglect. She attends all truancy court hearings and provides input as to what CD can/cannot offer a youth or family before the FCS referral is made. By developing this rapport with the truancy court team members, it helps prevent inappropriate FCS referrals and/or requests for custody from being made. TDM's are now held prior to a petition being filed for CD custody due to educational neglect.

37th Circuit:

The 37th Circuit has a strong working partnership with the Oregon County faith-based group. The group arranges for monthly food distribution. The group tries to reach out to families who are working and do not qualify for the SNAP program. Churches donate money, and food is purchased at area food harvest centers. Church workers transport, package and distribute the food. The faith-based group is working to reestablish the soup kitchen on a monthly basis. In addition, the group loans DVDs of The Parenting Skills Program 123 Magic to families and discusses them with parents in individual parenting need. The group is looking into the feasibility of establishing a homeless shelter for families in the area. A site has been donated. On an ongoing basis, the Division will contact the employee who is involved with the faith-based group to let the group know of specific needs of families, such as furniture and bedding. The 37th Circuit also partners with Birthday Blessings who provide birthday presents, cake mix, candles, cups, plates, and decorative cups for all children who are in care or a part of a Family-Centered Services Case. Birthday Blessing makes sure to wrap all gifts with cheerful wrapping paper and bows and places them in duffel bags, so if children have to move, they have something in which to put their clothes. Birthday Blessings also furnishes each child in Alternative Care a small

Christmas gift. The 37th also partners with the Diaper Resource Center; which provides diapers to those in the 37th Circuit that need diapers. They also work with our foster parents who may have children with special needs that require additional diapers that diaper allowance does not cover, or Missouri Health Net does not cover.

42nd Circuit:

The 42nd Circuit has two Systems of Care Meetings quarterly. One is in Iron County with Pathways, and the other is in Wayne County with the Family Counseling Center. These meetings are to coordinate services and care for families in need in the community.

The circuit has quarterly Multi-Disciplinary meetings in Crawford, Dent, Iron, Reynolds, and Wayne counties. These are led by the CAC and involve Law Enforcement, Children's Division, and the local prosecutor. During these meetings, discussions include how practices can be improved to better complete investigations and keep children safe.

The Fostering Court Improvement team also meets quarterly to address any issues with the court and to review data. The judge, Juvenile Office, Children's Division, OSCA, and CASA are involved in these meetings. Topics of discussion include Signs of Safety as well as the needs of the agencies involved.

There is a collaboration with the Juvenile Office and Judge Thompson along with Law Enforcement, prosecuting attorney, CD, and Victims Advocate to do mock trials, education, and outreach with local school districts.

A monthly collaborative meeting with the Crawford County JO, CD and LE to improve service delivery on CA/N reports has recently begun.

Circuit staff participate in community meetings with The Rotary Club in Dent County and an Opioid Response Group for Crawford and Dent Counties.

Southwest Region:

- The 26th Circuit currently has monthly meetings with the Lebanon School District and Eldon School District. New policies and changes occurring with the Children's Division are shared with school administration or speakers provide information to the school in regards to abuse and neglect. The school also shares struggles and concerns which are discussed. The Camden County Child Advocacy Council runs a thrift store in Camdenton and provides the local Children's Division office with funding such as gas cards, lice treatment supplies and other necessities for families. The Circuit Manager and local DLS attorney meets with the Chief Juvenile Officer periodically to discuss concerns and new ideas for the Circuit. The Children's Division has again collaborated with the Juvenile Office and Kid's Harbor (local CAC) to provide information to all of the churches in the Circuit. The Juvenile Office provided funding to have pamphlets made, and currently,

staff is in the process of delivering them to the churches. Churches have agreed to hand these out one Sunday in April since it is Child Abuse Awareness month.

- The 27th Circuit Children’s Division has developed a strong relationship and works collaboratively with the 27th Circuit Juvenile Office. The 27th Circuit Juvenile Officers are involved with open investigations when necessary, attend Family Support Team meetings on Family-Centered Service families, attend home visits with Children’s Division staff, etc. The 27th Circuit holds monthly court staffings between the Juvenile Office, GAL and Children’s Division staff for all three counties to better prepare for each month’s juvenile court hearings. Normally, these court staffings are held the Monday prior to the scheduled Juvenile Law Day. These court staffings allow for Children’s Division, the Juvenile Office, and GALs to review the Children’s Division’s court reports and discuss if further information will be needed for the Juvenile Court Hearing. The 27th Circuit Children’s Division and Juvenile Office managers also meet every other month to discuss upcoming statute and practice changes for each agency and how those changes will affect the circuit.
- Bright Futures of Clinton - Since September 2014, the Clinton Community has partnered with other Bright Future Initiatives to be able to provide for children’s needs in the Clinton School District. Bright Futures is a grassroots-type effort made up of all community groups (business, churches, parents, civic and human services groups) who come together sharing their time, talent and/or treasure to support Clinton school children. The goal is to meet the needs that may go unmet and also to provide mentoring and other programs and efforts to help nurture local children into the thriving, successful, contributing adults the community knows they can be. Children who are hungry, cold, tired, humiliated, etc. cannot learn and succeed. It is the goal of Bright Futures Clinton to combat these barriers to success by forming relationships, connecting, and working together. Currently, the Children’s Division has a staff serving on the Advisory Board. Examples of their projects, including the following: community book drive, Monday with Mom, Back to School Fair, mentoring program, adopt a class/school, meeting individual students’ needs, etc.
- Door of Hope is a faith-based, non-profit organization, which provides parenting education and support to parents in the Clinton community. The organization recognized the importance of father involvement and has groups and individual meetings, also, within Door of Hope. There is a Maternity House called “Well of Hope,” which is designed for teenage and young moms who may be homeless. Currently, there is a Henry County Children’s Division staff member who meets with Door of Hope to ensure families are receiving the support they need to be successful.

- Lily’s House- The goal of Lily’s House is to provide temporary and emergency housing to women and children in the Bates County area, and have plans to expand to surrounding areas. The founder of the organization is a Bates County foster parent and recognized a need to keep mothers and children together despite their drug addiction. They plan to provide supports of parenting education and transportation. The organization has partnered with local professionals, including Children’s Division in order to collectively serve the families of Bates County.
- The 28th Circuit currently engages in collaboration with community partners throughout its four counties. Dade County has a monthly meeting – County Connections – which includes individuals from Health Department, Work Force Development, Emergency Management, Ministerial Alliance, OACAC, Conservation Department, Children’s Division, schools, County Commissioners, Community Partnership, and other individuals who have an interest in service to the community. The group has been involved in Drug Take-Back programs; school back pack weekend food projects, domestic violence prevention, child abuse/neglect prevention discussions, foster parent recruitment opportunities, and other activities. The Greenfield Area Ministerial Alliance and Vernon County Ministerial Alliance partners with Children’s Division to meet specific needs when they are identified for our families and children
- Collaboration also occurs in each of the 28th Circuit’s four counties with public schools. The Juvenile office coordinates meetings with a majority of the public schools monthly to share resources and agency information to help promote beneficial services to families. Children’s Division actively participates in these collaborative efforts. Partnerships also exist with several non-profit organizations that support child welfare throughout the Circuit. Two of these organizations are the Child Advocacy Council and Fostering Hope. The Child Advocacy Council provides services such as financial support to families engaged in services with Children’s Division and promotes child abuse awareness within the community. Fostering Hope is a faith-based, nonprofit organization founded to provide support to children in foster care, raise awareness of child abuse and neglect, recruit and support foster families, and support Children’s Division staff. The 28th Circuit has also gained support from the Lamar Elks Lodge & Lamar Girls Scouts in an effort to make Children’s Division children feel special on their birthday through a program called “Birthday Celebrations.” Children’s Division also collaborates monthly on the Vernon County domestic violence task force.
- Fostering Hope, in the 29th Circuit, is a faith-based, nonprofit organization founded to provide support to children in foster care, raise awareness of child abuse and neglect, recruit and support foster families, and support Children’s Division staff. Fostering Hope is primarily made up of foster parents, but it has a wide network of faith and non-faith-based connections which contribute to the overall mission. Fostering Hope opened the

Caring Closet, where foster children and resource parents can go to get clothes and some other needs met, above and beyond what the state can and does provide. The organization also partners with the Children's Division to hold a community child abuse prevention and awareness event. Also, the organization is an important partner in holding our foster parent appreciation dinner and employee recognition events. Fostering Hope helps agency staff connect children's needs with actual goods and services the youth need, which many times cannot be met in any other manner.

- One of the other major community collaborations in the 29th Circuit is One Joplin, where community leaders from nonprofit agencies come together to discuss and plan community awareness and interventions connected to major social issues. Children's Division was involved from the very beginning and has helped shape the agenda to include focusing on child abuse and neglect.
- Dallas County: the Dallas County Resource Group is a team that meets monthly in Buffalo, Missouri, led by the Dallas County Health Department. The group consists of people from local resource agencies, for example, the schools, DMH, Health Department, medical facilities, Children's Division, Bikers Against Child Abuse (BACA), LE, etc. sharing input on what their agencies are doing/involved in and making sure all community partners are aware.
- Webster County: the Children's Division Supervisor sits on the Advisory Board for ZuZus house, which is a collaboration to open a transitional living home for high school youth, not in foster care. The supervisor also sits on the board for Parents as Teachers and meets monthly with the Forgotten Initiative to discuss collaborative efforts with foster kids/foster families/worker support etc. A Webster County Children's Division representative also participates in drug court twice a month.
- Hickory/Benton Counties: Work with the Salvation Army, which provides Children's Division with emergency gas vouchers, clothing, and furniture for families in need. Benton County Youth Coalition (BCYC) is a non-profit organization that focuses on the betterment of the Benton County youth by preventing substance abuse by educating youth on its dangers. Community Faith-Based Initiative involves numerous church organizations, Children's Division, School, community members, and volunteers. It is a nonprofit organization founded to provide support to children in foster care, raise awareness of child abuse and neglect, recruit and support foster families, and support Children's Division staff. They have obtained necessary supplies to meet the needs of children of all ages coming into care. Once a year community members, churches, organizations, and business' come together to provide a wonderful Christmas party for

the children in foster care. They provide gifts for all adopted and foster children, a meal for all children and family as well as games and fun.

- Polk County: Children’s Division representative is a member of the ABC/TEAMS collaborative that works to identify issues/barriers for families in the community and identify solutions. An offshoot of this effort is the Opioid Summit Taskforce formed to address the challenges of opioid addiction within Polk County. A Children’s Division representative also attends the Polk County Area CIT meeting in conjunction with Polk County Law Enforcement and other Social Services agencies to discuss incorporation of Trauma-Informed Treatment and response into law enforcement and social services interventions. Children’s Division is also represented on the Community Taskforce, a collaborative effort involving the schools and various social service agencies to address the issue of Child Sexual Abuse in Polk County.
- In the 31st Circuit, the Child Abuse and Neglect Collaborative has been meeting regularly since January 2013. Five sub-committees were created to focus on supporting children in child welfare, family support, marketing, bringing in the faith community, and mental health issues. Membership includes representatives from many areas, including mental health, schools, child advocacy, BACA, childcare, victim’s services, health/medical services, and public and private child welfare agencies. The Child Abuse and Neglect Collaborative has created these priorities with 19 tasks:
 - Priority # 1: Prevent Child Abuse and Neglect through strengthening families
 - Priority # 2: Develop a state of the art child welfare system in Greene County, ensuring all children, families, and caseworkers will have the necessary resources and services
 - Priority # 3: All suspected child abuse and neglect will be reported to the Missouri Child Abuse and Neglect Hotline
 - Priority # 4: Springfield and Greene County will have a quality understanding of child abuse and neglect and will know how to respond to the needs of the community
 - Priority # 5: All businesses, civic, and faith-based organizations in Greene County that work with children will be prepared to prevent and respond to child abuse and neglect

The 31st Circuit also has a Greene County Advisory Council which meets quarterly to discuss updates within Children’s Division with the community to request their input. The Advisory Council is made up of members from court, the crisis nursery, community partners, foster parents, CASA, public schools, local universities, faith-based organizations, and our child advocacy center.

Greene County Children’s Division also has representation on the following workgroups/ advisory groups/boards: Community Partnership of the Ozarks, Child Advocacy Center,

Missouri State University School of Social Work, Ambassadors for Children, Regional Partnership Grant, Isabel's House, The Northwest Project, The Interagency Support Team for Mental Health First Aid, Stand Against Trafficking, Sexual Assault Response Team, Multi-Disciplinary Team Staffing, Greene County Child Fatality Review, and The Family Justice Center.

There are regular meetings with the court, such as Fostering Court Improvement, Judicial Engagement Team, and bi-monthly meetings with the Juvenile Judge.

- The 38th Circuit has collaborated with Cherish Kids for numerous years to support foster families, foster children, the Children's Division staff and families in the community. Cherish Kids is a faith-based not for profit organization based in Ozark, MO at James River Church. Cherish Kids helps with the recruitment of foster families and with locating families for children who need placement. In addition to this, they hold numerous events throughout the year to support foster families and children in their home. It has been a coordinated effort between the Children's Division and Cherish Kids for numerous years, creating a strong working relationship. The 38th Circuit also has a CSW III attends a community-based meeting with the Ozark School District to discuss difficult children and locating services outside of the school's scope of service.
- The 39th Circuit currently engages with the Angels for Children to partner with and support families. Angels for Children provides monetary assistance for services aimed to prevent entries into foster care such as energy assistance, furniture, clothing, and food. They also partner with Children's Division to reach one of their goals which is to fill a Christmas wish list for every child in foster care. The 39th Circuit also participates in Systems Of Care, which is a collaborative meeting of leadership positions within all agencies in the area that have a hand in child welfare. These include the Children's Division, the CAC, schools, local DMH providers, Juvenile Officers, medical facilities, LE, Voc. Rehab and DYS. Through this meeting, leaders problem solve together and often discuss individual cases to ensure the system surrounding a family is functioning well.
- The 40th Circuit engages with the Friends of Newton/McDonald Counties to increase the health and wellbeing of children and families. Friends of Newton/McDonald Counties provide monetary assistance for preventative services (gas vouchers, prescription assistance, utility assistance, furniture, etc.) as well as assists with the wellbeing of children in foster care by sponsoring school supply drives, toy drives, and the foster kids Christmas parties. The group has enabled foster children to attend camps, Boys State, and proms/dances; they may not have been able to attend without this assistance. The Exchange Club of Neosho, Missouri has partnered with the Children's Division to provide monetary assistance to children in protective custody for extracurricular activity

expenses (shoes for track, fees for baseball, soccer and sports equipment, formal attire for prom and tuition to camp).

The 40th Circuit also partners with local community groups; the organization 417 provides winter coats for all children in foster care in the circuit, and Bundles of Hope provides backpacks (filled with a blanket, pajama's, stuffed toy, toothbrush, toothpaste, and soap) for all children when they enter foster care. A recent partnership with the Faith-Based Community has expanded resources to children, families, and resource parents. Cherished Kids has adopted an area in the office to create a trauma-informed/safe zone for children when they are visiting the office. Cross Church assisted with providing gift baskets for the youth who attended the Older Youth Summit 2019. Fostering Hope assists graduating students with their senior portraits and invites the Resource and Adoptive parents in the 40th Circuit to attend quarterly craft and coffee nights. Fostering Hope also helped with providing gifts at Christmastime for children who were case managed by the contractors. The 40th Circuit and PCHAS have partnered to sponsor community collaboration meetings with local schools, DMH providers, service providers, Juvenile Office, DYS, and medical personnel to discuss ways the community can partner with Child Welfare Agencies to safely transition children out of Congregate Care and into a community setting. These meetings are held quarterly.

- The 44th Circuit is a part of Wright County Resource Team that consists of local social workers who meet monthly to discuss local resources and activities available to assist the community. The group educates, networks, and raises awareness of resources in the community. The 44th Circuit has worked closely with the faith-based community to address the needs of the community. They have assisted with collecting donations and collaborate to provide a yearly Christmas Party for our foster parents and foster youth and provide essentials such as pajamas, shoes, etc. In 2018, expansion of this collaboration was introduced into each of the three counties and the faith-based community is working closely with the Children's Division to meet the needs of youth and families in the area.

The 44th Circuit has a local branch of "The Least of These." They provide a food pantry, clothes, toys, etc. for foster parents/youth as well as taking an interest in diversionary placements that might need additional material supports not provided by the agency. Additionally, the local chapter coordinates with foster adopt connect to provide training for local foster parents. The 44th Circuit has been adopted by Birthday Blessings. This organization ensures each foster youth in custody receives a birthday package which includes presents, cake, and party supplies, etc. as well as providing reading materials to each child at Christmas. Additionally, Birthday Blessings provides small care packages to workers periodically as worker appreciation.

- The 46th Circuit collaborates with Cherish Kids to support foster families, foster children, the Children’s Division staff and families in the community. Cherish Kids helps with the recruitment of foster families and with locating families for children who need placement. It has been a coordinated effort between Children’s Division and Cherish Kids for numerous years, creating a strong working relationship.

The 46th Circuit also collaborates with the Taney County Child Welfare Board to provide assistance primarily to children in the foster care system. Children’s Division staff attends monthly meetings with the Board to have conversations regarding the current needs. The Board provides items needed by children in foster care not available through another resource, items in the office that reduce trauma for children entering care, and hold events throughout the year for foster families and children to attend such as Christmas in July. The Board also works with Ambassadors for Children to recognize the staff of Taney County Children’s Division at least once per year.

The 46th Circuit recently began collaborating with CarePortal. A small network of churches has joined the CarePortal system and is currently taking requests for physical items. Staff is able to make a referral for a family, and local churches provide and deliver the items. CarePortal representatives have been invited to meetings with the Children’s Division to share information and gain an understanding of the needs in the area. Children’s Division staff was recently invited to attend and participate in a poverty simulation to raise awareness with the participating churches and other community members.

St Louis Region:

- The St. Louis Child Abuse and Neglect Network (STLCANN) was established in June 2017 as a result of the merge of the St. Louis Family & Community Partnership and the St. Louis Area Council on Child Abuse and Neglect. Both organizations share a commitment to quality treatment for children and families who are affected by abuse/neglect and strengthening families to prevent abuse/neglect. The two organizations have partnered on projects and events in recent years. The network works to support families, prevent child abuse and neglect, and help ensure children have permanent relationships which help them safely thrive with families in their own communities. It is a coalition of more than 60 child-serving agencies and community partners in metropolitan St. Louis. Members include social service agencies, courts, police, schools, government leaders, and state agencies.
- Project LAUNCH (Linking Actions for Unmet Needs in Children’s Health) is a child wellness promotion grant program of the federal Substance Abuse and Mental Health Services Administration (SAMHSA). In Missouri, Project LAUNCH is a collaborative effort led by the Department of Mental Health, in partnership with the Department of

Health and Senior Services. The project's purpose is to create a coordinated system that addresses the needs of children ages 0–8 and allows them to thrive in safe, supportive environments and enter school with the social, emotional, cognitive, and physical skills needed to succeed. Through education and awareness efforts, Missouri Project LAUNCH is charged with connecting and strengthening the supports for parents, pediatricians, educators, social service agencies and child care providers so that children ages 0–8 can thrive in safe, supportive environments and enter school with the social, emotional, cognitive, and physical skills they need to succeed. This program is specific to limited zip codes within St. Louis City.

- Fostering Healthy Families partners with Cardinal Glennon Hospital. Cardinal Glennon provides pediatric specialized healthcare services, focusing on continuous, comprehensive, coordinated, compassionate, and culturally sensitive primary care. This medical provider is a resource to the state agency, community coalitions, and kinship, foster, and biological parents, in an effort to improve the health and well-being outcomes of children birth through 12 years of age in foster care. Services include entry to care health exam, comprehensive health assessment, standardized developmental screening, a clinical mental health evaluation, counseling recommendations, referral and treatment, education and anticipatory guidance to agency staff, fostering resource providers, as well as families, regarding normal child development and issues specific to children in foster care. The organization also provides ongoing primary care throughout the placement, extending into reunification.
- The SPOT (Supporting Positive Opportunities with Teens) program offers health care services to regional youth ages 13-24. Youth within these ages can access health and prevention services, obtain positive and educational health information, and youth can also be linked to the existing healthcare systems when needed. The Children's Division currently works with the SPOT's Coach Program. This program is designed to ensure foster youth are able to have stable and consistent access to health care services. Any foster youth age 13-17 in St. Louis City or County is referred to the COACH Clinic to receive their initial 30-day comprehensive exam mandated by the State of Missouri. Following this appointment, youth will also be given an opportunity to participate in a voluntary health education program focusing on healthy relationships, safe sex practices, and teen pregnancy prevention. Once enrolled in COACH, youth have continuous access to medical care, psychiatric services, dental services, and case management until age 25. While priority is given to youth newly entering care, foster youth who lack a primary care physician can still be referred to the program.
- Youth Emergency Room Enhancement (ERE) began as an initiative on behalf of the Eastern Region's Community Mental Health Centers (CMHC) and collaborating behavioral health service providing partners – hospitals, substance use providers, advocates, law enforcement, etc. The project is funded by the Missouri Department of

Mental Health (DMH), whose leadership seeks to implement similar initiatives across Missouri in the future. The primary goal is to improve access to community care, reduce preventable hospital contacts/readmissions across the regions, and improve youth's quality of life. Youth ERE-eligible clients have significant behavioral health needs (serious emotional disorder [SED] or substance use disorder), are age 6-17 (over 18 if still in high school), residents or presenting as homeless in the targeted region not engaged in community behavioral health care and who are unlikely to easily engage in traditional services, (not active with a CMHC), and referred from participating hospitals or Community Mental Health Liaisons in partnership with police Crisis Intervention Teams. The Youth ERE project facilitates an integrated 24/7 region-wide approach. The youth engaged in ERE will typically be experiencing escalating behavior(s) that, without immediate intervention, may require a higher intensity and duration of services. It is anticipated many may be engaged in the foster care system, with unstable housing arrangements (and be potentially homeless).

- Youth Violence Prevention Program is a cross-sector group with representatives from across the region that will support and implement the coordination of violence prevention strategies in the St. Louis Region. This committee is responsible for advising and implementing the Safe and Thriving Grant efforts of the City of St. Louis Health Department to develop a youth informed five years Strategic Plan for gun and gang violence abatement. The group demonstrates a commitment to violence prevention solutions that address racial inequity and systemic/structural racism valuing all cultures and recognizing strengths, needs, and aspirations without judgment. The group uses a data-driven process focused on transparency, community feedback, and actionable data and evolving priorities that will result in measurable improvements/outcomes. They foster a culture of equity that respects and values the contributions of every individual to create a safe community. The group strives to achieve systemic change and policy solutions locally, and within a regionally shared plan to reduce and prevent violence there is regional collaboration regarding resources, specifically, coordinate existing resources, and develop new resources to achieve a shared vision. In collaboration with the St. Louis Area Violence Prevention Commission this group works to reduce violent crime in the region by promoting and advocating a coordinated, well-resourced support system and interventions among area governments, institutions and agencies that serve individuals and families most at risk of violent crime. There is focus on a reduction in gun-related crimes, gun shootings, and gun-related deaths throughout the St. Louis Region specifically focusing on high-risk youth.
- The Juvenile Detention Alternative Initiative (JDAI) is a public safety partnership focusing on reducing the unnecessary and harmful use of secure detention for low-risk juveniles. The mission is to establish a more effective and efficient detention system. JDAI sites recognize the value of high facility standards in protecting the health, safety,

and civil rights of detained youth. JDAI emphasizes the importance of maintaining safe and humane conditions of confinement in juvenile detention facilities.

- Systems Of Care is a spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges. This system of care is organized into a coordinated network builds meaningful partnerships with families and youth, and addresses their cultural and personal needs. Systems of care relate to child welfare, and this approach helps support the community in improving child welfare outcomes.
- Girls At Risk (GAR) Program serves girls who have experienced severe trauma, placing them in vulnerable situations. The GAR Program emphasizes prevention and treatment for girls who are victims of human trafficking or who are at risk of being trafficked. The GAR Program serves girls between the ages of 12-18 and will house a maximum of 14 girls. The program will improve the coordination of services between multiple stakeholders, including social services, mental health, juvenile courts, and education providers. This program will offer individual, family, and group therapy. The program will also include educational services. The GAR unit treatment philosophy is based on Dialectical Behavior Therapy (DBT) concepts.
- JET - Judicial Engagement Team works to facilitate the process for identifying, promoting, and disseminating court practice models, methodologies, and tools, improving access to justice and collaboration with the child protection agency and producing positive outcomes. The team contributes to the design, development, implementation, and evaluation of national best child welfare court practice. The team offers consultation in attorney best practice, court administration, and Court Improvement Program strategies. The team also collects, compiles, and reports court site data and coordinates reports with the state agency data unit to identify intersections and distinctions.
- The Children's Division/Division of Youth Services Collaboration: The collaboration focuses on youth who have been habitually absent from school due to truancy or educational neglect (dependent on the age of the youth). These youth require more structure around their education and differentiated educational plans. The treatment program works with parents and foster parents who are unable or who lack resources to engage youth in their education without support/structure. The program offers assistance to youth who have been suspended or expelled from school; youth who have missed school due to multiple moves or parents not being able to be involved; youth. In some cases, youth may have an IEP or other special education needs but parents have not been able to assist, and therefore the youth have not been successful in school. Other types of youth served include: youth who need more supervision throughout the day and more one-on-one guidance than they are currently receiving in a school setting; youth who are home (in the Children's Division custody) or in a foster home but continue to struggle with boundaries, being "beyond parental control" or other status offenses; youth who

have been identified as a "problem" in school and need a fresh start; foster families who need help regulating youth to prevent them from placement in residential facilities or involvement with the juvenile office; youth that have been placed in residential facilities through the Children's Division who need more a structured transition back into foster care or home; and youth who cannot function in small group settings.

- City Interagency Team/County Interagency Teams: The St. Louis City and St. Louis County Interagency Teams (separate teams) were established to improve and increase the communications between the courts and the Children's Division. In an effort to work towards improvement, discussions are held regarding laws, policies, and data that impact the children and families being served as well as the functioning of both the courts and the Children's Division.
- Regional Implementation Team/Self Evaluation Workgroup: This group is an integration of the standing Self-Evaluation Workgroup and the Families First Prevention Services Act group. The purpose is to bring the community to the table to have frank and transparent discussions about the region's child welfare status, identifying what currently exists and what is needed to improve outcomes for children. The group looks at disproportionality, factors impacting families and the community, and always focuses on the safety and well-being of the community's children. It also focuses on bringing the community together to discuss FFPSA, and is guided by the knowledge that children are best served when they can avoid congregate institutionalization. Better outcomes are achieved when parents can remain with their children in structured settings when dealing with substance abuse issues and the group focuses on overall prevention options and methods.

Assessment of Current Performance

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 is described below. Missouri participated in Round 3 of the Child and Family Services Review (CFSR) in July of 2017. The Program Improvement Plan (PIP) was approved on October 15, 2018, with an implementation date of November 1, 2018. Throughout the assessment of performance section, the results of the CFSR will be compared with Missouri's on-going case review data.

A case review tool has been developed within the FACES system, which draws random samples of cases and provides individual case review data for workers and supervisors. The tool closely mirrors the On-Site Review Instrument (OSRI). The case review instrument includes the 18 CFSR items based on safety, permanency, and wellbeing. Program Improvement Plan baseline

data and on-going monitoring will utilize the case review tool in FACES. These quarterly case reviews began in April 2018 and will continue throughout the PIP.

Safety Outcomes 1 and 2

Missouri's CFSR Round 3 Data Profile dated February 2020 indicated the Children's Division successfully meets both safety indicators. For Maltreatment in Care, Missouri's Risk-Standardized Performance (RSP) is 5.84 victimizations per 100,000 days in foster care. This is below the national standard of 9.67. For Recurrence of Maltreatment within 12 months, Missouri's RSP is 4.5%, which is below the national standard of 9.5%. Missouri has consistently been below the national standard for safety indicators. Both the rate and percentage decreased from the data profile provided in January, 2019.

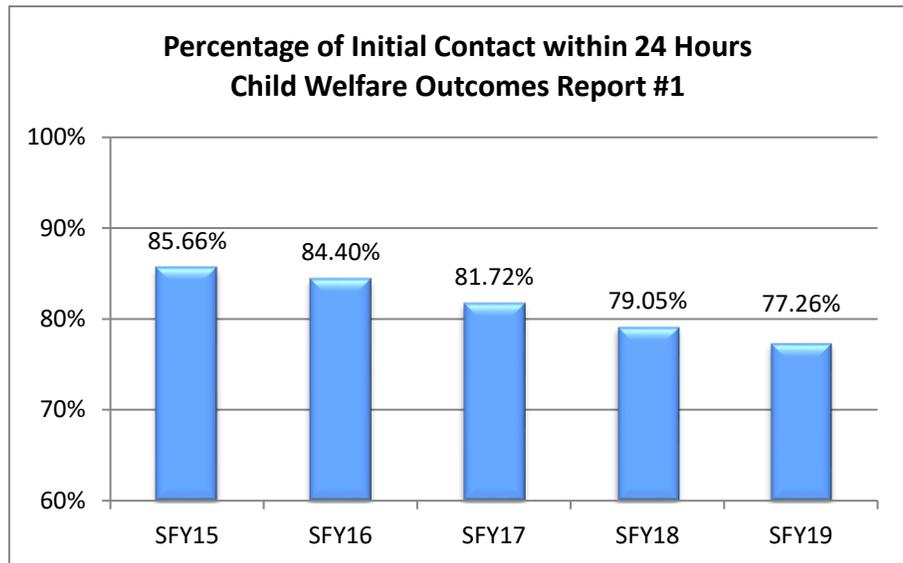
Safety Outcome 1

Statutorily, the Children's Division is required to notify law enforcement of all hotline calls that are identified as investigations. The Children's Service Worker provides law enforcement with a detailed description of the report received. Law enforcement may choose to assist with the investigation or it may be determined co-investigation is not necessary.

The Children's Division records the date of the first actual face-to-face contact with an alleged victim as the start date of the investigation or assessment. Therefore, the response time indicated is based on the time from the log-in of the call to the time of the first actual face-to-face contact with the victim for all report and response types, recorded in hours. State policy allows multi-disciplinary team members to make the initial face-to-face contact for safety assurance. The multi-disciplinary team member may include law enforcement, local public school liaisons, juvenile officers, juvenile court officials, or other service agencies. The Children's Service Worker will contact the multi-disciplinary person, if appropriate, to help with assuring safety. Once safety is assured the multi-disciplinary team member will contact the assigned worker. The worker is then required to follow up with the family and see all household children within 72 hours of the report date.

Missouri's CFSR in July 2017 resulted in 93% substantially achieved for timeliness of initiating investigations of reports of abuse or neglect. Case reviews for the past year (April 2019 – March 2020) have resulted in 69% (22/32) of cases being substantially achieved for this outcome. This falls short of the 87% adjusted goal established through the Program Improvement Plan (PIP).

The chart displays Children’s Division data from the state’s FACES Information system. A decline in timely initial contact performance is reflected for the past five fiscal years. The Children’s Division Annual Report produced by Research and Evaluation indicates the time between receipt of a report and initial child contact in 0 – 24 hours was 82.2% for SFY 2019. This is a decrease from the previous year of 84.6%. The annual report information is based on completed reports and does not include expunged reports or reports where the only category is educational neglect, which requires contact within 72 hours per state policy. Due to the overall decline in performance on a critical piece of child safety, timely initial contact was addressed as a goal in the 2020 – 2024 CFSP. An update to the plan is provided within a later section of this report.



Safety Outcome 2

For Safety Outcome 2, 58% of cases reviewed during the CFSR in July 2017 were found to be substantially achieved. For cases reviewed in the past year in the FACES system, 64% (45/70) have been rated as substantially achieved.

Missouri has several preventive programs to help divert children’s removal by providing the family with services to ensure the child’s safety while remaining in the home. One of the program areas is Family-Centered Services (FCS). Families entering the child welfare system due to reports of child abuse or neglect receive case management services referred to as Family-Centered Services. Family-Centered Services may also be provided if the family requests preventive treatment services. Services are available to families, including expectant parents, who request services aimed at preventing child maltreatment and promoting health and appropriate parenting skills. Family-Centered Services seek to empower the family and minimize their dependence upon the social service system. Additionally, Missouri offers Intensive in-home services (IIS) for families with children at risk of being removed from the home. Intensive In-Home Services (IIS) is a short-term, intensive, home-based, crisis intervention program which offers families in crisis an alternative to out-of-home placement through the enhancement of family capabilities.

The Children's Division integrated practice model includes continued implementation of Team Decision Making (TDM) throughout much of the state in FY2020 with statewide implementation to follow. TDM meetings gather the members of the child's safety network to try and identify a plan to ensure the child's safety without the need for foster care placement. The plan may include an alternate living situation for the alleged perpetrator, identification of safety-related services for the family, or temporarily placing the child with a relative or kin voluntarily without custody change. While diverting children from foster care is not an objective of the program, with successful safety planning, some children have been able to be safely maintained in their homes.

With the passage of the Family First Prevention Services Act, the Children's Division is exploring additional services which could be provided to families to safely maintain children in their homes.

Missouri's integrated practice model has been introduced to field staff in stages beginning in 2015. A major component of the practice model is Signs of Safety. This model centers around three core principles: working relationships; thinking critically, fostering a stance of inquiry; and landing grand aspirations in everyday practice. Work within Signs of Safety focuses on what are the worries, what's working well, and what needs to happen within a family to create and maintain safety for the child. There is a strong focus on family engagement and building partnerships with families as the key to successful intervention. For a complete description of the Missouri Children's Division practice model, please refer to the Program Improvement Plan which may be accessed at this link <https://dss.mo.gov/cd/cfsr/pip/third-round-pip.pdf>

Item 2, Services provided to the children to remain safely in their homes was rated as an area needing improvement during Missouri's CFSR, with 52% of cases receiving strengths ratings. On-going case reviews in the past year have shown strength ratings for 64% (16/25) of cases. This is significantly lower than the goal of 90% conformity for Item 2 established for PIP monitoring.

Item 3, Risk and safety assessment and management was a significant concern for Missouri during the CFSR, with 60% of cases rated strength. Children's Division case reviews for the past year have shown strength ratings for 71% (50/70) of cases. This exceeds the established goal of 68% and Missouri has received confirmation that this item's performance measurement has been met. The PIP establishes quality safety and needs assessments as a cross-cutting theme to be addressed with Signs of Safety tools and processes woven into the key activities.

Appropriate safety planning and on-going monitoring of the safety plans was also an area of concern during the CFSR. Additionally, there have been concerns voiced by community stakeholders in regards to safety planning and monitoring. The Department of Social Services established a Taskforce on Child Safety late in SFY2018. The report from the taskforce was presented in September, 2019 with several recommendations for the Children's Division to

consider. In response to one of the recommendations, a formal risk assessment tool was re-introduced to staff for use during investigations and assessments.

Permanency Outcomes 1 and 2

Missouri's CFSR Round 3 Data Profile dated February 2020 indicated the Children's Division successfully met three of the five permanency indicators.

- For permanency within 12 months of entering custody, the Children's Division has not met the national standard of 42.7%. The Risk-Standardized Performance (RSP) noted in the data profile is 31.4%. Performance in this area has declined over the last few reporting periods.
- For permanency within 12 months for children in custody between 12-23 months, the Children's Division met the national standard. Missouri's RSP is 48.5%, while the national standard is 45.9%. Again, performance has declined slightly over the last few reporting periods.
- Missouri also met the national standard for permanency within 12 months for children in custody more than 24 months. The national standard is 31.8%, and the RSP for the Children's Division is 34.8%. This is an increase over the last set of measures.
- The national standard for re-entry into foster care is 8.1% or less. This measure was met as the RSP for Missouri is 4.4%. While Missouri struggles with permanency within 12 months of custody, the re-entry rate has consistently been low.
- The final permanency indicator is placement stability. The national standard is 4.44 or fewer placement moves per 1,000 days in care. According to the February 2020 data profile, Missouri's performance is 6.25, not meeting the national expectation.

Permanency Outcome 1

In Missouri, the Family Support Team Meeting (FST) is one practice used to engage families in making key decisions and setting goals to achieve improved outcomes. Outcomes can include assured safety, decreased risk, service provision, reunification, or other avenues to permanency. Family Support Team meetings occur at regularly scheduled intervals through the first six months of a child's custody episode and at least every six months thereafter. Recommendations made through the FST process are presented to the court through reports provided by the Children's Service Worker.

Missouri has been focusing intently on improving family engagement through the implementation of Team Decision Making. Team Decision Making focuses on facilitating a meeting with the family and their identified supports to make the most appropriate decisions for the child. These meetings are triggered by events in the family, including an impending removal, a child in foster care changing placements and a foster child achieving permanency.

The CFSR conducted in July 2017 resulted in 23% of cases being found to be substantially achieved for Permanency Outcome 1. For the cases reviewed in the past year, 18% (8/45) are substantially achieved. The average number of placements children in Children's Division custody experienced in FY17 was 3.49. It increased to 3.72 in FY18 and to 3.90 in FY19.

While the data indicator for placement stability was not met, Missouri's highest performance item within Permanency Outcome 1 is the stability of foster care placements, with 88% strength ratings during the CFSR. Performance in placement stability has declined with 64% (29/45) strength ratings in case reviews completed in the past year. This falls short of the 83% goal for exiting this PIP item. In addition to Team Decision Making meetings being held when foster care placement is being considered, TDM meetings have also begun in many areas of the state when a foster child's placement is at risk of disruption. If at all possible, the team meets prior to the child having to make a pillow change. TDM data is being collected in these sites, and the CY 2019 data indicates for the placement change meetings, 32% of the children have maintained their placements as a result of the TDM meeting.

The results of the CFSR in July noted 55% of the cases reviewed for Item 5, Permanency Goal for the Child, received strength ratings. One hundred percent (100%) of the cases had goals specified, 78% had goals established timely, and in 80% of the cases, the goal was determined to be appropriate. Of the 45 foster care cases reviewed utilizing the FACES case review tool, 47% (21/45) have been determined to be strengths for this item. Ninety-eight percent (44/45) of cases had goals specified in the case file, 82% (37/45) of the time the goals had been established timely and 62% (28/45) of the time the goals were appropriate to the child's circumstances.

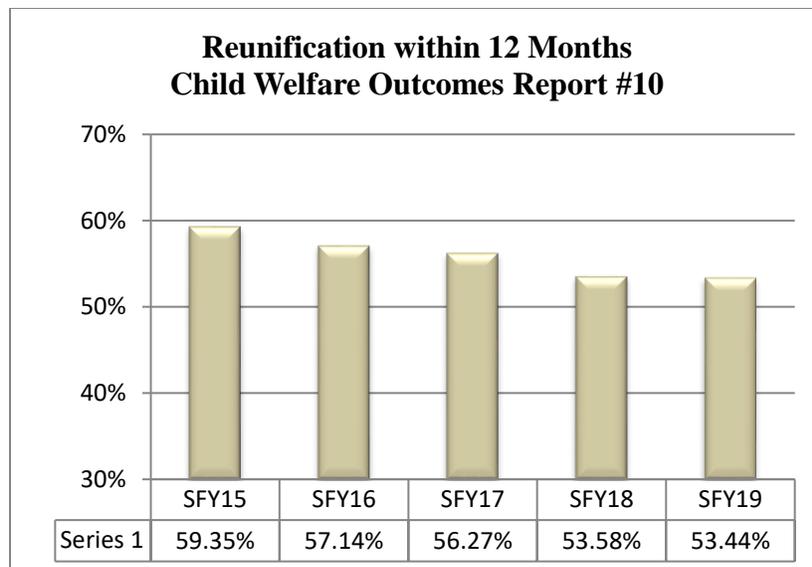
Permanency goals are recommended by the Family Support Team members and are to be established no later than the 30-day meeting following custody. Identified permanency goals are reunification, adoption, legal guardianship, placement with a fit and willing relative and Another Planned Permanent Living Arrangement (APPLA). Recommended goals are presented to the court, and court orders generally contain the established goal.

Permanency goals are recorded on the FST Screen in the FACES system. Workers receive an alert when a goal has not been entered prior to 30 days from custody. Additionally, circuit management staff receives data each month from the regional Quality Assurance Specialists, which includes a listing of children with the identified primary and concurrent goal. The statewide data unit routinely sends notification to the regional Quality Assurance Specialists alerting them to the list of children with no goal identified in FACES. As of February 29, 2020, 538 of the 13,934 children in care did not have permanency goals established. Of the 538, 308 had been in care less than 30 days, leaving 230 children with no permanency goal established in a timely manner. 98.3% (13,396/13,627) of children had a goal established within 30 days of custody.

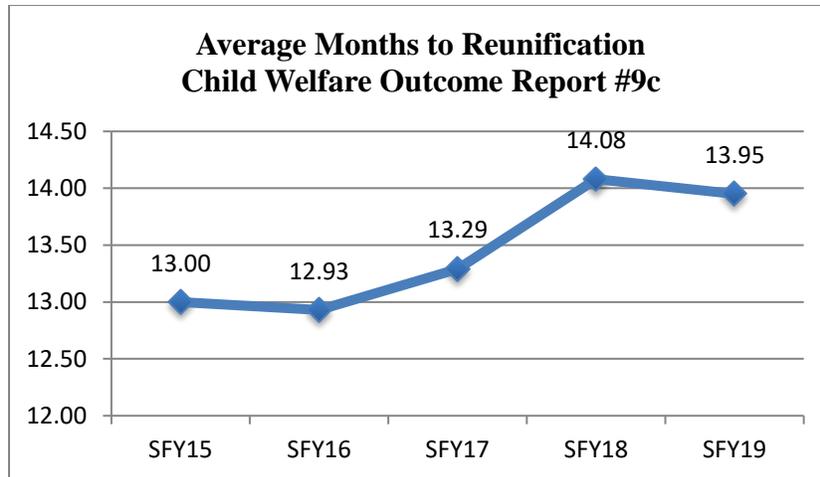
While concurrent planning was not chosen as an area of focus within the Program Improvement Plan, there were concerns regarding concurrent planning highlighted in the CFSR results. Similar findings have been seen through on-going case reviews. While CD policy requires a concurrent goal if the primary goal is reunification, there are case review examples which note concurrent plans are established, but may not be appropriate to the child’s circumstances. For example, a concurrent goal of guardianship with no viable relatives to serve as a resource leads to a rating of area needing improvement. To support improvements for Permanency Outcome 1, concurrent planning was identified as a goal in the 2020-2024 Child and Family Service Plan and will be described in greater detail in a later section.

Efforts to achieve timely termination of parental rights will be discussed in the Case Review System of this section.

The most concerning area for Permanency Outcome 1 during the CFSR was the achievement of timely permanence, with 25% strength ratings. For case reviews during the past year, 44% (20/45) of cases received strength ratings, which meets the goal for PIP monitoring. Missouri has received confirmation from Children’s Bureau that this PIP measurement goal has been achieved. As supported by the data indicators, efforts to achieve permanency for children within the first 12 months of custody have continued to achieve less than desired outcomes. The following chart depicts the percentage of time reunification occurred within 12 months of custody for the children who have returned home.



The next chart outlines the number of months to achieve reunification for the past five fiscal years. The number of months has steadily increased in the past few years, with a recent slight decrease in SFY19.



Several strategies to improve timely permanency for all children are outlined in the PIP. One significant strategy is the implementation of the Permanency Attorney Initiative. The Permanency Attorney Initiative (PAI) currently encompasses a unit manager, two managing attorneys, 16 full-time employee attorneys, and 15 contracted attorneys. The attorneys are based out of five locations, including the metropolitan areas of Kansas City and St. Louis. They provide court representation and legal support to many Children’s Division and FCCM staff in the state. For more information on this program, refer to the Program Support section of this report.

Another strategy to aide in timely reunification outlined in the PIP is the development of Court Technical Assistance Teams. Children’s Division has hired a Court Engagement Coordinator to work in partnership with the Office of State Courts Administrator, juvenile officers and court personnel to enhance communication and establish forums for problem solving in local jurisdictions across Missouri. A description of the Partnership for Child Safety and Wellbeing was provided in the Collaboration section.

The Children’s Division developed a Data Dashboard which is accessible to the public through the division’s internet page. Several permanency measures are included to provide staff, courts, and community partners with information for their county or circuit and methods to compare their permanency data with statewide performance. It is hoped the county and circuit teams will examine their data and make informed practice changes to help children reach safe permanency more quickly.

Permanency Outcome 2

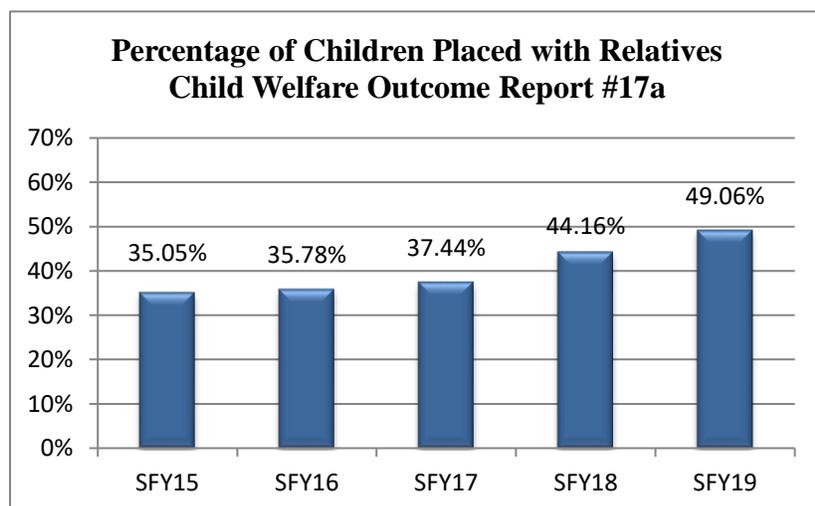
Permanency Outcome 2 focuses on preserving relationships and connections for children in foster care. This outcome was rated 65% substantially achieved during the CFSR in July 2017. Permanency Outcome 2 has received 44% substantially achieved ratings for FACES case reviews completed during the past year.

Placing siblings together whenever possible is a positive practice for Missouri’s child welfare system. Of the 18 case review items, this is the only item found to be in substantial conformity during Round 3 of the CFSR with 97% of the cases reviewed receiving strengths ratings. Of the 45 foster care case reviews completed in the past year, 88% (30/34) have received strength ratings. Placement with siblings is a strong value within the child welfare system in Missouri and is well-supported in state statute. Sibling placement is discussed in placement stability staffings, whether through the Family Support Team (FST) process or Team Decision Making (TDM) meetings. Efforts have recently been made to produce monthly, child-specific reports which can assist supervisory staff in ensuring all efforts are made to place siblings together, when safe and appropriate. As of November, 2019, the percentage of children placed with all siblings in foster care was 59.4%. This is an increase from the last two reporting periods of 56.9% to 58.5%. For placement with at least one sibling the percentage has increased to 78.7% from 76.8% and 77.9% respectively, in the last two reporting periods.

Preserving the connections foster children have before they enter custody was determined to be an area needing improvement during the CFSR with 70% of cases receiving strength ratings. For foster care cases reviewed during the past year in the FACES case review system, 71% (32/45) have received strength ratings. In several instances of non-compliance, relatives were not considered appropriate for placement, but the relationships were safe and positive for the child. Instead of preserving the connection through visitation, contact was not maintained.

Missouri does not have any federally recognized tribes within the state, which can cause a lack of emphasis on the identification of tribal children. As of February 29, 2020, 94 children of the 13,934 in foster care (.67%) are identified as having Native American heritage. The larger metro areas have Indian centers which the Children’s Division has engaged for child-specific planning, as well as systemic conversations. Missouri has worked with the Capacity Building Center for States to provide training experiences for staff in this area. For more information, please refer to the Consultation and Coordination between States and Tribes section of this report.

Relative placements are another priority for Missouri. Item 10, Relative Placement, received 79% strength ratings during the most recent CFSR and 67% (30/45) for the FACES case reviews completed in the past year. The chart provides the percentage of foster care children placed with relatives for the past five years.



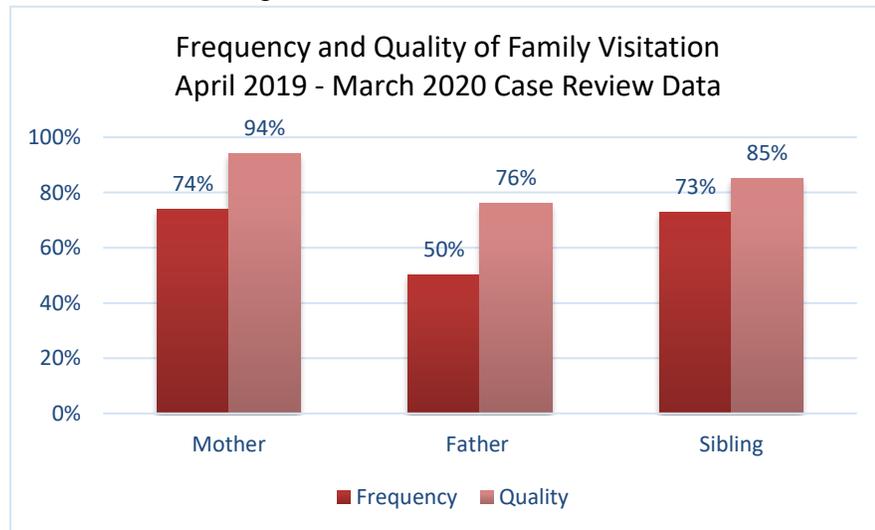
A recent change in state statute adjusts the definition of relative to include non-relative kinship relationships. As such, the percentage of relative placements in SFY18 and SFY19 reflects this change. As kinship homes are re-licensed, kinship placements will become obsolete in the case management system. As of February 29, 2020, there are nine children with kinship placements designated in FACES. Data clean-up has been requested to accurately reflect the correct placement type per state statute. The system requires the case manager to enter the degree of a relationship if a relative home is selected, thus allowing the Children's Division to identify relative and non-relative placements according to the federal definition.

Children's Division policy requires case managers to conduct an immediate diligent search to locate and place the child with grandparents or other relatives when appropriate. Missouri state law requires all grandparent notification to occur within three hours of a child coming into foster care. Thirty Days to Family is a program available in the metropolitan areas of Missouri which begins searching for a child's relatives within 72 hours of custody being placed with the state. The program is limited in the number of referrals which can be accepted but is a valuable option as openings are available. At the back end of the case, Extreme Recruitment is a program available for a limited number of children with a goal of adoption who do not have an identified adoptive resource. Extreme Recruitment staff closely examines the child's record and history to identify potential placements by searching for relatives who may have been overlooked during case management.

The Children's Division has introduced Signs of Safety to all areas of the state. This approach focuses on using a safety network to ensure children are safe. Team Decision Making is another practice which encourages parents to bring their support system together to help make the best decisions for children. It is believed these approaches will increase the Division's ability to seek out all relatives, as well.

Maintaining the parent/child relationship can provide the child with an increased sense of security during the uncertainty of foster care and can provide parents the opportunity to demonstrate mastery of skills learned or enhanced through needed services. By focusing on the five domains of wellbeing throughout the life of the case, the Children's Division staff is able to see added value to consistent parent/child interaction.

Visitation between children and their parents (Item 8) was identified as a strength in 71% of cases reviewed during the CFSR, and 56% (23/41) of the cases reviewed within the FACES system over the past year. The chart indicates the frequency and quality of visitation between children with their mothers, fathers and siblings as noted in case reviews. Court orders for no contact between the child and parent when safety concerns could have been mitigated resulted in some area needing improvement (ANI) ratings. Lack of visitation/contact with incarcerated parents also accounted for some of the Area Needing Improvement (ANI) ratings.



Item 11, efforts to promote and support relationships between children and their parents above and beyond regularly scheduled visitation, was found to be 58% strength during the CFSR and 43% (17/40) strength in case reviews completed in the FACES system. Agency efforts for mothers (63%) are higher than efforts for fathers (36%). Practice model initiatives such as Signs of Safety and Team Decision Making incorporate an enhanced focus on parental engagement. Children’s Division believes these will have a positive impact on the work to increase parent/child interaction, both through visitation and additional opportunities to strengthen their relationships. It is important to support other activities which help to maintain the relationship while the child is placed in foster care. Some examples may include encouraging the parent to attend school programs, sporting activities, or medical appointments. The Children’s Division has recently revised the policy on informed consent to include biological parents in the decision-making process for a child’s non-routine medical care.

Wellbeing Outcomes 1, 2 and 3

Wellbeing Outcome 1

Signs of Safety is a child protection framework built upon solution-focused therapy which stresses the importance of relationships, critical thinking, and workers as change agents. This model centers around three core principles: working relationships, fostering a stance of inquiry and landing grand aspirations in everyday practice. Work within Signs of Safety focuses on identifying the worries, what’s working well, and what needs to happen within a family to create and maintain safety for the child. In addition, a scaling question is used to make judgments about

how safe the child is, from the perspective of the worker, the family, their networks, and other professionals, to develop understanding between the parties and to drive change.

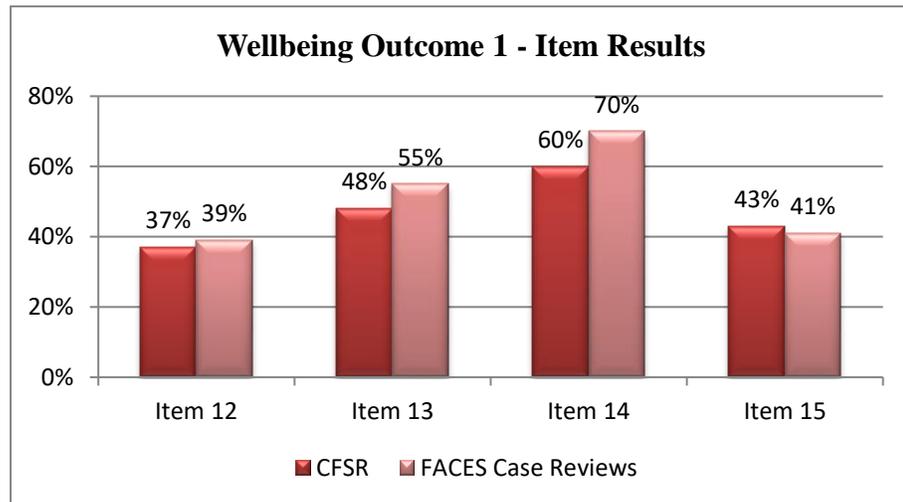
The Children’s Division recognizes the importance of obtaining the child’s voice. One important facet of the Signs of Safety approach involves children, and as a result, specific tools and processes have been developed to actively engage children in assessment and case planning. These tools include three houses tool, wizards and fairies tool, words and pictures, and child-relevant safety plans.

In addition to Signs of Safety, the Children’s Division is expanding the Team Decision Making practice model. Team Decision Making focuses on facilitating a meeting with the family and their identified support people to make the most appropriate safety and placement decisions for the child. These meetings are triggered by certain events in the family, including an impending removal, a child in foster care changing placements and a foster child achieving permanency.

In addition to Family Support Team meetings, it is the hope these practice initiatives will increase family engagement with the Children’s Division and further efforts towards safety, permanency, and well-being for Missouri’s children.

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

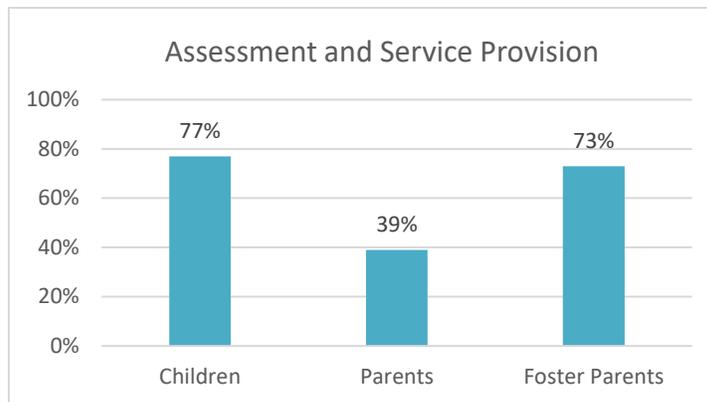
received the next to the lowest rating from the CFSR in July 2017, with 37% of cases rated as substantially achieved. This percentage increases to 39% for on-going case reviews in the past year using the FACES case review tool. The chart to the



right outlines the CFSR and most recent FACES case review results by item.

Improving the quality of safety and needs assessments was identified as a cross-cutting theme in the Child and Family Services Review and is addressed in Missouri’s Program Improvement Plan. Item 12 was found to be 37% strength during the CFSR and 39% (27/70) strengths in case reviews completed in the FACES system. This meets the identified PIP monitoring goal of 35% and Missouri has received confirmation of goal achievement. From the case review results of the past year, the assessment of needs and provision of services in relation to parents scored the

lowest among the sub-items in Item 12, with mothers rated higher than fathers. Mothers received thorough assessments of needs in 75% of case reviews while 40% of fathers had thorough assessments. Appropriate services were provided to meet the identified needs for 78% of mothers and 41% of fathers.



Signs of Safety practice utilizes a Family Assessment Map which captures the worries of the team members, including the family; the strengths of the family to build upon in addressing the concerns, and the next steps in case planning to alleviate the reasons for Children’s Division involvement. As the practice model is fully implemented, the staff has a consistent tool to utilize to assess the needs of family members and a planning document to ensure needs are addressed through appropriate services.

Children’s Division is working with the Capacity Building Center for States to develop a supervisory coaching model to help supervisors coach staff to think more critically and more accurately assess children and families’ needs. A bank of questions was provided to supervisors in February, 2020 which can be used during supervisory conferences to help workers who may need additional ideas for methods to draw out information during conversations with children and parents, leading to a more accurate assessment of need.

Child and family involvement in case planning (Item 13) is another item addressed in the PIP through strategies to improve parent engagement. Signs of Safety and Team Decision Making processes provide staff with tools and facilitation skills to better engage children and families in the case planning process. Their best hopes, along with existing safety, give a foundation to build upon to address the safety concerns resulting in Children’s Division involvement with the family. The 55% strength ratings from the most recent year of case reviews exceeds the PIP monitoring goal of 54%. Confirmation of goal achievement has been received from the Children’s Bureau.

Children’s Division has historically performed well in the frequency of worker with child visitation for children in alternative care, as evidenced in the Monthly Caseworker Visit Formula Grants section of this report. Monthly reports are provided to the supervisor and management staff of the Children’s Division and Foster Care Case Management (FCCM) agencies to help track visitation between case managers and foster children. A similar report has been developed, in compliance with the PIP, to help assess visitation between case managers and children involved with in-home Family Centered Services. Data from the most recent year of case review

results notes strength ratings for 73% of foster care cases and 64% of in-home/differential response cases.

Visitation between the case manager and the parents is also an area for improvement for the Children's Division and is critical to parent engagement in the case planning process. Results of the CFSR indicated 43% of cases reviewed received strength ratings for worker/parent visitation. Results of the case reviews completed in the past year in the FACES system indicate 41% (26/64) of the cases received strength ratings. This exceeds the PIP measurement goal of 35% and Missouri has received notification that this goal has been achieved. Consistent with the CFSR, results of the most recent case review data for visitation with mothers (68% strength for frequency; 70% strength for quality) is higher than the results for fathers (38% for frequency; 60% for quality).

Wellbeing Outcome 2

The assessment of and provision of services for educational needs of children are areas which the Children's Division cannot practice in a vacuum. It is imperative to partner with local school districts at the case level and with the Department of Elementary and Secondary Education (DESE) at the state level. While the case review outcomes have been strong with 83% strength ratings during the CFSR and 93% (43/46) strength ratings for FACES case reviews, there are continual efforts to engage educational partners. The Children's Division has identified a Program Development Specialist at Central Office who focuses on child well-being, to include education. Likewise, DESE has a position dedicated as liaison with the Children's Division to help coordinate educational issues for foster children. Missouri also has many resources for early childhood education through programs such as Home Visiting and Parent as Teachers. More information about these programs can be found in the Service Array and Agency Responsiveness to the Community portions of this report.

Wellbeing Outcome 3

Wellbeing Outcome 3 focuses on the physical and mental/behavioral health of children. Overall, the outcome was determined to be substantially achieved in 58% of the CFSR cases and 54% of the cases reviewed during the past year using the FACES case review tool.

The Children's Division has many partnerships with healthcare providers throughout the state to ensure children in foster care have access to preventive and ongoing medical care. One of the Program Development Specialist staff in Central Office is a dedicated liaison between the Children's Division and MO HealthNet to support field staff as they advocate for children's medical care.

Recent enhancements to the case management screens in FACES allows for more accurate data extraction and tracking. Monthly status reports regarding the 30-day physical exam are sent to all supervisory staff and Foster Care Case Management agencies to help track this required exam.

Sixty-six percent (66%) of cases reviewed during the CFSR were found to be strengths in Item 17, physical health of the child. Fifty-nine percent (59%), or 34/58 of the cases reviewed in the FACES system during the past year received strength ratings.

One area noted to be a concern was dental health care in young children. Prior to the CFSR, Missouri Children's Division had not enforced the recommendation of the American Academy of Pediatric Dentistry which suggests young children have their first dental exam by age one or at the time their first tooth erupts. The Children's Division gathered recommendations, and in March 2019, issued updated guidelines for staff which are consistent with the AAPD recommended timeframes.

For Item 18, which focuses on the mental and behavioral health, CFSR results from July 2017 found 72% of the cases reviewed received strength ratings. Foster case cases were rated as strength for 69% of applicable cases and in-home cases received strength ratings for 76% of applicable cases. Strength ratings have been assigned to 79% (38/48) of cases reviewed in the past year in the FACES system.

Missouri has many initiatives which support the physical and mental health well-being of Missouri's children. A more comprehensive policy on informed consent was recently adopted. The policy also introduced a training package for case managers and foster parents to help clarify their roles and responsibilities as medical/mental health consenters.

The Children's Division has entered into a contract with the Center for Excellence, through the University of Missouri, to provide mental health consultation. Case managers can request a consultation on a variety of topics, including psychotropic medication. For more information about the state's efforts regarding the physical and mental health wellbeing of children, please refer to the Healthcare Oversight and Coordination Plan (Attachment A).

Statewide Information System

Item 19: Statewide Information System

The state operates a statewide information system known as the Family and Children Electronic System (FACES). The system is to be utilized for all 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 allows 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. 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.

Data is reviewed for errors prior to the federal AFCARS submission every six months. Each AFCARS file is exported into an excel spreadsheet allowing for all data fields to be reviewed for inconsistencies. The data submitted to AFCARS is pulled directly from the data entered in the FACES system.

Data mining and data clean-up efforts are routinely conducted through oversight and follow up by the Quality Assurance System. Recent examples of data clean-up include identification and correction of foster care children who do not have an established permanency goal as well as ensuring TPR dates are included for all identified parents. FACES unit staff and partners from the Center for Management Information, Research and Evaluation unit (who create reports using FACES data) also identify and initiate data clean-up. However, with edits and modifications made to FACES from the AFCARS Improvement Plan and training on data elements provided through written instruction, the amount and need for data clean-up has drastically decreased.

Alternative Care supervisors were recently asked to select 2-3 foster care cases within their units and review the accuracy of the child's sex, race, and date of birth; the primary and concurrent goals; and the child's current placement location. If errors were noted, correction of the data in FACES is expected.

Furthermore, Regional Quality Assurance (QA) Specialists use a monthly data file received from their Research Department that includes demographics, location, and goals. This data is shared with circuits on a monthly basis, and an area for data review is highlighted each month. Some examples include ensuring all children have an identified permanency goal or identifying cases with lengthy trial home visits. If there is missing information, it can be highlighted for further review and discussion. The data is also reviewed and discussed at quarterly meeting circuit meetings.

This item was found to be in substantial conformity with federal requirements during the CF SR conducted in July 2017.

Case Review System

Item 20: Written Case Plan

Permanency planning and its inherent decision-making permeate the child's placement in out-of-home care. The goal of out-of-home care is to provide each child who enters custody a safe and stable environment with nurturing caregivers. This goal implies no child should be allowed to drift in out-of-home placement. Furthermore, the Family-Centered-Out-Of-Home Care (also referred to as Alternative Care) policy requires that case planning decisions must be made through the Family Support Team (FST) process within specified time frames.

Alternative Care policy dictates the Family Support Team is to meet within 72 hours of a child placed in the custody of the state. The FST members include the worker, supervisor, along with the parents/caregivers, child (if age appropriate), juvenile officer, Guardian Ad Litem and/or CASA, parents' attorneys, if applicable, family helper/advocate, placement provider, currently involved treatment providers and school personnel. A child must have a FST meeting even if it is anticipated the child will be reunified with parents within a short period of time. FST meetings are conducted according to the prescribed time schedule for as long as the court holds jurisdiction of the child, the Division has custody, and the child is in an out-of-home care setting. This schedule is noted in below. FST meetings are believed to be an effective vehicle for moving children to permanency as case planning decisions are made during these times.

Family Support Team and Permanency Planning Review Team (PPRT) Meetings

- 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 held at least each 30 days until adjudication by the court
- 6-month PPRT meeting (review of the case plan; possible change of plan)
- 12-month PPRT meeting (review of the case plan; possible change of plan)
- 18-month PPRT meeting (review of the case plan; possible change of plan)
- PPRT each six months as long as the case is open
- FST can be held at the request of any team member at any time

Placement Stability FSTs (or Team Decision Making meetings) are held prior to any child moving from a placement or within 72 hours if the move was an emergency). The Children's Division has introduced Signs of Safety (SOS) to all regions of Missouri and has integrated this into policy. SOS is a family engagement practice and with its implementation, the initial written

case plan is evolving. With the implementation of SOS, the worker and family develop a mapping document which identifies the worries associated with the child and family, what is working well with the child and family and what needs to happen next to help alleviate the identified worries. This map informs the initial case plan and is revisited frequently with the family. This summary document is called a Risk Assessment Map and must be completed within 30 days of the case opening and then updated at the end of each calendar quarter. SOS engagement tools such as the house and the wizard can be utilized with children to include their voice in the planning process. The tool “FST Guide” is available for staff and can be used as a guide for case planning during Family Support Team Meetings. At the end of the first 30 days of custody, the Child Assessment and Service Plan (CS-1) is developed as the written case plan and contains all federally mandated elements. This plan and form are documented in the FACES system. The CS-1 is used to record the decisions made by the Family Support Team, with the FST members participating in the development of the case plan. Any identifying information and summary of prior services offered to the family is to be documented on the CS-1. The CS-1 is then reviewed and updated as needed every 30 days until adjudication and for subsequent PPRT meetings. The CS-1 is designed to be a dynamic form to which information can be continuously added over the life of a case.

There is currently a workgroup formed and meeting to discuss new and better ways of documenting the case plan. This group consists of administrators, field staff, and legal staff to ensure that the plan meets all requirements.

The Signs of Safety Risk Assessment mapping document is also used as a case planning document for intact families. It is frequently revisited with the family and aids in discussions about worries, what’s working well and what needs to happen to safely resolve the concerns that brought the family to the attention of the Children’s Division.

During FY2019, 6,754 children entered alternative care. The information in the middle column below provides FST and CS-1 data for those children. Similarly, 13,545 children were in alternative care prior to FY2018 and remained in care for at least some portion of the fiscal year. The information in the final column provides FST and CS-1 data for these children. Children represented in the final column may have exited alternative care prior to a 6-month FST meeting being required.

Parent participation in the FST meetings as well as their agreement with the permanency plan is also noted. Attendance of the parent may be less frequent for children entering alternative care prior to FY18 due to termination of parental rights.

	Children Entering AC During FY19	Children Entering AC Prior to FY19
72 Hour FST was held	70%	N/A
At least one parent present at 72 hour FST	77%	N/A
At least one parent at 72 hour FST agreed w/plan	74%	N/A
Had at least one FST of some type	93%	89%
Meetings with at least one parent in attendance	87%	61%
At least one parent at FST agreed w/plan	82%	80%
Child had a written CS-1 in effect during FY19	74%	45%

This item was not found to be in substantial conformity with federal requirements during the CFSR conducted in July 2017.

Item 21: Periodic Reviews

Periodic reviews for children in foster care occur at least every six months within the court process. 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 while the child remains in custody. Therefore, every six months, a child is required to have a permanency hearing or a permanency review hearing. The Dispositional Hearing may be held separate from or immediately following the adjudication 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. 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 AFCARS reporting to establish compliance with periodic review requirements.

The Children’s Division Family-Centered Out-of-Home Care policy includes the Family Support Team (FST) procedures which provide parents and children the opportunity to participate in case planning and goal setting. At a minimum, the permanency hearing timeframes coincides with the FST meeting schedule. In addition to the parents, children, and CD caseworker and supervisor, other participants in the FST meetings include the juvenile officer, Guardian Ad Litem, CASA volunteer (if appointed), parents' attorneys (if retained), family helper/advocate, placement provider, currently involved treatment providers, and school personnel. During the FST meetings, the following topics are to be assessed:

- The safety of the child;
- The continuing necessity for and appropriateness of the placement;

- The extent of compliance with the case plan;
- The extent and progress which has been made in alleviating or mitigating the causes necessitating placement in foster care; and
- To project a likely date by which the child may be returned to and maintained in the home or placed for adoption or legal guardianship.

The Children’s Division caseworker describes the FST meeting, along with any recommendations of the team in a report submitted to the court in advance of each hearing.

Data provided by the Office of Courts Administrator indicate the 6 month hearing was held timely 97.9% of the time during FFY19 (8,474/8,656).

Missouri was found to be in substantial conformity with the requirements for Item 21 during the July, 2017 CFSR.

Item 22: Permaenncy Hearings

The Missouri Supreme Court recognizes the importance of timely permanency hearings in child abuse and neglect cases. The courts' effort 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. In an effort to meet federally required timelines, a plan was developed to extract data, monitor timeliness measures, and implement methods to improve these measures. Court Operating Rule 23.01 requires the presiding judge in each circuit to submit a quarterly report to the Office of State Courts Administrator (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 show 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 also sent to all presiding judges and juvenile officers.

The goal is for each circuit to hold 95% of hearings on a timely basis. In FY19, 96% of the required 53,395 Child Abuse and Neglect Hearings were held timely. Annual permanency awards are given to those circuits with an average 100% timeliness. In FY19, 20 circuits received the Supreme Court Permanency Award. Missouri has successfully provided timely permanency hearings for the past several years and this item was determined to be in substantial conformity during the 2017 CFSR.

Item 23: Termination of Parental Rights

Missouri Law, Section 210.720 requires 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, 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 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 person, including 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. In circuits where the juvenile office chooses not to initiate the filing of TPR (for example, a juvenile office may not have legal representation), the Division is authorized to file a petition for termination of parental rights with the assistance of 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 or other enduring adult relationships 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 simple 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 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 premature termination of parental rights. Staff may consult with 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.

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; 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 from the Office of State Courts Administrator indicate that TPR had been filed for 2,095 of all children in custody as of 4/6/20. Of the 2,095 children for whom TPR had been filed, the filing occurred within 15 months of the child’s entry into Children’s Division custody for 789 children (37.7%). The TPR filing occurred beyond the 15-month mark for the remaining 1,306 children. This remains consistent from information in 2019, when 37.0% of TPR filings occurred within 15 months of the child’s entry into custody.

Several strategies within the PIP have the potential to impact this area. Within the Permanency Attorney Initiative (PAI), attorneys have been hired in select areas of the state to represent the Children’s Division staff in court. Previous to these positions, all legal support was provided by the DSS Division of Legal Services (DLS) in a limited scope due to staffing restrictions. With the additional positions, the PAI attorneys can file petitions on behalf of the Children’s Division and represent workers in court. Separate from the Permanency Attorney Initiative, Court Technical Assistance Teams are also described in the PIP and provide an opportunity for circuit court and Children’s Division staff to meet together regularly to discuss data and identify processes to strengthen permanency. The statewide group which supports the local teams produced a TPR referral packet to be used throughout the state. Previous to this, each circuit had a unique packet of information which could at times become burdensome.

Missouri was not found to be in substantial conformity with the requirements for Item 23 during the July, 2017 CFSR.

Item 24: Caregiver Notice and Right to be Heard

Missouri notifies caregivers they have a right to be heard in court through a variety of mechanisms. Caregivers are provided a copy of the Missouri Resource Parent Handbook. The handbook is also available on the internet at <http://dss.mo.gov/cd/fostercare/pdf/fcresource.pdf>. The handbook informs the caregiver they are part of a team including court, and that, “...your opinion does matter and speak up!” (page 6). The handbook also includes the Foster Parent Bill of Rights; RSMo 210.566 (pages 9-12). Paragraph number 5 states, “Foster parents shall be

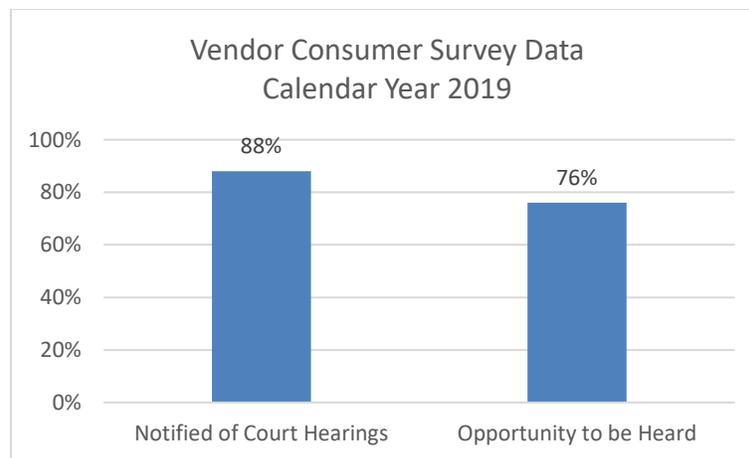
informed by the court no later than two weeks prior to all court hearings pertaining to a child in their care, and informed of their right to attend and participate, consistent with section 211.464, RSMo.” The handbook also provides information about the process and purpose of court on pages 35 -39. The information included in this section informs the caregiver about the Caregiver Court Information Form and about their right to be heard.

The juvenile court is responsible for notifying resource parents about court hearings per Missouri Statute 211.171, 211.464 and 210.566. Written notification of the upcoming hearing is mailed to the resource parent by the juvenile court. Information about their right to be heard in court is included in the document provided by the court. Missouri Office of State Courts Administration (OSCA) and the Children’s Division recently revised the Caregiver Court Information Form. The new version has been posted on the Children’s Division internet page along with instructions for completing the form and where to send it once completed. The legal right for resource parents to be heard in court is taught in the STARS (Specialized Training, Assessment, Resources, Support and Skills) pre-service training during session two. 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 the right to be heard in court. Resource parents are also provided a copy of the Foster Parent Bill of Rights at the time of placement of a child in their home. Notification for licensed and unlicensed providers occurs in the same manner.

The Children’s Division mails a consumer survey to every licensed resource parent (foster, relative, and kinship) in the state during a calendar year. The survey data is collected by the Quality Assurance Unit at Central Office. Two survey questions pertain to Item 24:

- “I am notified of court hearings.”
- “I have opportunity to be heard in court hearings”.

The table below provides the frequency of agree and strongly agree responses for calendar year 2019.



Based on stakeholder feedback, the CFSR in July 2017 indicated this item was an area which needs improvement.

Quality Assurance System Please see the Quality Assurance System section of this report.

Staff and Provider Training

Item 26: Initial Staff Training

The Children’s Division utilizes a learning management system, called the Employee Learning Center (ELC). The Employee Learning Center is the portal for staff professional development. In the center, a staff member can locate learning options and course calendars, view their transcript and register for classes. The Employee Learning Center gives employees a convenient place to review learning activities, assessments, and training compliance requirements.

The Manager Center for the Employee Learning Center will allow 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. The supervisor is able to informally assess the skills and competencies of the worker based upon observation and monitoring as well as through the guidance and support of On-The-Job (OJT) Specialist. The observations and documentation of both Supervisor and OJT Specialist are utilized to review and assess the worker’s performance through monthly conferences called Engage. These conferences are tracked through a site called the OA Engage tracking tool maintained by the Office of Administration.

The Employee’s Training Plan displays classes that need registration and classes that are currently enrolled.

The Employee Training Record displays class status, such as enrolled, completed or cancelled. In addition, it provides the number of credit hours and a management training rule indicator.

Data pulled from the Employee Learning Center indicates from April 1, 2019 to March 31, 2020, 525 Children’s Service Workers were hired. Initial training included “Child Welfare Practice Training (CWPT)”, “New Employee Orientation” training, completed by 511 Children’s Service Workers; “Personally Identifiable Info and HIPAA Protected Health Info” training completed by 392 Children’s Service Workers; and “Workplace Safety” training, which 321 Children’s Service Workers completed. In March 2020 all HRC classes were cancelled due to the COVID pandemic. CWPT was offered in every region of the state by CD regional training teams:

- Southeast Region held six sessions from April 1, 2019 to March 31, 2020. Eighty-six new staff enrolled in CWPT during this time frame. Seventy-seven of those staff completed CWPT and 17 employees were still completing the last session on March 31st. Seven employees have incomplete or missing classes and two employees who started during this time frame left employment. Out of the 86 who started training, 90% of these

employees completed timely. Out of the 77 who completed training all of them completed timely. The average amount of time to complete training is 68.4 days.

- Southwest Region held six sessions from April 1, 2019 to March 31, 2020. One hundred twenty-nine new staff enrolled in CWPT during this time frame. One hundred five of those staff completed CWPT and 18 staff are still in process of completing. Three employees have incomplete or missing classes and three left employment before completing. Of the 129 who started the class, 93% completed the class on time. Two of the 105 employees did not complete timely. The average amount of time to complete training is 62.8 days.
- St. Louis Region held four sessions of CWPT from April 1, 2019 to March 31, 2020. Fifty-two new staff enrolled in CWPT during this time frame. Thirty-six of those staff completed CWPT in that time frame. There were no sessions in progress on March 31st. Thirteen employees have incomplete or missing classes and three employees left employment before completing. Of the 52 who started training, 68% completed training timely. Only one individual of the 36 completing did not complete timely. The average time to complete training was 62.2 days.
- Northern Region held ten sessions from April 1, 2019 to March 31, 2020. One hundred forty-eight new staff enrolled in CWPT during that time frame. One hundred twelve completed CWPT and two sessions are still in progress. Twenty employees are enrolled in the continuing sessions. Thirteen employees have missing or incomplete training. Three left employment before completing training. Of the employees who started and could have completed training, 82% of the employees completed timely. Seven of the 112 who did complete the training did not complete in a timely manner. The average time to complete training is 80.8 days.
- Jackson Co Region held nine sessions from April 1, 2019 to March 31, 2020. Ninety-three new staff enrolled in CWPT during this time frame. Seventy-three employees completed CWPT and 11 staff are still in progress as of March 31st. Four employees have incomplete or missing training. Five individuals left employment during training. Of the employees who started and could have completed training, 89% completed training timely. The average time to complete training is 56.3 days.
- The Hotline unit trained 20 individuals from April 1, 2019 to March 2020. One person resigned from employment during training and 19 completed training. Training begins on the first day of employment and all 19 completed training timely. One individual was a rehire and was only required to attend 16 hours of training. The rest of the staff completed 160 hours of training.

From the data, there is a concern about missing or incomplete training for new staff. Each region has different methods of tracking the missing or incomplete training from the trainers keeping track and rescheduling the employee to allowing supervisors to make decisions about how the training is completed. In regions where the trainers or OJT specialists are able to meet to

complete incomplete training, it appears that there is less training incompletes. The regions where the supervisors are to schedule times show more incompletes. Additionally, there are regions where the supervisors are allowed to waive staff from different trainings and there is no documentation of the waiving of the class. Recently the regions have been asked to use a special code in the ELC to show that the employee was waived from the training. With the implementation of a new core curriculum, the issue of missing or incomplete training will be addressed in order to reduce the numbers in the future. Several regions allow staff to start training after the first class is given and will sign the employee up for the next class. When the employee begins in the middle of the session, it has been found that the employees tend to have more missing or incomplete training.

Initial/Pre-Service Training Requirements:

Professional Development begins when an employee starts employment with the Children's Division. The first year of a new employee's professional development is comprised of formal, classroom training mixed with on-the-job training. The formal, classroom training is provided by regional staff trainers and the on-the-job training is provided by local supervisors or specialist in the employee's own area, often unique and individually tailored to the professional development needs of that employee.

In December 2014, The Children's Division restructured the Professional Development and Training Unit from centralized structure to a regional structure. Each region identified local training teams consisting of managers, trainers, and specialists. The regional training teams developed a new training structure that met their local training needs and incorporated on-the-job training into their training structure.

When Child Welfare Practice Training is offered in each region, the foster care case management contractors in that region are made aware of the classroom training schedule. Per the foster care case management contract, the contractor may choose to send staff to the Children's Division training or provide the training themselves or through a pre-approved contracted training vendor.

In 2019, a task force was put together by the Department of Social Services to look at increasing safety for children. That task force recommended the development of a centralized core curriculum to be taught by all five regions. Currently this curriculum is being developed and is slated to be released sometime this summer.

The following describes how the initial/pre-service regional training curriculum addresses issues of safety, permanency and wellbeing.

Jackson County

Jackson County operates a five week combination of classroom/field experience training program. New employees begin Child Welfare Practice Training within two weeks of

employment. New workers attend formal classroom training two days every week for five weeks. Weaved into the five weeks are three classes that provide components of the practice model to include Five Domains of Wellbeing, Signs of Safety Introduction and Trauma Toolkit. When not in classroom training, the employee and their supervisors use a “Training Passport” that consists of field experiences, group activities, and field trips to enhance their classroom learning. After the first two weeks of training, Jackson County bifurcates and provides specialized training to new employees along program lines of case management or investigation/assessments. Jackson County Training Region provides a total of 96 hours of on-the-job training and 87 hours of classroom training. The Field Support Manager supervising the regional professional development team has oversight responsibility to be sure all new hires receive training timely. Jackson workers become case carrying after the pre-service training is complete.

- Jackson County regional training structure currently consists of: 17 hours of Philosophy and Skills classroom training
This skill based curriculum will introduce the participant to the agency’s mission and principals; code of ethics, strengths based practice, Five Domains of Wellbeing, cultural competency, and a variety of family assessment tools.
- 18 hours of On-The-Job Training
- 21 hours of Philosophy and Skills classroom training
This skill base curriculum will introduce participants to critical thinking skills and provide participants the opportunity to practice the use of these skills. Participants will be introduced to Signs of Safety and have the opportunity to practice using this model; participants will learn skills used to work within a team, how to further assess for safety, and how to apply these skills to their fieldwork. Participants will learn basics of report writing and court testimony. Participants will begin to practice obtaining records and maintaining confidentiality.
- 16 hours of On-The-Job Training
- 14 hours of Child Abuse and Neglect or Case Management classroom training
Case Management: This skill based curriculum will strengthen critical thinking skills, and apply them to case management. Participants will get the opportunity to practice interviewing and report writing. Participants will strengthen their knowledge in the Signs of Safety and permanency planning. Participants will be introduced to writing summaries, factual documentation, and court reporting
Investigations: This skill based curriculum will strengthen critical thinking skills, and apply them to CA/N investigations. Participants will get the opportunity to practice interviewing and report writing. Participants will strengthen their knowledge in Signs of Safety. Participants will be introduced to conclusion writing, factual documentation, and court report writing.
- 24 hours of On-The-Job Training

- 14 hours of Child Abuse and Neglect or Case Management classroom training (including 6.5 hours of automated case management training)
Case Management: This skill based curriculum will strengthen critical thinking skills, and apply them to case management. Participants will get the opportunity to practice interviewing and report writing. Participants will strengthen their knowledge in Signs of Safety and permanency planning. Participants will be introduced to writing summaries, factual documentation, and court reports. Participants will also receive hands on individual experience in entering, updating, and inquiry of CD programs.
Investigations: This skill based curriculum will strengthen critical thinking skills, and apply them to CA/N investigations. Participants will get the opportunity to practice interviewing and report writing. Participants will strengthen their knowledge in Signs of Safety. Participants will be introduced to conclusion writing, factual documentation, and court report writing. Participants will also receive hands on individual experience in entering, updating, and inquiry of CD programs.
- 24 hours of On-The-Job Training
- 21 hours of Reinforcement and Evaluation training
Case Management: In this skill based curriculum staff will display satisfactory casework interviewing skills, identify the proper steps in a permanency planning process, display knowledge of the principles of the normal development of children, display an awareness of and sensitivity to typical reactions of families and individuals to severe environment and inter-personal stress and gather information and individually complete a map or maps using Signs of Safety.
Investigations: In this skill based curriculum staff will display satisfactory casework interviewing skills, identify the proper steps in a case planning process, display knowledge of the principles of the normal development of children, display an awareness of and sensitivity to typical reactions of families and individuals to severe environment and inter-personal stress and gather information and individually complete a map or maps using Signs of Safety.
- 14 hours of On-The-Job Training

Northern Region

The Northern Region ensures that each staff member begins the learning process on their first day of hire. They are assigned an “On the Job” Coaching (OJC) specialist on that day. They meet with their specialist immediately and are given a chronological list of their assignments, which include; required trainings in which they need to enroll, timelines, and help to complete these assignments. The first training requirements are New Employee Orientation, Workplace Safety and Child Welfare Practice Training (CWPT).

A new worker is required to shadow identified field experiences and have daily discussions, as well as submit field observations to their OJC Specialist. They are not allowed to be assigned

their own caseloads until the completion of the first phases of CWPT classroom and OJC work. Assignments and trainings are tracked by the OJC Specialist and submitted to the Northern Region Training Manager. This progress is documented the first year during five training meetings held with the participant, OJC specialist, mentor and supervisor. Thereafter, their progress is documented through supervisory conferences and annual evaluations. Training requirements, activities and training plans are kept in their local personnel files with one page acknowledgement forms being kept in their training file centrally located in the region.

If a supervisor determines that the worker is not getting a grasp on the material trained, the supervisor can fill out an individual request to have a tenured staff member spend “one on one” time with the worker to mentor, teach and model the area of need. This information is documented in their file and shared with the circuit/office/supervisor with recommendations. This helps to ensure that the learning has transitioned from training to the field.

“On the Job New Worker Coaching/Training” amounts to approximately 200 hours, which includes structured discussions, activities and shadowing experiences with new staff starting on their hire date. Official classroom training can occur within a couple of days of the hire date, as there is a two-week OJC period after their first foundations class to assist in getting acclimated to the office/agency. Official classroom training amounts to typically 80 hours, with an exception made for an Investigator who will not do any Case Management activities can be excused from the 18 hours of Case Management training. New staff is assigned an individual mentor to work with them to complete assigned tasks. This on the job attention continues throughout their first year of employment. Training is provided by a team of 16 OJC specialists assigned throughout the Northern Region as well as the use of Worker III’s and IV’s. All new hires are required to participate in this training based in their own offices; however, all new staff follow the same OJC guide located on the Northern Region drive, accessible to all staff.

There is gradual assignment of work duties given to the new employee as the employee participates in classroom CWPT and exhibits comfort and competency during OJC. Through each phase of new hire training more responsibility is given.

The Northern Region training structure currently consists of:

- 18 hours of CWPT Northern Region Class 1 – Introduction to Foundations of Child Welfare Practice
- 96 hours of On the Job Coaching/Training
- 18 hours of CWPT Northern Region Class 2 – A Well-Being Orientation and an Introduction to Trauma Informed Care
- 56 hours of On-The-Job Coaching/Training
- 18 hours of CWPT Northern Region Class 3 – Basic Introduction to the Signs of Safety Approach
- 56 hours of On-The-Job Coaching/Training

- 18 hours of CWPT Northern Region Class 4 – Core: Investigations
- 56 hours of On-The-Job Coaching/Training
- 18 hours of CWPT Northern Region Class 5 – Core: Case Management

Phase 1: Trainees can attend and co-facilitate visits and meetings (with their mentor) and conduct visits and meetings (with mentor or alone when deemed appropriate by the supervisor or specialist), enter narratives; assist in developing and writing court reports and referrals, gathering information, and any other permanency planning and case management responsibilities after related modules are completed and if scheduled on trainees OJC week. All OJC case-management work/activities should be reviewed by mentor and should not take precedence over CWPT attendance.

Phase 2: Trainees can attend and co-facilitate visits and meetings (with their mentor) and conduct visits and meetings (with mentor or alone when deemed appropriate by the supervisor or specialist), enter narratives; assist in developing and writing court reports and referrals, gathering information, and any other permanency planning and case management responsibilities after related modules are completed and if scheduled on trainees OJC week. Trainees must seek supervisory/specialist consultation prior to: Conducting visits or meetings on their own, modification to any safety plan, identification of safety plan participants, and writing final court reports.

Mentors determine if worker is ready to assume co-case management responsibilities for one case. After five days of field training experience with the first case, supervisor may determine if worker is prepared to assume co-case management responsibilities for a second (2nd) case. Supervisor is responsible to determine if and when the trainee is able to increase to a co-managed case load not to exceed four cases total until CWPT is complete. Supervisor will assign trainee as a secondary worker to the assigned case managers.

Phase 3: Trainees can attend and co-facilitate visits and meetings (with their mentor) and conduct visits and meetings (with mentor or alone when deemed appropriate by the supervisor or specialist), enter narratives; assist in developing and writing court reports and referrals, gathering information, and any other permanency planning and case management responsibilities after related modules are completed and if scheduled on trainees' OJC week.

Supervisor is responsible to determine if and when the trainee is able to increase to a co-managed case load not to exceed four cases total until CWPT is complete. Supervisor will assign trainee as a secondary worker to the assigned case managers.

Phase 4: Supervisor should determine if worker is sufficiently prepared to assume solo case-management responsibilities following completion of CWPT training at an assignment rate the worker is successfully capable of managing with continued close support, guidance and monitoring of case management activities by the supervisor.

Supervisor can determine if worker is sufficiently prepared to participate in the on-call rotation following completion of CWPT training, Core: Investigations. This should occur only if the worker has shown a successful understanding of assuring safety and the process by which to do so and only if the worker has had opportunity to shadow and observe each type of hotline contact and the supervisor has determined the worker capable of managing a hotline independently.

Southwest Region

This new schedule started in December of 2017, the Southwest Training Region is providing the following training structure:

- 40 hours of Field Experience prior to beginning formal training.
- 32 hours of Philosophy and Principals
- 40 hours of Field Experience
- 32 hours of Foundational Framework
- 40 hours of Field Experience
- 32 hours of Child Abuse/Neglect Response and Family Centered Services
- 40 hours of Field Experience
- 32 hours of Family Centered Out of Home Care

In the Southwest Region a new class of CWPT starts every 8 weeks. Staff are hired 1-2 weeks before they begin CWPT. The Circuit Managers or office designee enrolls new hires in training. Tracking of the overall process and participation is being done by the clerical support for the regional professional development team and the regional Training Manager.

New caseloads begin to be assigned once CWPT and the worker's OJT are completed. Caseloads are gradually built up to full capacity. Caseloads are assigned earlier when every other option has been exhausted. Monitoring and support are provided by supervisors and OJT specialist. If staff competency is demonstrated, a full caseload assignment at one year is generally expected.

Southeast Region

Southeast Region also developed a combination of on-the-job training with classroom curriculum, called Southeast CWPT Basic Skills Training. In the Southeast Region the expected timeframe in which a newly hired staff should start training is within two weeks of hire, however, some newly hired employees' start dates fall directly at the start of a new training cycle and others have to wait for the next training cycle to begin. It is preferred 1-2 weeks prior to Basic Skills training the worker meet with a member of the professional development team to determine which On-the-Job Coaching (OJC) activities will be completed first.

During Basic Skills classroom training and alternating OJC activities, assuming co-case management responsibilities will be determined by Coaches/Specialist if worker is ready to

assume co-case management responsibilities for one case. After five days of field training experience with the first case, supervisor may determine if worker is prepared to assume co-case management responsibilities for a second case. Supervisor is responsible to determine if and when the trainee is able to increase to a co-managed case load not to exceed four cases total until Basic Skills Training is complete. Supervisor will assign trainee as a secondary worker to the assigned case managers.

The current Southeast Region is providing the following training structure:

- CWPT SE class 1: Foundations-Intro to MO Practice Model 31.5 hours
- CWPT SE class 2: MO Practice Model Implementation Pt. 1 28.0 hours
- CWPT SE class 3: MO Practice Model Implementation Pt. 2 24.5 hours
- CWPT SE class 4: MO Practice Model Implementation Pt. 3 28.0 hours
- CQI: Be the Change 2.0 hours

(OPTIONAL)

SE Systems (7 hours for investigators and assessors, 11 hours for case managers. All workers have the option to take both classes and some do.)

St. Louis Region

St. Louis Region offers “Keys to Success”, Child Welfare Practice Training for new employees. A new session of classes is offered every two months, allowing newly hired staff to start class within four weeks of being hired, coupled with beginning on the job orientation within the first two weeks, prior to the start of class.

New caseloads begin to be assigned once CWPT and the worker’s OJT are completed. Caseloads are gradually built up to full capacity.

St. Louis Child Welfare Practice Training “Keys to Success” consist of:

- 21.0 hours of CWPT - Keys To Success Class 1: Intro CD Philosophy & Practice
- 10.5 hours of Keys to Success: OJT Orientation -1 ½ day for this class
- 21.0 hours of CWPT - Keys To Success Class 2 CA/N
- 21.0 hours of Keys To Success - OJT CA/N
- 21.0 hours of CWPT - Keys To success Class 3 FCS
- 21.0 hours of Keys To Success - OJT FCS
- 21.0 hours of CWPT - Keys To Success Class 4 FCOOHC
- 7 hours of CWPT - Keys To Success CA/N Enrichment Part 1
- 7 hours of CWPT - Keys To Success CA/N Enrichment Part 2

- 21.0 hours of Keys to Success: OJT AC
- 7 hours of Systems Keys To Success - CA/N
- 7 hours of System Keys To Success – FCS
- 7 hours of System Keys To Success – FCOOHC
- 14 hours of CA/N enrichment

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, signs of safety- 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 Employee Learning Center is not utilized at this time for contracted agency staff members, employed by a private agency. Each contracted agency is responsible for the documentation and reporting of training received by their employees.

Another challenge is the hiring of one or two staff at a time after an initial training session has begun. The region then has to determine if the new employee can start the training beginning on week two (out of sequence) or if it would be better to wait until the next training cohort or provide the employee(s) with individual/small group training. The decision is made at the regional level and based on the needs of that employee(s) in conjunction with the resources of the training program within that region.

There is a training manager designated in each of the five regions in the state who is responsible for oversight of the training program. This person's responsibilities include coordination and monitoring of the regional training program. The training manager along with the training office support staff, are responsible for submitting quarterly quantitative data reports to the statewide coordinator. The training manager ensures training timeframes are met by staff or are made aware of exceptions and develop strategies to address these exceptions.

Evaluation of the training offered to staff is currently done through surveys distributed to staff at the end of each training. These surveys are not aggregated, quantitative data but rather provide trainers who delivered the training topic with instant qualitative information about the topic delivered. Some regional training teams have begun to utilize SurveyMonkey to deliver digital surveys to training participants. Many of these SurveyMonkey evaluations are done in a free site and it is not able to be easily aggregated. The regions were specifically asked for evaluation data in January 2020. It was found that many of the regions have not been aggregating their data and do not have it somewhere that can be easily accessed by the statewide team. A new evaluation is in the process of being developed along with a new process to aggregate the data.

Item 27: Ongoing Staff Training

The Children's Division's regionalization of the professional development and training program offers the ability for each region to tailor the curriculum offered to employees based on the unique needs of the staff, the community and population which Children's Division serves. For example in a rural county office there may be the need for one worker to provide a general array of services within a community that has limited resources or conversely, due to population in a metropolitan area, a specialized workload is the best strategy for the workforce. The efforts to regionalized professional development and training allow for development and delivery of ongoing training that align with management's identified strategies.

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. The Manager Center for the Employee Learning Center will allow 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.

The Children's Division continues to focus training priorities in FY2020 on implementation and integration of the practice model, including the foundational practice initiatives of Five Domains of Wellbeing, trauma-informed care, and Signs of Safety. There was also increased focus on promoting leadership at every level of the agency through The Heart of Coaching classes which include the transformational coaching model. All supervisors were required to complete The Heart of Coaching.

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 not less than forty hours of pre-service training on the identification and treatment of child abuse and neglect. In addition to such pre-service training, such employees shall also receive not less than twenty hours of ongoing training each year on the subject of the identification and treatment of child abuse and neglect.

The 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 Five

Domains of Wellbeing, trauma-informed care, and Signs of Safety, as well as external conferences, workshops, seminars and certain local community trainings. Staff have until June 30, 2019 to complete the training hours for FY2020.

Supervisors also have a need for support and professional development. This year the Joint Practice Implementation Team was started. This team has practice model champions participating in small groups researching and recommending ways to develop staff in the practice model. Several of the Safe Generations classes such as Practice Leader Development Practice and Power of Partnerships have completed, providing participants from those groups opportunity to lead new groups.

Specific training that supervisors receive is eligible for Management Training Rule (MTR) credit hours. Supervisors are required to obtain 40 credit hours during their first year of supervision and 16 hours of MTR every year thereafter. The training topics are determined by the direct supervisor in consultation with the supervisor through assessment and evaluation. In FY2021, MTR will change to Leadership Development Rule (LDR). This new rule will require supervisors to obtain 52 hours of LDR per year. With the addition of Missouri Learning through LinkedIn Learning, supervisors will be expected to spend an average of one hour per week on their professional development. The new program offers all state employees a variety of topics through an online source.

In FY2019, 96.4% of the supervisors/managers in the Children's Division that needed to take 16 hours of training completed this requirement. One hundred percent (100%) of the supervisors/managers in the division that needed to take 40 hours of training completed this requirement.

Supervisors/managers have until June 30, 2020 to fulfill training requirements for FY2020. As of April 15, 2020, 46% of the supervisors/managers in Children's Division that need to take 16 hours of training have completed this requirement. 70% of the supervisors/managers in Children's Division that need to take 40 hours of training have completed this requirement. The standardized and statewide professional development initiatives and the unique and tailored professional development opportunities are all tracked and logged in the Employee Learning Center. There is a concern that this year there may be a lower number of supervisors getting their MTR hours due to the COVID pandemic and the cancelling of non-essential classes. This has significantly reduced the number of offerings for approximately two months. Many of the employees that do not have their 40 hours of training completed is due to the fact that they are newer supervisors and have not been able to complete the DSS Leadership orientation.

Evaluation of the training offered to staff is currently done through surveys distributed to staff at the end of each training. These surveys are not aggregated, quantitative data but rather provide trainers who delivered the training topic with instant qualitative information about the topic delivered. Some regional training teams have begun to utilize SurveyMonkey to deliver digital

surveys to training participants. These SurveyMonkey surveys are done on a free site that does not allow for the surveys to be aggregated. In early 2020, the Leadership and Professional Development team started a process of developing a new evaluation that would be used in all regions. During this time each region was asked for evaluation data. Most regions did not aggregate their data and the training manager was using the evaluations to enhance Engage conversations with the trainers. Currently with the development of new curriculum for CWPT the team is looking at overall recommendations for evaluation of training and the collection of data in order to assist the Leadership and Professional Development team in training planning.

During the end of FY19 and the beginning of FY20, the Department of Social Services gathered a team to look at increasing child safety in the state of Missouri. A report came out in the fall of 2019 that recommended more emphasis on legal training for staff. Frontline staff and supervisors had requirements of attending Legal Aspects training for their specialized area but it was found that not all staff had attended the classes. The Legal Aspects for Investigators was offered seven times from April 1, 2019 to March 31, 2020. This course is a 2 ½ day class. There were 183 open spots for staff to fill but only 139 employees completed the class. During the year, it was found that often there would be long waitlists to get into the classes but as the classes got closer to occurring the waitlists would dwindle to nothing due to all the employees that cancelled out of the class. A survey was sent out to staff asking why they were cancelling from the class. The staff responded overwhelmingly that it was due to workload issues and that they were often either asked to cancel or that they felt the need to cancel in order to support their caseload. They asked that the classes be offered in the regions and four of the seven classes were offered in different regions (Southwest, Southeast, Jackson and St. Louis). These regions saw no difference in attendance than previous classes. The evaluations of the classes have high marks. When asked about meeting goals the average score for the class was 4.8 out of 5. For the effectiveness of the class, the average score was 4.9 out of 5. Often there are comments stating that this class is the best class investigators have taken and that they wished they could have had the class sooner in their employment. This class is to be taken within the six to twelve month mark for employees. When looking at the eligible employees who could have taken the class during the April 1, 2019 to March 31, 2020 time frame, only 30% of the employees completed it by twelve months. After the report came out in the fall, there was a request for another Legal Aspects trainer. This additional trainer was hired at the end of February 2020. Currently the team is considering virtual ways of presenting some of the class.

Legal Aspects for Family Centered and Adoption offered six classes from April 1, 2019 to March 31, 2020. Two of those classes were offered in the regions (Southwest and North). This course is a 2 ½ day class. There were 165 spots available but only 128 employees completed the class. As with Legal Aspects investigations, there were also long waitlists to get into the classes. Again the class would go through the waitlist and employees were cancelling out of the class. A survey was sent out to staff asking why they cancelled out of the class. Again the answer was overwhelmingly that it was due to workload issues. They were often either asked by their

supervisor to cancel or they felt the need to cancel in order to support their caseload. These participants also asked that the classes be offered in the regions and an attempt to do that was made. These two regions also saw large cancellations. The evaluations of the classes have high marks. When asked about meeting the goals for the class the average score is 4.8 out of 5. The average score for the effectiveness of the class is 4.7 out of 5. Comments for the class is similar to the investigations class. This class is to be taken within the six to twelve month mark for employees. When looking at the eligible employees who could have taken the class during the April 1, 2019 to March 31, 2020 time frame, only 43% of the employees completed it by twelve months. The hiring of an additional trainer at the end of February 2020 was made in order to help get more employees into the class. Currently the team is considering virtual ways to present parts of this class.

Human Trafficking is another class that is required to be completed within the first year of employment. This class is taught by a contractor and each region sets up their classes with the contractor. From April 1, 2019 to March 31, 2020, nine classes were completed. Four classes were recently cancelled due to the COVID pandemic. Of the new hires that could have completed the training within their first year of employment, 70% have completed. This class is a one day class and does not seem to have as many cancellations as the Legal Aspects classes. Yet many of the classes were not full and it is unknown why several of the classes had under 10 people complete it. Leadership and Professional Development will need to look into why these classes were under enrolled.

Safe Care Triage is a new e-learning that was offered for all investigators starting at the beginning of the year. This training was required to be completed within the first 30 days of employment with all investigators. This is a part of the Safe Care hours that are mandated by the state through the Safe Care network. This training was placed on all investigators training plans. Since the training is new, the data collected was to see if staff completed the training since it was placed on the training plan. This is a one hour e-learning. Out of all the investigators hired in 2018 and 2019, only 26% have completed the training. There are several settings in the Employee Learning Center in which emails are sent out when new classes are placed on the employees learning plan. It was found that the email was not sent out to the employees even though there was a policy put out stating that the training needs to be completed. Another concern is that in order for the Employee Learning Center to know to place the class on the training plan, the supervisors need to put the investigator specialty on the required employee's profile. Currently a report is going out to circuit managers quarterly to show who does not have specialties on their profile. Several circuits still have a large number of employees without specialties. A reminder email setting has been placed on the class and it is hoped that numbers will increase.

During the COVID pandemic, only essential classes are being taught. For most regions, this is only the CWPT classes and they are being taught through virtual means. Starting in April 2020, a new Team Member Training Portal is starting to be used. This portal will track outside trainings

and Missouri Learning through LinkedIn Learning classes in the Employee Learning Center. These trainings will increase the variety and amount of training that is being tracked. All Missouri Learning classes will be considered Leadership Development Rule.

The Leadership and Professional Development Team has been exploring more virtual and e-learning options during this time. The team is working closely with the regional trainers in order to help them navigate the use of Webex and Zoom for training. The team has been reaching out with additional resources to help change the in-class trainings to virtual training that is effective. There has been mixed feedback from the trainers about the success of the training and the group is sharing what has and has not been successful.

Item 28: Foster/Adoptive Parent and Facility Staff Training

Policy requires that if the home does not meet the training hour requirement, the home is closed. Reminder of completion of required hours is completed 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.

For license approval, 27 hours of pre-service training is required. Thirty hours of in-service training are required for license renewal. All training hours are entered in the FACES system. Each resource vendor has a screen where all the completed training classes and hours may be viewed.

During the first two years of licensure, there are specified required trainings that must be completed which total 24 of the required 30 hours of in-service training. These required trainings include: three hours CPR, three hours first aid, three hours Trauma, one hour Psychotropic Medications, five hours Laws, Policies, and Procedures Governing Child Welfare, two hours Healthy Relationships, seven hours Importance of Sibling Placement. A new training, Resource Provider Curriculum for Trauma will add another 12 hours of specified training requirements. In August, 2016, an additional two hour required training was added, focusing on Reasonable and Prudent Parenting Standard. Resource parents must complete 30 hours of in-service training for license renewal for the life time of their licensure with the state. In November 2017, another required training was added, Foster Care Bill of Rights, to inform resource parents of the foster child's rights. In June 2018, a new training requirement was added regarding Informed Consent. Informed consent is the agreement to any medical or mental health treatment (e.g., medication, procedure, or service) given after the medical consentor has had the opportunity to receive sufficient information about its risks and benefits. It is important for the individuals providing consent for a youth's health care to understand the role and responsibilities of a medical consentor in order to make the best decisions. Another required training introduced in July 2019 is Psychotropic Medication Management. It is a required pre-service training for licensure. All currently licensed resource providers were required to complete the training by May 15, 2020 and received in-service training credit as well.

During each quarterly home visit of the resource development worker to the resource home, the worker and the resource 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 resource 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?
 - Protecting and Nurturing
 - Meeting the development 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
- What training needs can be identified to address the concerns and issues identified in section I? (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)

Adoptive parents are required to have 27 hours of pre-service STARS training in addition to 12 hours of Spaulding 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, relative or kinship provider and must meet in-service training hours to maintain the license.

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 is 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 five-year project will include the development of resource parent pre-service and in-service curriculum. A designated group of 120 resource homes will use the curriculum while the North Eastern Region of the state, including St. Louis Region continues to use the STARS training.

In response to concerns reported to the former director of the Department of Social Services regarding how long it takes to complete the licensure process of a new resource home applicant, a taskforce was developed in late spring 2019 to explore the barriers and how to expedite the process. The result was a project to develop a pre-service training that takes less in-class training time. The southern regional training units worked together during the summer of 2019 to create STRONG (Supportive Team Relations for Ongoing Nurturing and Growth of Children and Families). The STRONG pre-service training incorporates the required competencies as identified in licensing regulations and the Children's Division's practice model topics of Trauma Informed, Signs of Safety and Five Domains of Well Being initiatives. The Southwest Region and Southeast Region began a pre-service pilot of the new pre-service in September 2019. Initial responses of trainers and trainees is very positive.

The Children's Division will have outcome data from the NTDC, STRONG, and STARS pre-service training to determine which training is most beneficial for children and resource parents. The outcome data will include retention of foster homes.

The following training requirements for the staff of state-licensed or approved facilities are established in the Rules for Licensing. An agency shall establish and submit to the licensing unit an annual written plan of training each year for all employees and contracted personnel.

Employees and contracted personnel shall have 40 hours of training during the first year of employment and 40 hours annually each subsequent year. At the time of license renewal, non-accredited agencies submit a form (RPU-10 Personnel Report) which documents the hours of training for every employee. During the on-site license renewal visit and supervisory visits, the Licensing Consultant reviews a random sample of employee files and will verify that the employee has had 40 hours of training.

Direct care staff and immediate supervisors must maintain certification in a certified medication training program, crisis management, a current recognized and approved physical restraint program (where applicable), first aid, and cardiopulmonary resuscitation.

All training must be documented on a training database/training log with the date, location, and subject, the number of hours earned, and person(s) who conducted the training.

The training may include, but not be limited to, short-term courses, seminars, institutes, workshops, and in-service training provided on site by qualified professionals. Activities related to the supervision of the staff member's routine tasks shall not be considered training activities for the purpose of this rule.

The training plan shall include, but not be limited to:

- Developmental needs of children;

- Child management techniques;
- Basic group dynamics;
- Appropriate discipline, crisis intervention, de-escalation techniques, and behavior management techniques;
- The direct care and professional staff roles in the operating site;
- Interpersonal communication;
- Proper, safe methods, and techniques of physical restraint;
- First aid and cardiopulmonary resuscitation training;
- Medication training and/or certification;
- Suicide prevention;
- Legal rights of children and their families, including basic information on the constitutional rights of children and their families while children are in care and basic information on the Missouri juvenile justice system; and
- Water safety for those agencies allowing water activities.

If it is found that the residential staff does not have the 40 hours of required training, the agency will be asked to develop and submit a corrective action plan to RPU (Residential Program Unit). The agency has 30 days from the date of the supervisory visit to submit the corrective action.

The Children’s Division does not currently have a process in place to aggregate data regarding licensed residential staff training. Further discussion will occur to establish the protocol for data collection.

Service Array and Resource Development

Item 29: Service Array

Services Assessing the Strengths and Needs of Children and Families

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 through 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.

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 child care 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 ten crisis care facilities across the state.

The Department of Social Services sponsors a Home Visiting Program, an in-home service designed to assist with the prevention of children entering alternative care by offering additional in-home support for at-risk families. 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. The Home Visitation program is located in 11 regions across the state.

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. 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.

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.

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. In July 2019, the IFRS program and the IIS program were combined into one contract to allow for services statewide. Previously, the IFRS program was only available to eight sites in the state. By combining the two programs it allows for more families to be served and loosens some of the time constraints, allowing work with families to be done within the first 30 days of a case opening, or after a child returns home as needed by the specific case situation. The referral requirements for both programs remain the same.

Services Helping Children in Foster and Adoptive Placements Achieve Permanency

Case management services for children in foster care are also 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.

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.

A subcommittee of the Health Care Oversight and Coordination Committee was formed to examine children's access to quality behavioral health care. Youth involved in the child welfare system have unique needs, and attention must be paid to ensuring the right children are referred for services and with the right behavioral health care provider. The subcommittee's current work is devoted to evaluating residential treatment utilization rates and the behavioral health resources available in the communities from which those youth come. The objective is to determine if a lack of adequate or quality behavioral health care resources contributed to the youth's inability to remain in his/her community of origin.

There are 20 Missouri Community Partnership initiatives which strive to bring together public/private partnerships to support the well-being of Missouri families. Some examples of work are as follows:

- The Jefferson County Community Partnership has a successful Safe Babies program that is aimed to decrease the number of tragic infant deaths by increasing awareness of preventable risk factors.
- The Ripley County Community Partnership focuses on children succeeding in school by providing comprehensive wraparound case management services; they provide a mentoring program to help youth transition from care in DYS, they provide Youth Mental Health First Aid and continue to offer the curriculum Building Strong Families.
- At the heart of The St. Francois County Community Partnership efforts is a program called Project Sunshine. It strives to end the cycle of child abuse and neglect in that region of Missouri. It uses a multipronged approach to raise awareness of abuse and neglect, facilitate community initiatives targeting prevention, and coordinates resources, so assistance is readily accessible for those who need it.
- The Alliance of Southwest Missouri holds an annual HOPE Conference that focuses on domestic violence, and each year a track within the conference offers workshops to help community leaders focus on child wellbeing in their community. This Partnership also provides Child-Parent Relationship Training led by a licensed counselor to help parents hone their parenting skills with a child-centered approach.
- The St. Joseph Youth Alliance has focused its work on what is called “5 Keys for Kids”. Their partners and the Youth Alliance have agreed on a platform that includes crisis intervention, early childhood education, substance abuse prevention, youth asset development, and youth mentoring.

Children’s Division funds a variety of therapeutic and adjunct treatment services 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 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 Children’s Treatment Services (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.

While many areas of Missouri are very rich in resources to help families maintain safety, permanency, and well-being, some rural areas face challenges in providing families with services they may need. Substance abuse treatment facilities, services for domestic violence victims and perpetrators, and mental health/counseling providers are commonly identified as service gaps in some areas of the state.

Service Array was found to be an area needing improvement during the CFSR held in July 2017. The Children's Division has partnered with the Department of Mental Health to pilot a program serving pregnant and post-partum women who have co-occurrence of mental health challenges and substance use concerns. The Children's Division is exploring how the passage of the Family First Prevention Services Act (FFPSA) will aid the expansion of services available to children and families in Missouri. More information on prevention efforts in conjunction with FFPSA can be found in later sections of this report.

Item 30: Individualized Services

The Full Frame Initiative's Five Domains of Wellbeing philosophy, which is embedded into the Children's Division policies and practices, encourages staff to look at families and children through the full frame of their lives, instead of focusing on the incident or circumstances which brought the family to the attention of the Children's Division. The five domains of wellbeing for every person, family, and organization include safety, stability, mastery, social connectedness, and meaningful access to relevant resources. Some additional key components to the philosophy are:

- Understanding the concept of trade-offs,
- Exploring how individuals can support changes that last, and
- Understanding choices, behaviors, and how families balance trade-offs within the Five Domains of Wellbeing.

Meaningful access to relevant resources is critical to developing a service plan individualized to the child and family. The voice of the child and family in service planning is encouraged through the use of Signs of Safety principles. Mapping the worries, what is going well, and the steps to improvement with a child and family can help move the plan forward in the direction which makes the most sense for each situation. Family is always encouraged to participate and give their input during Family Support Team meetings and Team Decision Making meetings as well.

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.

Foster Care Case Management (FCCM) agencies which provide case management services to a portion of children in foster care have the unique ability to utilize flexible spending to meet the individual needs of children and families they serve. The Children’s Division does not have the same flexibility in spending.

It is not uncommon to find service plans which are ordered by the court and do not consider the individual’s needs. Improving the Children’s Division and the court’s relationships is an area being pursued in the Program Improvement Plan to increase timely permanency. It is hoped the improved relationships will also help reduce the “cookie-cutter” approach to service planning seen in some areas of the state.

Agency Responsiveness to the Community

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

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

- CFSR Advisory Committee – Initially created in 2005 to provide feedback for the Program Improvement Plan, the committee continues to meet and assists in the evaluation of practice and outcomes and the development of the CFSP. The committee has been encouraged to expand its role as an advisory body. While there will continue to be opportunities to educate the committee on child welfare issues, the Children’s Division appreciates the wealth of knowledge available from the members of this group. The committee has been asked for input on a variety of topics, including recruitment and retention of foster parents, reasonable and prudent parenting legislation, and service array. The conversations on these subjects were structured to assist the Children’s Division in writing the CFSR statewide assessment.
- State Youth Advisory Board - Members of the SYAB represent all children and youth who have been or are currently in out-of-home placements from his/her area of the state. Each member of the board is an outstanding youth in foster care or youth who obtained adoption or guardianship after the age of sixteen. SYAB members are responsible for providing to the Children’s Division administrative staff with input on policy and procedures. The SYAB determines the goals and activities to pursue upcoming meetings

and carries those out accordingly. The SYAB also works as a network by bringing back important information to their local boards.

- 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.
- Healthcare Coordination Committee - This multidisciplinary team is comprised of the Children’s Division, the MO HealthNet Division (state 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. 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.

The Children’s Division continues to collaborate with the courts through a variety of mechanisms. A member of the Children’s Division’s management team attends the Juvenile Court Improvement Project meetings and regularly shares relevant data. There are 18 Fostering Court Improvement (FCI) sites in the state. The FCI groups are a collaborative effort to use agency and court data systems to improve case handling, and outcomes through intensive data focused interaction and training for personnel in selected project judicial circuits. In addition to the above projects, an OSCA representative participates in the planning and development of the Children’s Division’s quarterly In-Focus newsletter, a newsletter developed to guide the CQI teams at all levels. In turn, OSCA shares the newsletter with judges and other court personnel throughout the state.

The Missouri State Parent Advisory Council was developed to bring the parent voice to state systems that serve families. The Missouri State Parent Advisory Council was established as a way to partner with parents on the state and local levels. Council members were identified through an application process. This included attendance at the 2016 Parent Leadership Summit. At the end of the summit, participants were asked to complete a commitment card indicating their interest in being part of a statewide Parent Advisory Council that would be available to agencies that serve at-risk families with young children including providing input into early childhood policies and practices at the state level. By the end of 2016, the planning team had identified 12 family leaders from across the state to be the first Missouri Parent Advisory Council; their first in-person meeting was March 23, 2017.

The Missouri Parent Advisory Council has been developing through the group process, determining who they are, what their focus is going to be, and receiving training. In the spring of

2018, they created an overview and application process to engage and empower other potential parent members. Below is the summary the council members created:

“The Missouri Parent Advisory Council (PAC) is a group of family leaders from across the state. These leaders have experience in their own communities, working with agencies that provide services to at-risk families with young children and have demonstrated leadership. They have each received training in Strengthening Families™ and the Protective Factors Framework through Strong Parents, Stable Children: Building Protective Factors to Strengthen Families training and facilitative leadership. They are working to bring issues facing families in their communities to a higher level to improve access to services and family engagement within programs.”

The Children’s Division is actively seeking to engage parents with past experience in Missouri’s child welfare system to apply for membership on the Parent Advisory Council and will be utilizing the council for feedback regarding practices and procedures which may have direct impact on parents served by the Children’s Division.

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.

Please see the collaboration section for more information.

This item was determined to be a strength within the child welfare system in Missouri during the CFSR Round Three.

Item 32: Coordination of CFSP Services with Other Federal Programs

Interdepartmental Collaboration:

The Children’s Division works with many other state agencies and federal programs with regard to accessing and coordinating services and values impacting the children and families in common.

- Department of Mental Health (DMH) – Staff within the Children’s Division’s Alternative 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 staff within 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 child care.

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 child care through the

Children’s Division. This program supports quality improvement activities. Child care 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. Child care 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. For more information, see the Health Care Oversight and Coordination Plan section.
- 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 DHS are working with several jurisdictions on identifying and assisting these crossover youth to ensure that all needs are met by the appropriate entity. The Children’s Division has a specific liaison appointed for this project.

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, DHS, and the Juvenile Office to make referrals, case plans, and transition plans once the youth completes treatment. The DHS 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. Also, DESE provides an annual report on First Steps infants referred through the Child Abuse Prevention and Treatment Act (CAPTA).

The Children’s Division staff throughout the state work to develop relationships with local school districts within the circuits. Transportation of children to enable them to remain in their home schools has been an emphasis in recent months.

Children’s Division coordinates efforts with DESE as it relates to Home Visiting programs as well. To ensure ongoing collaboration between DSS Home Visiting and Parents as Teachers service providers, DSS Home Visitors are required to include Parents as Teachers in their regional multidisciplinary team meetings to ensure proper service provisions for at risk families, specific to the family needs. Additionally, DSS Home Visitors are required to refer families to Parents as Teachers or another early learning program when families transition from DSS Home Visiting or if a referred family is deemed ineligible for DSS Home Visiting services.

Additionally, Children’s Division regularly meets with DESE to align messaging to Home Visiting providers, as well as to work towards a coordinated statewide intake and data system. Children’s Division and DESE will also combine efforts to provide trauma informed education and training to all Missouri home visitors beginning in FY21.

- Department of Health and Senior Services (DHSS) – The Children’s Division provides funding related to supporting child care initiative to DHSS. These funds offer health consultation services to child care providers and health and sanitation inspections of licensed child care 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 Advocates, 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.
- Coordination of Funding Through TANF - Home Visiting programs with a focus on prevention of child abuse and neglect utilize TANF dollars as a funding stream. Home Visiting assists eligible parents whose family income does not exceed 185% of the federal poverty level and are currently pregnant or who wish to care for their children under three years of age in the home. Home Visiting provides parents various opportunities to gain skills in the areas of early childhood development and education, improving parenting skills, school readiness, and child abuse and neglect prevention. Home Visiting services are provided through training and support groups for the families, developmentally appropriate books and toys for the children, modeling of appropriate parenting skills, and various other incentives to keep the parents engaged in the services. Home Visiting also allows families the opportunities to network with other families and to build a support and resource network. Funding is provided through grants to local community organizations. Once the child ages out of the home visiting program at age three, they are referred to their local Parents as Teachers and/or other community agencies to maintain educational services until the child enters kindergarten.
- 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 child care services to help with school readiness. For more information, see the Head Start description in the Collaboration section.
- Housing and Urban Development - The Children’s Division maintains representation on the Governor’s Committee to End Homelessness (GCEH). The GCEH meets monthly and supports the following key strategies to accomplish the Goals of ending homelessness:
 - Share national and local “best practices” to support planning to end homelessness
 - Strengthen communication at all levels
 - Encourage collaborations and cross-sector problem solving
 - Review and share data to evaluate Statewide progress in ending homelessness
 - Encourage the development of specific strategies as needed to address the unique needs of underserved populations

Through this representative, the Children’s Division commits to statewide strategies to reduce homelessness with a focus on families known to child welfare and youth preparing to exit foster care into adulthood.

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 Continua 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.

Coordination with other programs receiving federal funding occurs in localities across Missouri. Below are some examples:

Fostering Court Improvement - The Fostering Court Improvement Project has increased the sites participating in this initiative and added the Juvenile Court Improvement Project. Outgrowths of these have resulted in the review and implementation of Juvenile Court standards and consistency in forms across the judicial circuits. For more information, see the Fostering Court Improvement description in the Collaboration section.

Wendy's Wonderful Kids - Through collaboration with Cornerstones of Care in Kansas City, this recruitment program helps attract foster and adoptive homes for children in the custody of the Children's Division in Jackson County.

TIES Program - Children's Mercy Hospital (CMH) in Kansas City receives funding for the TIES (Team for Infants Exposed to Substance abuse) to facilitate identification and referral of eligible pregnant/postpartum women and their families affected by substance abuse. Families may be identified through the Division's Newborn Crisis Assessment process. Services are coordinated as part of a comprehensive plan developed with the families. Bi-monthly meetings of the CMH Community Programs Consortium are held of which Children's Division is a member.

St. Louis Systems of Care Council - The SOC Expansion Planning Team provides a collaborative approach, called System of Care, to delivering services to children and families in the St. Louis Region for who traditional service delivery models have been ineffective. An imperative of these collaborative approaches is culturally competent assessment, service delivery, and evaluation, all of which must take into account the family's culture, ethnicity, religion, race, gender, socioeconomic status, language, sexual orientation, geographical origin, neighborhood location, and immigration status. The SOC Expansion Planning Team also emphasizes the inclusion of family members and youth in the development of the System of Care. The family and youth members will serve as the "voice" of other service consumers and advocate for the needs of St. Louis families and youth. The SOC Expansion Planning Team will be guided by the System of Care principles.

Target Population: Below are the target populations monitored by the Expansion Planning Team that include, but are not limited to:

- Children and youth with Serious Emotional Disorders between the ages of five and 18 who are currently involved with at least one of the four major child-serving agencies (Health/Mental Health, Children and Family Services, Juvenile Probation, Education) and who are exhibiting difficulties functioning in at least two areas of daily living (school,

home, community).

- Children and youth who are at risk for multiple out-of-home placements or are currently experiencing multiple out-of-home placements.
- High-risk children in out-of-home placement who are being served by multiple member agencies.
- Transitional aged youth (16-18-year-olds) that require more intensive supports than what are available through traditional service delivery models such as the Independent Living Skills Program.

Alternatives to Living in Violent Environments (ALIVE) - This agreement is between the Department of Social Services (DSS), Franklin County Children's Division and Alternatives to Living in Violent Environments (ALIVE) for the purpose of setting forth the terms and conditions to provide clinical services to children exposed to high conflict and Intimate Partner Violence.

Court Appointed Special Advocates - Agreements between the Department of Social Services and local Court Appointed Special Advocate (CASA) Programs for the provision of quality care and services to all children, youth and families; but, especially child victims of parental abuse and/or neglect in need of judicial action to ensure their safety and well-being; and advocating for child victims of parental abuse and/or neglect in order to attain a safe, secure and permanent home.

Public Housing Authority of St. Louis County - This agreement is between the Children's Division and the Public Housing Authority of St. Louis County for the Family Unification Program (FUP) and Family Self Sufficiency (FSS) Demonstration (FUP/FSS Demonstration). The purpose of the FUP/FSS Demonstration is to provide rental vouchers to eligible families and eligible foster care youth in the Family Unification Program who lack adequate housing.

Lack of adequate housing is a primary factor in the imminent placement of the family's child(ren) in alternative care; or the delay in the return of the child(ren) to their families. The Children's Division and partnered agencies want to ensure those children who remain with or are reunited with their families are safe and secure and not subject to neglect as a result of homelessness or inadequate housing.

New Madrid County HR Council Community Partnership - This agreement is between the Missouri Department of Social Services (DSS), the Children's Division and the New Madrid County Human Resource Council Community Partnership to set forth the terms and conditions for the Systematic Training for Effective Parents (STEP) program.

The Infant Mortality Reduction Initiative (IMRI) - is a community-driven collaborative effort to improve infant vitality in St. Louis City and New Madrid, Mississippi, and Scott Counties by

reducing infant mortality. The initiative uses collective impact, an approach to collaboration in which partners and community members work together toward a common goal.

This project addresses the issues surrounding infant mortality and helps reduce the instances of infant mortality in the Boot Heel. The community partner provides tools to families in stated counties to help them become stronger parents to their children through the following:

- Provide cribs with a safe sleep survival kit to families/parents referred from Missouri Children’s Division. Complete a 60-day follow up on referred families receiving cribs/safe sleep survival kit.
- Provide Systematic Training for Effective Parenting (STEP) to pregnant and/or parenting families in New Madrid, Mississippi, and Scott Counties. Administer Adult-Adolescent Parenting Inventory (AAPI) which measures the risk of potential for child abuse and neglect. Provide incentives in the form of craft bags (to do activities with their children), reward chart (to reinforce positive discipline), a board game, and literacy books for successful workshop completion.
- Provide pre-printed educational information from the Children’s Trust Fund or the Infant Mortality Reduction initiative on:
 - safe sleep practices;
 - substance abuse;
 - smoking and pregnancy;
 - breastfeeding; and
 - infant mortality.

SOAR (Systems Offering Actions for Resiliency) - This agreement is a partnership between the University of Missouri Department of Psychiatry’s grant-funded SOAR program funded under the 2016 Boone County Children Service’s Trust fund. SOAR aims to improve the coordination of the early child-serving system and enhance practices, programs, and services for youth, children, and their families. This program involves the screening and identification of children at risk for developmental and behavioral disorders. Children in foster care have a disproportionately high rate of physical, developmental, medical, and mental health problems. SOAR seeks to ensure the needs of these young children are met through the best practice models of standardized screening, evidence-based identification, and linkage to appropriate services.

Customer Service Partnerships - The Missouri Customer Service Partnership program will bring together business, government, and young people aging out of Missouri’s foster care system to achieve mutually-beneficial goals. Through shared commitment and responsibility, the partners will address business demand for excellent customer service employees, meet public expectations for reliable and courteous service, get young people started on meaningful career paths, and grow Missouri’s middle class.

Persons eligible for this program shall be defined as a “young person” who is between the age of 17 to 21 and who is exiting or who has exited the foster care system; and who is not on a post-secondary path or career path, and at risk of becoming dependent on public assistance, including, but not limited to, Medicaid, Food Stamps and Childcare.

- a. Eligible persons of this program may be a single parent or at risk of becoming a single parent.

The Missouri Customer Service Partnership program will focus on serving fragile families and vulnerable households to assist families in breaking the cycle of poverty and abuse.

Greater Kansas City Coalition to End Homelessness (GKCCEH) - This Agreement is between the Missouri Department of Social Services, Jackson County Children’s Division and the Greater Kansas City Coalition to End Homelessness (GKCCEH) on behalf of the Continuum of Care (CoC) for Jackson County, Missouri for the Collaborative Application for a Youth Homelessness Demonstration Program. The purpose of this Youth Homelessness Demonstration Program (YHDP) is to develop and execute a coordinated community approach to preventing and ending youth homelessness.

IDA Review Teams - Collaborative teams have been developed in Southeast Missouri, St. Charles Missouri, and Rolla Missouri to focus on exploring less restrictive living options for youth in the Children’s Division custody who typically qualify for Comprehensive Medicaid Waivers for youth with Developmental Disabilities. These meetings include Children’s Division RCSTs for the region, staff from DMH-DD Regional Offices, and Targeted Case Management staff. Several youth have been diverted from the Comprehensive Waiver program and are enrolled in the Community based Medicaid waiver program which enables the youth/young adult to have opportunities to live and work in the community while living in a family setting, or their own homes or apartment. It offers the youth support based on their level of need and development instead of a residential/group home setting with staffing 24 hours a day.

Preserving Families through Partnerships (PFTP) - Regional Partnership grantee (RPG) Preferred Family Health (PFH) has been operating the “Preserving Families through Partnerships” (PFTP) program in Southwest Missouri since May 2013. The program goal is to *“To increase the well-being of and to improve the safety and permanency of children through addressing the substance use issues of their parents.”* The services are offered in the 31st Judicial Circuit (Greene County) and the 39th Circuit (Barry, Lawrence, and Stone County). Collaboration occurred with community agencies within Southwest Missouri to create community awareness of the program, generate referrals, and to partner with other service agencies to meet client needs in tandem with the services offered by Preferred Family Health.

Collaboration occurred in the following areas:

- Staging Substance Use Treatment and coordinating with community based Behavioral Health Services

- Cross-system partnerships including Juvenile and Drug Courts
- Coordinating recovery treatment with early child reunification
- Cross-system training
- Hidden Impact Conferences
- Partner agency staff participate in Evidence-Based Practice Training
- Targeted training for partner agency staff
- LUV (Life of Unlimited Visions) Teen Substance Misuse Education and Treatment Program – a collaboration with the Greene County Juvenile Court
- Problem Solving Stakeholders Team
- System of Care collaborations

Evidence-based services were offered, such as:

- In-home Advocates
- Brief Intervention (Homebuilders)
- Family Support(Parent-Child Assistance Program)
- Severe and Persistent Needs (CASSP)
- In-home Therapists supplement Community Based Substance Misuse Treatment with Substance Misuse, Children, Family, Couples Services
- Peer Mentoring
- Family Group Conferencing

Other services provided include transportation, psychological services, psychiatric services including MAT, access to transitional housing, and other resources through community partnerships.

This item was found to be a strength for Missouri’s child welfare system during the CFSR in July 2017.

Foster and Adoptive Parent Licensing, Recruitment and Retention

Item 33: Standards Applied Equally

The state of Missouri assures that state standards for licensure and approval are applied to all licensed or approved foster family homes or child care institutions receiving Title IV-B or IV-E funds by utilizing a review process. Adoptive home approvals are included, as well. For each assessment completed, the assessing or resource development 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/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. Also, the oversight specialist does a complete review of the file and home assessment on 10% of the cases approved during the month, the total of which will vary from month to month.

The outline template for the resource home assessment located in the Children’s Division policy Section 6 Chapter 3 Subsection 8 includes addressing the five required competencies of the resource parent to be licensed. These competencies are taught in the pre-service curriculum STARS and are included in the state regulation for licensing of foster family homes, 13 CSR 35-60. They are:

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.

State regulation 13 CSR 35-60.030 requires the following minimum qualifications:

13 CSR 35-60.030 Minimum Qualifications of Foster Parent(s)

PURPOSE: This rule explains who can qualify to be a foster parent. It gives the health requirements, standards of living, and personal information required.

(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.

All the minimum qualifications as well as all the other regulation requirements are addressed in the family home assessment; Family Homes Offering Foster Care, Capacity, Physical Standards, Care of children, Records and Reports, Foster Care Services for Youth with Elevated Needs, Denial or Revocation of license, Foster Care Services for Youth with Elevated Medical Needs, and removal of a parent from a license.

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

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 are 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. There is a specific form, Non-Safety Licensing Standard Waivers for Licensing of Relative Resource Provider Homes Tracking Form (CD152), which is completed by the resource development 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:

- 13 CSR 35-60.020 (1), Maximum number of children in the home
- 13 CSR 35-60.020 (2), Limits on number of children under the age of five
- 13 CSR 35-60.020 (3), Limits on number of elevated needs foster youth
- 13 CSR 35-60.030 (1), Minimum age of 21
- 13 CSR 35-60.030 (4)(A), Physician statement and all immunizations up-to-date at initial licensure and renewal for all household members
- 13 CSR 35-60.030 (4)(B), Physician determination that all household members are in good physical and mental health
- 13 CSR 35-60.030 (5)(B), 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
- 13 CSR 35-60.040 (1)(A), Location of home
- 13 CSR 35-60.040 (1)(B), Size and floor plan of home
- 13 CSR 35-60.040 (2)(D), Opposite sex in same room
- 13 CSR 35-60.040 (2)(E), No foster youth sleep in same room with adult age 21 and older
- 13 CSR 35-60.040 (2)(F), No foster youth age 2 and over sleep in same room with relative provider
- 13 CSR 35-60.040 (2)(I), Drawer and Closet space specifications

There were 347 relative homes approved for a foster home license in CY19 using one of the non-safety licensing standards. There were 18 relative homes renewed in CY19 waiving the 30 hours of in-service training requirements for license renewal. The standards that were waived to license the 347 homes were:

- Over the maximum number, 51
- Age of resource parent, 4
- Over maximum number of ages under five, 7
- Over the maximum number of children with elevated needs, 8
- Physician statement of immunizations up-to-date for all household members, 248
- Physician statement that all household members are in good physical and mental health, 58
- Required 30 hours of in-service training for license renewal, 18
- Location of the home, 1
- Size and floor plan of the home, 5
- Children of the opposite sex in the same room, 9
- No foster youth sleeping in the same room with an adult age 21 and older, 10
- No foster youth age two sleeping in the same room with the relative provider, 9
- Drawer and closet space, 1

The 347 relative homes licensed using a non-safety standard represents .1% of the 3,331 relative homes licensed during CY19. The 18 relative homes that used the waiver not to complete 30 hours of in-service training to be renewed represents .005% of the 3,331 relative homes licensed during CY19.

Item 34: Requirements for Criminal Background Checks

Missouri's computer system, FACES, requires a criminal background check be completed for each foster or adoptive parent to be licensed or approved. Missouri also strives to address and assure the safety of foster and adoptive placements for children through the quarterly home visit process where any concerns expressed by children in the home or exiting from the home are addressed as well as any safety concerns observed or reported. Signs of Safety tools, such as the three columns, house of wishes, or house of dreams are used with children to process the current situation in the resource home and continue discussions with the resource parents. These tools allow open dialogue and engagement to improve any safety concerns or perceived threats. Missouri has also strengthened the working relationship and alliance between the Out-of-Home Investigation Unit and the Assessment staff. Policy now requires at the time of re-licensure/re-approval 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 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 other adult household members age 17 and older.

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

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 the Department of Health and Senior Services (DHSS)
- Child-care facility licensing records maintained by DHSS
- Residential living facility and nursing home records, maintained by DHSS
- Employee Disqualification Registry, maintained by Department of Mental Health
- Foster parent licensing records, maintained by the Children's Division
- Sex Offender Registry information, maintained by Missouri State Highway Patrol (MSHP)

Resource homes are checked for any registered offenders located at that 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, or any person under the age of 17 who has been certified as an adult. Fingerprints are required. The MSHP completes a state criminal record check and then electronically sends the fingerprint images to the FBI for a national search of criminal records.

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

The 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 CY19 there were a total

of 14,927 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 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.

The Children's Division's automated system, FACES, has an edit in functioning which prohibits the licensing, approval, and renewal of foster care service family homes which do not have current background screenings entered.

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 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 below) 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 and relative 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 unlikely 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 will be 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.

Item 34 was determined to be a strength for Missouri during Round Three of the CFSR.

Item 35: Diligent Recruitment of Foster and Adoptive Home Please refer to Attachment B for the Diligent Recruitment Plan

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

Missouri has a strong Interstate Compact Unit to assure cross-jurisdictional placements for children are made to support children and youth. The ICPC Unit of two child placement coordinators, one hourly staff person and one manager process referrals within 5 days of receipt through the National Electronic Interstate Compact Enterprise (NEICE). Completion of home assessments by staff in Missouri are completed with ICPC timeframes so as not to delay potential placements into the state. The Missouri ICPC unit works collaboratively with other state ICPC offices to assure cases are processed in those states to allow Missouri children to be placed into receiving states when appropriate and safe. Internally, the Children’s Division assures, through an inter-county placement request, resources in other counties are contacted and assessed timely to assure placements can be made inter jurisdictionally within the state also.

Child Placing Agencies have the same responsibility to complete a referral to ICPC 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 Division or of a child/ren 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.

Update to the Plan for Enacting the Vision

Revisions to Goals, Objectives, and Interventions

The goals outlined in the 2020-2024 Child and Family Services Plan (CFSP) remain consistent with the findings of the Round 3 CFSR and efforts outlined in Missouri’s Program Improvement Plan. Specific interventions may have been adjusted and, if applicable, will be identified within the discussion of each goal. Please refer to the Update on Progress Made to Improve Outcomes section of this report.

Implementation and Program Supports

Signs of Safety

In partnership with Casey Family Programs, Missouri began implementation of the Signs of Safety child protection practice model in 2014. Signs of Safety was initially developed in Western Australia, and its practice has spread to many jurisdictions across America and throughout the world. This model centers around three core principles: working relationships, fostering a stance of inquiry, and landing grand aspirations in everyday practice. Work within Signs of Safety focuses on identifying the worries, what’s working well, and what needs to happen within a family to create and maintain safety for the child. There is a strong focus on family engagement and building partnerships with families as the key to successful intervention.

Jackson County was selected as the initial pilot sight to begin using this practice model throughout all program lines. Implementation began in June 2015. In CY16, a Signs of Safety hub was identified in the other four regions of the state to begin implementation. In CY17, Signs of Safety was implemented statewide. The Division continued to partner with Safe Generations in CY18 and CY19 to assist in the implementation and in building internal capacity to fully integrate and maintain this model statewide.

Each region met with Safe Generations, the developer and practice model consultate for Signs of Safety, to plan 2020 support services to improve staff skill and safety outcomes. Support services for 2020 include:

Developing a Missouri Practice Leader Development Program (PLDP): With the guidance and direction of SafeGenerations the Children’s Division would like to develop a Missouri PLDP, a way to develop a training/ongoing development process for future and current group supervision leaders.

Questions that Make a Difference Online Course: This is an online course developed by Safe Generations. The online course explores the development of questions through Signs of Safety. Questions are everywhere. They shape how we see the world and how we help others see the world. Questions are the sharpest tools to facilitate change. This short course will explore different types of powerful questions which can be used in everyday conversations.

Risk Intelligent Screening and Assessment (RISA): This is an online course that is facilitated by CD to be used for new employees at Child Abuse Neglect Hotline Unit (CANHU).

Team Decision Making

Team Decision Making (TDM) in Missouri dates back to the late 2000s when it was first began in St. Louis City through the Family to Family program brought to the state by the Annie E. Casey Foundation. Team Decision Making focuses on gathering individuals involved with the family and coordinating a meeting to make the best safety decisions possible. These meetings are triggered by certain events in the system such as the possibility of removal, a child in foster care changing placements and a foster child achieving permanency. Each meeting is facilitated by a specially trained Children’s Division staff member, using the TDM six-stage model.

The St. Louis City area has had much success with this program in so far as it has been integrated into the practice and culture of the child welfare system. Both the facilitators of the meetings and the child welfare workers value the process and see it as a beneficial and efficient way to reach an appropriate decision for a case situation.

In 2013 this practice was expanded to the areas of Jackson County (The Kansas City area) and then St. Louis County shortly thereafter. This expansion has received support from the Annie E Casey Foundation throughout 2018 to improve the results of this process. All of these areas

continue to work on building this practice and bringing their external partners onboard with this process.

During 2016 Missouri again partnered with the Annie E. Casey Foundation (AECF) to assist with the expansion of TDM practice. Two sites, one in Greene County (Springfield) and the other in Jasper County (Joplin), began implementation work and started using these meetings in March 2017. These two sites have steadily used this process since mid-2017, with continued support from AECF.

In 2017 work began to expand this practice to four new circuits in the state. These circuits surround St. Louis and began having TDM meetings in the summer of 2018. Currently, there were plans being made to have all circuits completing initial TDM meetings in July 2020. However, this has been delayed due to the COVID-19 pandemic.

Below is a table of information and outcomes surrounding the TDM practice from all of Missouri’s sites.

Statewide	CY2018	CY2019
Total TDM meetings	2,327	4,045
Number of children affected by TDM meetings	4,372	7,735
% of meetings mother attended	82%	82%
% of meetings father attended	47%	51%
% of children maintained in own home after meeting	35%	34%
% of children custody was requested after meeting	36%	38%
% of kids placed with relatives/kin after meeting	39%	36%
% of children placed in foster home after meeting	10%	12%

Field Support Teams

Field Support Teams originated from an “all hands on deck” approach to addressing a significant back-log of overdue hotline reports in 2018. Children’s Division central office staff joined field staff to provide support and technical assistance in a variety of ways to achieve a swift reduction in the number of overdue reports. Based on the success of those activities, Field Support Teams were formalized and incorporated into Missouri’s Program Improvement Plan.

The Field Support Team concept encourages open flow of strategies, support, and communication using transformational coaching between the field and central office. The main goals of the field support team are to enhance staff support and satisfaction across each region of the State and resolve issues at the local level. This fosters mutual accountability for outcomes and practice between the field and central office.

The work of the field support teams are guided by the following principles of engagement:

- *WE are ALL leaders with something to contribute
- *WE share a common vision
- *WE build trusting working relationships and are stronger together
- *WE are interdependent
- *WE are mutually accountable
- *WE don't blame or make statements, instead we ask learning questions

Field Support Teams are made up of 10 to 15 central office staff across all program areas. This includes but is not limited to program development specialists, unit managers, quality assurance staff, and divisional leadership. A designated central office lead is assigned to each regional team. Requests for field support are made by the Regional Director to the designated lead.

Permanency Attorney Initiative

As noted earlier, the achievement of timely permanency for children was identified as an area needing improvement during Missouri's CFSR in July 2017. One of the Program Improvement Plan strategies to address this issue developed the Permanency Attorney Initiative (PAI). Until work on this PIP strategy began, Children's Division staff were legally represented in court hearings in very limited scope. A referral was provided to the Division of Legal Services for specific, time-limited concerns which required legal action/advice. The introduction of permanency attorneys afforded staff in certain areas of the state the opportunity to have readily accessible legal advice and representation.

There are permanency attorneys housed in the Kansas City and St. Louis metropolitan areas who also serve the surrounding counties, as needed. An attorney is located in the 39th circuit in the Southwest region and attorneys are also based in the 25th and 42nd circuits in the Southeast region. The attorneys are officed with Children's Division staff and have an open door policy, encouraging case managers to ask for help and informal advice. The attorneys are staffing all cases when the children have been in care for 6 months to determine if measures can be taken to reunify the children with their parents or otherwise achieve permanency. The attorneys bring a different perspective to the case that can expedite permanency.

The attorneys give legal advice on Children's Division strategy and objectives in addition to specific cases. They attend office-wide meetings and participate as part of the team. Although they are not making specific policy decisions, they have the opportunity to make suggestions from a legal viewpoint.

There is agreement in every office statewide that the attorneys make a major difference due to the support they provide Children's Division staff. All agree that CD has a voice where permanency attorneys represent them. There is a culture change in that workers report feeling respected and valued in court. Even in cases that CD is not represented by a full-time attorney, workers believe they are treated as equal partners in the juvenile court process.

Focus groups were conducted and were very complimentary of the program. The consensus of Children’s Division workers is that the PAI program is the best thing that has happened to CD in years. The overall theme of workers’ comments is that they value and appreciate having an attorney and strongly desire to continue to receive representation.

Health Information Specialists

The Health Information Specialist (HIS) team was implemented in January 2019 in conjunction with the Psychotropic Medication Joint Settlement Agreement (Agreement). The Agreement outlines that “Children's Division (CD) shall maintain an adequate number of full time staff members statewide for the purpose of gathering and maintaining full and accurate medical information and history for each child in CD custody. CD will have twelve (12) such staff members at the time the Agreement is executed, and may adjust the number of staff thereafter, depending on needs and circumstances, with notice to Plaintiffs’ Counsel. So long as this Agreement is in effect, CD shall undertake at least annual assessment of staffing needs, and will seek funding for “medical records” positions as needed.”

The Joint Settlement Agreement was signed into order on December, 05, 2019.

<https://dss.mo.gov/notice-of-proposed-class-action-settlement.htm>

The HIS team is responsible to ensure that all elements of the Agreement are monitored, documented and that Children’s Division is in compliance with the Agreement requirements. A HIS team member is located in each region throughout the State. The twelve (12) HIS team members are under the direction of the Health Specialist Coordinator and two Unit Managers. The team also has a Program Development Specialist assigned to create/maintain policy, reports, contracts, etc.

The Agreement requires CD to review its practice and policies regarding the prescription and administration of psychotropic medications for children in foster care. CD has reviewed current practices and revised policies regarding psychotropic medication in the following areas:

- ✓ Training for case management and contracted case management staff
- ✓ Psychotropic medication monitoring
- ✓ Medical records
- ✓ Secondary/Automatic and Mandatory reviews for psychotropic medications
- ✓ Informed consent/assent

CD has been reviewing and implementing best practice guidelines for years to make sure foster children continue to receive the best care possible. These guidelines focus on developing partnerships with the child, the child's parent(s), resource providers and other team members to

provide services that are in the best interest of the child/family. Providing excellent health care for the child while in foster care is a top priority.

FACES

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

In 2016, Administration for Children & Families (ACF) published a new rule eliminating the previous SACWIS system requirements and establishing the new Comprehensive Child Welfare Information System (CCWIS). ACF granted states two years to determine if they planned to build a new CCWIS system, transition their existing system or opt out of CCWIS funding. With the July 2018 Annual Planning Document (APD), Missouri declared its intention to transition the existing FACES system to meet the new CCWIS requirements.

A site visit was held in June 2018 by ACF to review CCWIS requirements and determine gaps in system functionality in which Missouri needed to address. The main areas that were identified were the bi-directional interface with our Child Welfare Contributing Agencies (CWCA), incorporating Signs of Safety practice model in FACES and developing a Data Quality Plan. In the follow-up July APD, Missouri addressed all of these issues and included a comprehensive Data Quality Plan.

In August 2018, Missouri implemented the Cabinet IT Governance Council (CITGC). The purpose of CITGC is to oversee the management of IT projects for the state of Missouri. Each department developed their own IT Governance Council (ITGC) comprised of representatives from each of the divisions within that department. The group was given the task of prioritizing and ranking all current and proposed IT projects across DSS and to develop a strategic roadmap. In addition, a Safety Taskforce was developed to look at the current practice and policies of Children's Division surrounding investigations and safety planning. The decision was made to delay the development of Signs of Safety in FACES until the recommendations from this committee had been received. The final report was received in September 2019 and based on the recommendations, additional tools to assess safety needed to be considered.

In March 2020, in response to the COVID-19 pandemic, Children's Division put many development projects on hold. The new priority became developing temporary policies to support the safety of children, families and the workforce in response to the pandemic.

With the new recommendations from the Safety Taskforce and then the pause during the COVID-19 emergency, Children's Division has not able to begin many of the IT enhancements to FACES as planned in FY20. The planned development of a one-way interface with CWCA agencies is planned to be completed by summer 2020.

Upcoming plans for FY21 include streamlining processes at the Child Abuse Neglect Hotline Unit and development of functionality to support new Family First programs.

Mobility Project

In December 2012, a focus group of field staff from across all regions of the state was convened to identify the mobile applications and devices which would be useful in the field. The group identified that any mobile device implemented in the field would need to have the following capabilities:

- Ability to take photos/scan documents
- Minimum of 32 GB of storage
- Wi-Fi
- 3G/4G
- Bluetooth
- Security/encryption
- Ability to access FACES
- Access to email and calendar
- Access to the internet so they can do immediate on-site searches for services for families.
- Access to many business approved apps such as GPS, Social work tools, parents guides, etc.

In February 2015, 480 iPads were deployed in the first wave. The second wave of iPads followed in June 2015 with 869. Each user with an assigned iPad goes through an orientation to the device and the applications. Additionally, two iPad mentors are assigned to each of the regions to assist field staff with navigating the iPads and the FACES applications. Staff may also contact the FACES Help Desk if they have an issue with the mobile applications.

The final order of iPads was completed in the fall of 2016. All frontline staff now have an iPad available to them for use in their work in the field. By the spring of 2018, all Children's Division offices have WiFi installed and most frontline staff will be equipped with Virtual Desktop. Virtual Desktop allows staff to remote in via their iPad to the network and allows them access to the full FACES application.

In the fall of 2018, Children's Division began the process of replacing over 1400 iPads previously purchased in 2015 due to the iPads going out of compliance with Apple. In addition, funding to purchase an additional 213 new iPads for frontline supervisors became available. As of January 2019, iPads are available to all frontline workers and immediate supervisors.

Staff Recruitment and Retention

In October 2014, the Department of Social Services Children's Division created a workforce recruitment and retention initiative to improve the Division's workforce stability and capacity. The Division has dedicated a senior level workforce recruitment and retention specialist to oversee this work, which includes but is not limited to, completing research, analysis, and data interpretation related to staff recruitment, utilization, program operations, customer service, program outcomes, caseload distribution, and service delivery. The primary focus of this effort has been to use the information collected and analyzed to improve practices and procedures specific to workforce recruitment and retention. In addition, the information gathered, and collaborations developed through this work has been used to formulate recommendations to improve program efficiency, program outcomes, office operations, and more effective use of agency resources.

The workforce recruitment and retention specialist has also provided primary oversight of the Title IV-E education program as a liaison of the Children's Division to four public universities in Missouri and agency employees enrolled in the program as a recruitment and retention effort. Related efforts have included working with field administrators and universities throughout the state to develop pre-employment internships and/or practicum opportunities, participation in college/career fairs with alumni staff members, serving on panel discussions and/or offering to provide classroom lectures to students studying human services related fields of study, etc.

This endeavor receives direct supervision from the Children's Division's Deputy Director for Operations and Administration, which provides a direct line of communication to the Division's senior leadership. This also provides an enhanced ability for this work to maintain alignment with the Division's overall strategic action plan, for the specialist to remain informed, and to maintain active involvement in other agency initiatives that could have an effect of workforce recruitment and retention. Recommendations prepared by this work, are intended to impact program-wide policies, procedures, practices, and client outcomes.

As part of the recruitment and retention efforts, the following strategies have continued alongside implementation of new efforts:

- Create and maintain a presence in the community
 - Participation in career fairs at colleges and universities from which the agency draws. Career fair participation occurred two times a year during spring and fall semester.
 - Building on University partnerships by guest speaking, teaching, and providing internships. The Children's Division continues to partner with colleges/universities throughout the State of Missouri and continues to maintain these efforts.
 - Build a footprint and branding on social media. The State of Missouri implemented a new hiring platform on MO Careers. As part of this launch, there has been an increased presence on FACEBOOK and LinkedIn.

- Fill vacancies
 - Identify ways to reduce the time to fill vacancies. This is an ongoing effort and with the new hiring platform, the ability to collect data on the time to fill vacancies will be available.
 - The Children’s Division expanded acceptable degree types to all degrees in October 2019. The new minimum qualifications is: A degree in Social Work or comparable human service field is preferred; however, applicants with an unrelated Bachelor’s degree, but possessing direct relevant experience and/or competencies may be allowed substitutions on a case-by-case basis.
 - “Hiring Blitz” introduced in 2019, offer Circuits experiencing a larger amount of vacancies an opportunity to have support to conduct interviews. Teams of trained personnel in staff selection from Human Resources and Central Office have the ability to interview a larger number of candidates in one to two days and make job tentative offers within 24 hours of the interview.
- Enhance the selection and support of the workforce
 - Implementation of a competency-based interview tool, Staying Power! Selection toolkit and incorporate job shadowing as part of this process.
 - Enhance leadership skills
 - Develop a competency-based interview tool for supervisor selection
 - Roll out Staying Power! Supervisors Guide to Retention
 - Training and ongoing coaching of The Heart of Coaching. All leadership, Children Service Supervisors and up, received this training by the end of FY2019.
- Stabilization of staff
 - Implementation of a mobile workforce occurred in the Southeast, Southwest, and Northeast region in 2019. The mobile workforce provides support to circuits that are experiencing staffing shortages or need some extra support to meet state mandates.
 - Development of a consistent caseload management tool by completing a workload analysis. In January 2020, a workgroup started working on a workload analysis tool.
- Incentive opportunities
 - Continue offering IV-E Masters in Social Work. There are 22 full time staff enrolled in this part time education program throughout the State of Missouri.

Children’s Division Trauma Committee

The Children’s Division Trauma Committee is comprised of staff trainers of the National Child Traumatic Stress Network (NCTSN) Child Welfare Trauma Toolkit; these staff informally are referred to as the Division’s trauma specialists. The trauma specialists train the 12-hour Trauma Toolkit course to all CD and contracted case management staff in their first 6-9 months of

employment in order to provide a trauma awareness foundation for working with children and families involved in the child welfare system.

The Trauma Committee may review proposed policies and practice guidelines through a trauma lens, while also offering trauma-specific recommendations around existing policies and practices. Additionally, the committee has been active reviewing and revising training curricula to maximize the opportunity to infuse trauma concepts where available. The committee worked diligently to advise the integration of introductory sections of the Trauma Toolkit into new employee orientation. Staff now get key principles of trauma woven into their basic training, connecting trauma knowledge to the work they will do with children and families in the field.

Secondary trauma and its impact on frontline staff and supervisors is recognized as a priority and the committee elected to focus on this area over the past year. The committee participated in the revision of an existing training curriculum, separating the lengthy curriculum into numerous, shorter modules to allow staff, supervisors, or specialists flexibility in its provision. The committee also collaborated on the revision of the *Building Resilience: Surviving Secondary Trauma* curriculum created for first responders. The revisions are tailored to the Missouri child welfare system and the work done by the Division's child welfare professionals. The revised curriculum is not finalized and, once completed, must be approved by the state's "*Building Resilience*" trainer before being provided to staff.

Research Initiatives

The Children's Division has an established process for the review of research applications. Persons requesting approval for research proposals involving Children's Division staff, data, or individuals served are required to submit an Application to Conduct Research to the Children's Division Research Committee. Research applicants must fully explain the purpose, methodology, and expected benefits and risks of their studies. If applicable, they must provide copies of the informed consent they intend to use and/or Institutional Review Board approvals. If requesting data, applicants must describe the specific data requested. When applicable, research applicants must explain why identifying information is essential to their research and provide a detailed plan of how they will maintain the confidentiality of identifying information.

In approving research, the Division exhibits due regard for study subjects' participation rights with an emphasis on privacy, confidentiality, and informed consent. All research and release of data involving persons served is in accordance with applicable state and federal laws.

Following is a list of the Children's Division Research Committee members. In 2016, physicians employed by the Missouri Department of Social Services began assisting with the review of research applications that specifically include individuals with complex medical needs or that involve medical interventions.

- Divisional Privacy Officer

- Division of Legal Services Representative
- Quality Assurance System Manager
- Policy and Practice Manager

The research applicant must agree to share their findings with the Division upon completion of the study. The Research Committee is responsible for evaluating all research proposals to ensure research plans are in compliance with state law and with the Children’s Division policies and procedures. The results of these studies may be used to enhance and inform the Children’s Division policy and practice.

The following studies were approved in 2019. This is not a comprehensive list of approved research proposals in that it is limited to those that have the potential to inform child welfare practice.

1. Identification of Newborns at High Risk for the Occurrence of Preventable Child Maltreatment
Washington University
2. Improvement in Primary Care Identification of Trauma Symptoms of Children in Foster Care
University of Missouri-St. Louis
3. National Training & Development Initiative for Foster and Adoptive Caregiver
University of Washington and Spaulding for Children
4. Regional Partnership Grant: Preserving Families Through Partnership Together Preferred Family Healthcare Southwest Missouri and Central Missouri
5. Southwest Missouri Pregnant and Post Partum Women’s Services Grant Preferred Family Healthcare
6. The Prevalence of Child Maltreatment Among Children with Disabilities
Washington University
7. Therapeutic Yoga and Health Outcomes of Child Welfare Workers
Missouri Southern State University and Kansas City University of Medical and Biosciences

Accreditation Update

The Missouri Children's Division first achieved accreditation through the Council on Accreditation (COA) on January 14, 2010. In an effort to maintain accreditation, the agency is currently participating in an ongoing reaccreditation process which began in 2018.

COA reaccreditation requires that the Missouri Children's Division implement standards of best practice related to COA's Public Agency Administration and Management Standards, Service Delivery Administration Standards and Service Standards. To demonstrate compliance with the standards, the reaccreditation process includes the submission of agency and regional self studies and on-site evidence, as well as surveys to community partners, staff and consumers. The agency's Central Office and each region participates in a site visit which includes a detailed review of the agency's implementation of the COA standards through review of policies and procedures, case reviews, and personnel and stakeholder interviews.

In December 2018, the agency's Central Office completed their COA site visit. Following the reaccreditation site visit, COA requested the agency to provide a Post-Commission response with additional evidence of the agency's implementation of the performance review process. Additional evidence was provided to COA in March 2019, and COA accepted the agency's Post-Commission response. The Central Office has been found in compliance with COA's Public Agency Standards.

In April 2019, the Kansas City Region was the first of five regions to participate in the reaccreditation process with COA. After the reaccreditation site visit, COA requested the region provide a Post-Commission response with additional evidence related to staff turnover and personnel satisfaction; supervisory responsibilities, supports and professional development; pre-adoptive services including information and support for birth parents; caseload sizes; and recruitment of personnel. Additional evidence was provided to COA in July 2019 and October 2019. In November 2019, the Kansas City Region was found in compliance with COA's Public Agency Standards.

In July 2019, the Southwest Region participated in the reaccreditation site visit process. COA did not request a Post-Commission response from the region, and the Southwest Region was found in compliance with COA's Public Agency Standards in August 2019.

In September 2019, the Southeast Region participated in the reaccreditation site visit process. COA did not request a Post-Commission response from the region, and the Southeast Region was found in compliance with COA's Public Agency Standards in October 2019.

In February 2020, the St. Louis Region participated in the reaccreditation site visit process. COA did not request a Post-Commission response from the region, and the St. Louis Region was found to be in compliance with COA's Public Agency Standards in March 2020.

The Northern Region has completed the self-study phase of the COA's reaccreditation process. Their upcoming site visit is scheduled for September 2020. Once the Northern region is found to be in compliance with COA's Public Agency Standards, the Missouri Children's Division will be considered reaccredited through the Council on Accreditation.

The Central Office and each region will continue to complete an annual Maintenance of Accreditation (MOA) report to demonstrate continued implementation of key COA standards related to aspects of risk management, performance quality improvement and service standards. In addition, it is anticipated that the agency will continue to participate in the COA reaccreditation process every four years from reaccreditation.

Training and In-House Technical Assistance

The Children's Division Central Office staff provided the following support and technical assistance to field work:

- Central Office staff at all levels assisted the field in reducing a backlog of hotline reports. Activities included reviewing and approving completed reports, assisting with case consultations, entering information into the FACES system, and contacting families.
- Attended regional CA/N supervisory meetings to solicit feedback on what is working well, worries, and what needs to happen in Investigations/Assessments and to answer policy-related questions.
- Attended community partner events in regard to the opioid/drug crisis to discuss Plans of Safe Care for infants affected by substance use or abuse.
- Attended the Children's Division meetings and events to talk about Plans of Safe Care for infants affected by substance use or abuse.
- Provided guidance on practice and policy regarding the re-implementation of the Family Risk Assessment Tool.
- Critical Event Reviews: Central office staff continue to be in the rotation of completing these reviews.
- Signs of Safety Implementation Meetings: Central office staff participated in each region's implementation meetings for Signs of Safety to provide a state-wide perspective of implementation strategies and to provide any necessary technical assistance.
- Team Decision Making: Central Office staff participated in implementation meetings in every region.
- Supported Rapid Permanency Reviews held in St Louis, SE, SW and the North.
- Carried an Alternative Care service case which recently closed.
- Assisted the field staff with adoption and subsidy support.
- Participated in phone conferences with adoptive families and family support teams as requested to educate, advocate, and case plan.

- Provided a train the trainer Level A for staff to be able to provide the training to their families.
- Provided a variety of support to the 26th circuit.
- Missouri Automated Criminal History System (MACHS) access training to contractors and process audits of compliance with MACHS access.
- Coordinated and monitored the development of new pre-service training pilot STRONG.
- Beginning September 2019, became acting Licensing Unit Supervisor for the 26th Circuit. Also providing resource development worker tasks due to staff shortage including writing home assessments and conducting licensing visits. Providing training to the new resource development worker.
- Member of task force for expediting resource parents' reimbursement to include revision of forms and establishing process for submitting reimbursements electronically.
- Provided training of the Vendor Best Practice Review Tool to the Quality Improvement Unit.

Capacity Building Center

During negotiation of Missouri's Round Three Program Improvement Plan, the Capacity Building Center for States was approached for technical assistance in the areas of parental engagement and supervisory support.

The PIP included a strategy to establish a Parent Advisory Board. The Capacity Building Center worked with Missouri Children's Division to plan the initial steps to establishing the board's framework. Due to administrative and priority changes, it was determined the resources needed to establish the board were no longer available within the Children's Division. As such, work with the Capacity Building Center on this initiative was stopped and the PIP strategy was renegotiated.

Work with the Capacity Building Center around supervisory support began in the summer of 2019. Steps identified in the PIP are nearly complete, but the work to better support supervisory staff as coaches continues. The Capacity Building Center, along with the Children's Division lead for the project, met with the Supervision Advisory Committee in September, 2019 to hear from them what Children's Division supervisors need. This information was used to develop a coaching framework, newly entitled LEAP (Learn, Enhance and Apply Practice), with the following goals:

- Coaching Supervisors to Practice
- Engaging supervisors to be coaches to staff
- Caseworkers feel more supported by supervisor and agency
- Management will model practices in keeping with the Missouri Practice Model
- Case outcomes will improve

The next steps for this project include the development of curriculum materials, identification of a pilot site or group, and further implementation planning.

In addition to the supervisory coaching model project, there is a work plan being negotiated to support the Children’s Division in the development of an initial and on-going supervisor training package. In addition, the Children’s Division has requested a research review around quality documentation. Once the research review is completed, the Children’s Division will work with the Capacity Building Center to determine if there is a need for a work plan for this topic.

Update on Progress Made to Improve Outcomes

1. Increase the prevention of child abuse and neglect through the development of community/government partnerships.
Measures of Progress: Decrease in the rate of entry into foster care (CD Annual Report, table 16) Decrease in the rate of substantiated child victims per thousand (CD Annual Report, table 2)

With the passage of the Family First Prevention and Services Act (FFPSA), states are encouraged to place a greater emphasis on preventative services to protect children from child abuse and neglect. Public child welfare agencies are not able to and should not shoulder the responsibility for prevention without the partnership of local communities and statewide stakeholders. When FFPSA was initially enacted Missouri intended to be early implementers of the act and began planning, and working with stakeholders, towards implementation. However, after learning the many intricacies of the legislation Missouri chose to delay implementation until October 2021 to ensure a well-researched, thoughtful and intentional plan for implementation. Children’s Division (CD) has continued to make progress towards FFPSA implementation by actively engaging stakeholders and state partner agencies. To review, absorb, and plan for the many components of FFPSA, Missouri has developed an internal planning team and a Statewide Advisory Team. Subcommittees to focus on the various sections of the Act have also been formed.

To focus on the expansion of preventative services, Missouri has taken steps to solicit input from community service agencies who currently serve families at risk for child abuse and neglect. Proposals for varying preventative service programs have been submitted and will be compared to those approved on the Prevention Services Clearinghouse. During SFY19, through work with Casey Family Programs, the Children’s Division began work with the New York Foundling Implementation Support Center to assist with data and needs assessment of evidence-based

models which may fit well into the Missouri integrated practice model. The assessment of implementation readiness included a discussion of the following: Financial Analysis, Budgeting, Data Collection System, Performance Measures, and Preventive Standard Alignment, Continuous Quality Improvement Process, IT Readiness, Human Resource Implications, Worksite Expectations, and State Training Requirements. Work with the New York Foundling Implementation Support Center ceased due to Missouri's decision to delay implementation until October 1, 2021.

Children's Division has revised the Children's Treatment Services (CTS) contract in order to assess current service provider array and the models they are implementing. The purpose of the revision, in part, is to determine service availability and need based on the prevention services clearinghouse approved models. The CD Home Visiting contract will be statewide July 2020 and consists of in-home parenting programs that are either already approved on the clearinghouse or are currently under review for approval. The home visiting program will allow for access to in-home parenting services around the state for eligible families, as defined by the FFPSA, and Missouri will be able to draw down Title IV-E match for this program for families that meet the definition of candidate for foster care after Missouri goes live with implementing FFFPSA.

Missouri currently has three Regional Partnership Grants around the state addressing substance abuse needs and CD is a strong collaborator with this project. The Regional Partnership Grant program is a federal grant aimed to improve the well-being of children and families affected by parental substance use disorders and to enhance the safety of children who are at risk of, or are in, out of home placements due to the parent's substance use disorder. The partnerships provide a number of services to include, but not limited to, family strengthening programs, medication assisted treatment, in-home parenting support, peer recovery coaching, and family centered substance use disorder treatment.

Progress Measures: Enhanced focus on prevention services in the next five years in Missouri as outlined in the objectives below should increase the availability of resources/services across the state and assist in CFSR Item 29, Array of Services. With continued partnering with the judiciary in Missouri to increase their level of comfort and confidence in prevention services, it is anticipated the rate at which children enter foster care in Missouri will decline. The rate of entry per thousand for SFY19 was 4.74 children, a decrease from the previous year's rate of 4.97. The rate of substantiation of child victims in Missouri is relatively low, at 3.67 children per thousand for SFY19, a slight reduction from 3.95 in SFY18. While CD will use this as a measure of progress, it is unclear if the rate of substantiations will drop significantly with the increase of prevention services.

Progress Benchmarks: In regard to the measures of progress listed below, the following actions have occurred or are scheduled to occur for Year 1:

- Research prevention programs submitted by community agencies. Community agencies have submitted some proposals for review. The Statewide Advisory Group will be meeting to begin the planning for the 5 year prevention plan and will look at service needs and gaps to determine the service array for our prevention plan.
- Conduct an inventory of services provided through agencies receiving tax funds. There is a meeting scheduled with the county tax boards to share Children's Division's vision for Family First and to discuss possible ways to collaborate. Review of their websites has begun, with the purpose to identify what services they provide.
- Family First Statewide Advisory Group will meet regularly to learn what other agencies offer and how Children's Division can partner with them to expand service array. This group will work on the 5 year prevention plan. The Statewide Advisory Group met for a few quarters and due to leadership changes it was put on hold. This group will reconvene in April 2020. The focus of this group will be work on the 5 Year Prevention Plan, as well as looking at service needs and gaps to determine the service array for the prevention plan.
- Develop and disseminate a Request for Information to be sent to service providers in Missouri to determine prevention service provision availability and interest in partnership with Children's Division. The measure previously addressed contracting with the NY Implementation Support Center to assess Missouri data and needs around evidence-based models under the Family First Prevention Services Act, and review recommendations made by the support center. Work with the NY Implementation Support Center resulted in a production by the center of an analytical report including a financial analysis on the different models that were under review of the Clearinghouse at that time, based upon Children's Division data and cost analysis for the models that was completed. When Children's Division chose to delay implementation, work with the NY Implementation Support Center ceased. A Request for Information has been developed and will be sent to service providers in the month of April 2020. Results from responses will be utilized to identify opportunities for partnership to expand service array.

The following actions have occurred or are scheduled to occur thus far for measures of progress for Year 2:

- Develop a judicial education plan around prevention services. Children's Division recently hired a new court liaison who is completing goals and plans for court education and engagement. The intention is to also work with Casey Family Programs to support court engagement.
- Coordinate prevention service efforts with local agencies who receive tax funds. A meeting will occur with them to share Missouri's vision for Family First and to learn more about what they offer in their communities and they will be notified of the Request for Information should they wish to respond or assist. Collaboration with the local

county tax boards has never occurred in the past; this will be the main focus for the first two years of this plan.

- Explore at least three recommendations from the FFPSA Statewide Advisory Group. The Statewide Advisory Group will focus on planning and development of the statewide prevention plan. Part of the initial meeting, as the group is reconvening, will be to understand what all the different agencies offer, if there is overlap, and how partnerships can be formed. The group will work together to develop strategies to determine how to expand the service array for the state.
- Develop a heat map to determine service array, service gaps, identify providers and provider locations utilizing information derived from the Request for Information and align strategies for service provision opportunities. While this was not an intervention listed in the 2020-2024 CFSP, it has been determined to be a needed step in assessing the needs throughout the state. This activity will occur after the Request for Information is disseminated and responses are received.

Feedback Loops: The statewide FFPSA Statewide Advisory Group as well as an internal FFPSA Initiative Contract Team are regularly provided information on the implementation status of FFPSA. The statewide group includes membership from community partners throughout the state. In addition, the CFSR Advisory Committee receives periodic updates on progress towards FFPSA implementation and is afforded the opportunity to provide feedback.

2. Increase timely initial contact in child abuse/neglect reports.
Measures of Progress: Increase percentage of strength ratings for Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment Improve Timeliness of Initial Contact (Child Welfare Outcome Report #1)

As discussed earlier in the assessment of Safety Outcome 1, timeliness of initial contact of children identified as victims on child abuse and neglect hotline report has declined steadily over the past five years. While this safety outcome scored well in the CFSR for Round 3 at 93% substantially achieved, the decline in recent performance is concerning, especially given the critical piece it plays in assuring the safety of children.

Progress Measures: The Program Improvement Plan baseline performance for Item 1 was established as 81.5% with the adjusted goal of 87%. The rolling year performance for the subsequent three quarters has been 81%, 64% and 69%, respectively. From the Child Welfare Outcome Report #1, the timeliness of initial contact was 77.26% in FY 2019. The first quarter’s performance in FY 2020 was 75.10% and performance in the second quarter was 77.27%.

Progress Benchmarks: The following steps have been taken to date in relation to this CFSP goal:

- Develop case review tool and process for ongoing CA/N reviews to include questions regarding initial contact. A case review tool specific to the investigation/assessment program line was developed in 2019 with the initial sample of cases reviewed in November. The tool was revised slightly based on feedback from the initial review and includes questions regarding initial contact, both in process measure and in the quality of documentation of safety assurance. The Central Office Program Development Specialists with CA/N responsibilities were also included in tool revisions to ensure the questions accurately captured required policy.
- Begin case reviews and compile data at least semi-annually. Two of the members of the statewide Quality Assurance System have been responsible for completing 40-50 hotline reviews on a quarterly basis since Fall of 2019. Utilization of the tool prior to statewide roll-out helped to establish that it is comprehensive and adequately assesses for quality of child welfare practice. The tool will be shared with regional quality assurance specialists in a future QA Technical Assistance bulletin, with the guidance for a minimum of 110 record reviews each six months statewide. The data from the first two quarterly reviews has been compiled and provided to Children's Division executive staff. Further distribution to field staff will occur once regional QA specialists are familiar with the review instrument and comfortable responding to questions staff may have.
- Conduct a review of published reports to ensure consistency of data. The Quality Assurance System staff meets bi-monthly with members of the Department of Social Services Research and Evaluation unit and the FACES unit. During these meetings, published reports are being reviewed systematically. To date, the Monthly Management Reports (MMR), which include a table of initial contact within 24 hours, have been reviewed. Changes in publication have been delayed due to increased data needs surrounding COVID-19. Due to this delay, the decision was made to initiate the changes beginning with the new fiscal year's report in July, 2020. The Child Welfare Outcomes Reports will be reviewed in future meetings and consistency with the MMR will be considered.
- Conduct root cause analysis to determine barriers to completing timely initial contact. The analysis will include data review and surveys or focus groups with front-line staff and supervisors. A meeting was held in early March, 2020 to begin discussions around the root cause analysis of the declining performance in timely initial contact. Several action steps were developed in that meeting, however, due to COVID-19 limitations and re-focus, many of those steps remain pending.
- Add timely initial contact measure to the Children's Division data dashboard. The Department of Social Services has identified Tableau as the preferred method for data visualization and distribution. As such, a CA/N data dashboard has been developed and

is provided to circuit managers, regional leadership, and central office staff on a weekly basis. Timely initial contact data is included on this dashboard.

Feedback Loops: There are bi-weekly phone calls with regional leadership, central office staff who oversee the investigation/assessment program line, and Department of Social Services personnel to review the CA/N data dashboard and to problem-solve areas of concern. The statewide Quality Assurance System manager has polled the regional QA Specialists to determine what, if any, strategies have been put in place to address timely initial contact. Due to some inconsistencies in response, a QA Technical Bulletin was sent in April, 2020 to provide guidance on the need for improvement discussions with circuits falling below a 90% performance rating.

3. Fully implement Missouri’s integrated practice model to enhance the quality of safety and needs assessments and parent engagement.
Measures of Progress: Increase the percentage of strength ratings Item 3: Risk and Safety Assessment and Management Increase the percentage of strength ratings Item 12: Needs and Services of Child, Parent and Foster Parents

During Round 3 of the CFSR, it was noted that Missouri’s integrated practice model, while new and not yet fully introduced in all areas of the state, held significant promise in improving practice with children and families. As such, many of the strategies in the Program Improvement Plan focus on elements of the practice model, such as using Signs of Safety tools to more accurately and thoroughly assess children and families and expanding Team Decision Making (TDM) to improve permanency outcomes and parent engagement.

Signs of Safety practice has been introduced to all areas of Missouri, and by the end of the calendar year 2019, the majority of the state will be utilizing TDM to some extent. Training on the Five Domains of Wellbeing and trauma continues for all new staff who begin work with the Children’s Division.

Implementation of the practice model has been somewhat fragmented as the practice was introduced in pieces and before incorporation into the Children’s Division policy. Integrating the various elements of the practice model in a manner true to each model and approved by the consultants involved has been identified as important, but has been a tedious process. An unfortunate consequence of implementation is being manifested in the community’s perspective of the practice model. Information meetings were held throughout the state to introduce aspects of the practice model so community stakeholders could recognize and anticipate changes. Anecdotally, the community is expressing disconnect between the theories introduced and work

they see in the field, leading to a lack of confidence in the work the Children's Division is performing.

Progress Measures: The Program Improvement Plan baseline performance for Item 3 was established as 63.1% with the adjusted goal of 68%. The rolling year performance for the subsequent three quarters has been 62%, 60% and 71%, respectively. The Program Improvement Plan baseline performance for Item 12 was established as 30.5% with the adjusted goal of 35%. The rolling year performance for the subsequent three quarters has been 26%, 30% and 39%, respectively. Missouri has submitted case review details to the MASC team for verification of goal attainment of both items and received confirmation on May 8, 2020. Despite reaching the PIP measurement goals, Children's Division recognizes the need for continued improvement.

Progress Benchmarks: To date, the following outlines the steps taken to implement the interventions described in the 2020-2024 CFSP.

- Conduct self-assessment of CD's implementation of integrated practice model. In the spring of 2019, the Department of Social Services formed a Task Force for Child Safety to examine safety practices of the child welfare system. This included an assessment of Signs of Safety implementation and training opportunities given to Children's Division staff. Recommendations from the task force were provided to the division in September, 2019, requiring Children's Division leadership to examine current implementation of the practice model. The actions decided upon are discussed later in this section.
- Identify and hire three FTE as dedicated case reviewers. The Quality Assurance System includes three specialist-level staff whose primary responsibilities include the completion of case reviews. The reviewers were hired in May and June of 2019. They received training in the spring of 2019 and began reviewing cases with the July, 2019 quarter. These three reviewers currently complete approximately half of the cases required for review by the PIP Measurement Plan.
- Develop case review tool and process for ongoing CA/N reviews to include quality of mapping documents (implementation to fidelity). As previously discussed, a case review tool for CA/N investigations and assessments has been developed with the initial review occurring in November, 2019. An additional case review tool has been developed for Family-Centered Services and Alternative Care cases to primarily assess and measure the quantity and quality of Signs of Safety practice implementation. This tool also includes scaling questions in regards to the use of Trauma-Informed practice and the Five Domains of Wellbeing. Both tools follow policy outlined in the Child Welfare Manual, including questions of not only presence of the tools in the case record, but also the quality of completion and use with the family.
- Begin case reviews and compile data at least semi-annually. Two of the members of the statewide Quality Assurance System have been responsible for completing 40-50 hotline

reviews on a quarterly basis since Fall of 2019. Utilization of the tool prior to statewide roll-out helped to establish that it is comprehensive and adequately assesses for quality of child welfare practice. The tool will be shared with regional quality assurance specialists in a future QA Technical Assistance bulletin, with the guidance for a minimum of 110 record reviews each six months statewide. The data from the first two reviews has been compiled and provided to Children’s Division executive staff. Further distribution to field staff will occur once regional QA specialists are familiar with the review instrument and comfortable responding to questions staff may have. The FCS and AC case review process is scheduled to begin in the summer of 2020, in accordance to PIP renegotiation timelines.

- Expansion of Team Decision Making (according to plan outline). Team Decision Making was scheduled to be expanded into the remaining circuits of the state in late 2019 and early 2020. Due to the COVID-19 pandemic, expansion has been suspended. Plans for expansion and support to circuits newly introduced to TDM processes will be re-instated as it is deemed safe.
- Explore recommendations from the implementation of practice model self-assessment. Include an opportunity for community feedback. Recommendations from the Task Force for Child Safety have been reviewed by Children’s Division executive leadership. While the task force recognized the value of Signs of Safety as an engagement model, there were concerns that not all Children’s Division staff were utilizing the tools in the model to accurately identify and assess risk and safety concerns. As such, the Family Risk Assessment Tool (CD-14E) which staff has used in years past was re-instated as a requirement during the initial assessment of child safety for all hotline reports. The Family Risk Assessment Tool is to be completed and discussed at the 72-hour supervisory consultation to help guide staff in making safety decisions for children.

Feedback Loops: Case review results will soon begin to be distributed to field staff and regional Quality Assurance specialists for use in local improvement planning to help address gaps in practice model implementation. The results of the Task Force for Child Safety were reviewed with the CFSR Advisory Committee in November, 2019 and provided the membership opportunities to ask questions and provide feedback on the recommendations and plans for implementation.

4. Support worker level retention through the exploration of the “Staying Power” resources and tools.
Measure of Progress: Decrease turnover rate for Children’s Services Worker I and II positions

Workforce concerns within the Children’s Division were identified as a cross-cutting theme to be addressed in the Program Improvement Plan. Worker turnover within the cases reviewed during the CFSR was seen to negatively impact progress toward permanency for children as well as

accurate assessments of children and parents' needs. One of the PIP strategies focuses on recruiting potential case managers who demonstrate competencies which mesh well with child welfare work. As the quality of newly hired employees improves, it becomes more imperative to retain those staff members. The interventions identified within this goal strive to provide supervisory staff with more resources and tools to retain case managers, specifically at the Children's Service Worker I and II positions, which traditionally has the highest turnover rates within the agency.

Progress Measures: Turnover rates for the Children's Service Worker I and II positions were 31.49% and 51.92% respectively in FY2018. Turnover rates for FY2019 were 32.56% and 46.74% for Children's Service Workers I and II.

Progress Benchmarks:

- Explore "Staying Power" toolbox/training for staff retention. The Workforce Recruitment and Retention Specialist has reviewed the Staying Power! Supervisors Guide to Retention materials and has developed a training package for presentation. It is a five-module series with each session lasting three to four hours. With COVID-19 requiring social distancing, the training has not been able to be given to date. As face-to-face training opportunities become possible, this curriculum will be provided to a limited number of supervisors to serve as a pilot. Feedback from the initial training group will be utilized to inform any needed revisions to the curriculum.
- Supervision Advisory Committee (SAC) members, their circuit/regional leadership, and Central Office Unit Managers receive "Staying Power" retention training. Begin using retention techniques with front-line staff. The Kansas City region has identified retention as an area for improvement and has included the Staying Power retention training in its retention plan. The training was being planned, but social distancing requirements have necessitated the training be postponed. As such, the SAC committee will no longer be used as the pilot group for this retention effort.

Feedback Loops: As this project moves forward, the supervisory staff in Jackson County will receive the training, use the techniques with their staff, and provide feedback regarding their experiences using the retention resources. Their feedback will be used to make any necessary adjustments to the training prior to statewide roll-out.

5. Increase timely permanency through an emphasis on (a) concurrent planning and (b) case plan development.

Measures of Progress:

Increase the percentage of strength ratings Item 5: Permanency Goal for Child

Permanency Outcome 1 was the lowest rated outcome of Round 3 CFSR in Missouri with 25% of the cases rated as substantially achieved. While the PIP addresses the timeliness of permanence and concerns with the timely filing of petitions for termination of parental rights, there were also issues around concurrent planning and written case plans. In discussion with stakeholder groups, it was determined to address these areas within the CFSP.

Progress Measures: The Program Improvement Plan baseline performance for Item 5 was established as 57.5% with the adjusted goal of 64%. The rolling year performance for the subsequent three quarters has been 51%, 47% and 47%, respectively.

Progress Benchmarks:

- Explore technical assistance from Capacity Building Center for States in the areas of concurrent planning and written case plans. Include challenges and barriers from the Children’s Division Case Planning Workgroup in the discussion. The Children’s Division met with Missouri’s Capacity Building Center for States liaison on February 10, 2020 to discuss the status of current projects and identify any new projects moving forward. It was determined that the Children’s Division would not pursue technical assistance in the areas of concurrent planning or written case plans at this time. There were other areas of interest which were priority. With the assistance of in-house legal counsel, central office staff will research the information needed for concurrent planning and there is an internal workgroup discussing ideas for a comprehensive written service plan to encompass the federal requirements for a written case plan.
- Hire Special assistant position to continue court TA work. The special assistant position was filled by Teri Armistead in the spring of 2019. Ms. Armistead has subsequently accepted the position of Deputy Director for the Children’s Division. Her replacement, Kate Watson, began employment with the Children’s Division in March, 2020.
- Review federal expectations regarding concurrent planning and written case plans. Concurrent planning has been identified as a priority issue and will receive attention through the Children’s Division’s Placemat for 2020. The first meeting of the placemat workgroup is being scheduled. Plans outlined for the group include a review of federal guidelines, state statute, and Children’s Division policy in the assessment to determine if policy changes are needed. Additionally, the internal workgroup for a comprehensive service plan continues to discuss federal requirements and state statute as documents are drafted.

- Conduct a review of the Children’s Division policy and state statute regarding concurrent planning and written case plans. See above.

Feedback Loops: Children’s Division executive leadership is represented on both the Children’s Division placemat workgroup and the internal social service plan workgroup. As recommendations are made, there is the capacity to keep regional and central office leadership apprised of the groups’ progress and decision-making outcomes. The placemat workgroup will provide updates to the Department of Social Services through group membership, as well.

Quality Assurance System

The Quality Assurance System (QAS) in Missouri is comprised of two inter-related pieces. The first is the Quality Assurance Unit with a focus on data analysis and improvement at the state level. The unit supports work in published reports, data needs, federal reporting, including the Child and Family Services Plan, Program Improvement Plan, National Child Abuse and Neglect Data System (NCANDS) and Adoption and Foster Care Analysis and Reporting System (AFCARS). In addition, the unit supports Missouri’s accreditation process through work with Council on Accreditation (COA) and Continuous Quality Improvement (CQI) activities across the agency.

The second unit Regional Quality Assurance/Improvement. There are five regions in Missouri (Kansas City, St. Louis, North (split between NE and NW for staffing), Southeast, and Southwest). The metro regions of Kansas City and St. Louis each have one staff member and the other regions have two due to their large geographic size for a total of ten dedicated specialists. This unit’s work is guided by State level focus and priorities, as well as needs identified in their specific regions.

Analysis and Quality Data Collection:

Collections and analysis of quality data is strength for Missouri’s Children’s Division. Data is continually collected, analyzed and shared in accordance with a CQI organization.

The state unit handles data requests and dissemination, support for CFSR, APSR, NCANDS, and AFCARS, as well as continuous quality improvement strategies including re-accreditation site visits and maintenance.

In addition, the unit works in collaboration with the Children’s Division practice and policy units to be involved in discussions around implementation of practice models and the commitment to use data in improvement planning.

The Regional Quality Assurance teams work with Missouri's 46 circuits to promote interaction between Children's Division and community partners around initiatives, improvement planning and data support.

Some forms of data dissemination include:

- Quarterly "In Focus" newsletter. This newsletter directs staff on issues of focus for quarterly CQI meetings. In addition, the newsletter provides updates on key areas such as Council on Accreditation, CFSR and practice-related outcomes.
- Department and Division Dashboards. In 2017, the Children's Division Data Dashboard was unveiled. It is available to all staff, stakeholders and community partners. Staff throughout the Department and Division uses this data to inform decisions, educate stakeholders and community partners, provide oversight and prioritize policy and practice. <https://dss.mo.gov/cd/dashboard/>
- Published reports – Children's Division maintains published reports on both the intra and internet for staff, stakeholders and community partners, including Children's Division Annual report, APSR updates, CFSR information, and Monthly Management Reports,
- Missouri complies with The Adoption and Foster Care Analysis and Reporting System (AFCARS) reporting requirements.
- Missouri reports to the National Child Abuse and Neglect Data System (NCANDS) as well as National Youth in Transition Database (NYTD). The state also continues to make improvements to the state's electronic case management system (FACES) to ensure quality data collection.
- Council on Accreditation Standards

In the past year, the Children's Division Quality Assurance unit participated in the following enhancement projects:

- Partnered with department in Child Abuse Neglect Theory of Constraints (TOC), including development of Tableau dashboard.
- Monitoring and provision of support around Missouri's 3rd Round CFSR Program Improvement Plan process.
- CFSR case reviews and quarterly data reports.
- Distribution of the Quarterly Continuous Quality Improvement "In Focus" Newsletter.
- Quality Assurance System 101- Development of on the job training resource database to support training needs for QA staff.
- Developed and implemented the COA case review tool process to enhance regional practices.
- Provided COA best practice standard training in January 2019.
- Provided COA Accreditation Technical Assistance for site visits occurring 2018-2020.

In the past year, the Regional Quality Assurance teams worked on:

- practice model implementation
- support for court and community improvement initiatives
- regional improvement projects
- quarterly improvement planning meetings
- PIP monitoring through case reviews
- COA preparation and maintenance

Regional and State Quality Assurance System (QAS) teams continue to assist circuits in building capacity in staff to use data in decision-making, including becoming comfortable with data terminology and basic statistics.

In addition, the QAS team will continue to be involved in Missouri Children's Division Case review process. In March 2018, Children's Division was able to begin training of reviewers. In April 2018, Missouri kicked off the inaugural review for the revamped case review process. Missouri is currently in the 8th quarter of reviewing cases. The Children's Division has hired three Children's Service Specialist positions who will be dedicated to case reviews. The case reviewers began in May, 2019.

In addition to the case review process which will be used for Program Improvement Plan monitoring and to continue to strengthen casework practice around the state, Missouri does have other review processes in place for specific data needs.

- Targeted reviews - Targeted reviews are utilized at the county or circuit level when there is a need identified to explore practice outside of the formal case review process. They may target areas or practice which address compliance with Children's Division policy. Targeted reviews will not be as in depth as the case review process and will not include interviews. Targeted reviews are used to quickly identify trends in practice and will be used as a support to the case review process. Results of the targeted reviews are shared with the county or circuit leadership for any needed improvement planning.
- Child Abuse and Neglect Hotline Unit (CANHU) Peer Record Reviews - This process dates back to 2006 and is intended to support efficient processing of calls. The process was halted in 2018 for re-assessment to ensure the reviews meet the needs of the hotline unit staff.
- Intensive In Home Services Peer Record Reviews - Intensive In-Home Service contractors participate in a Peer Record Review process, which are used to measure program outcomes. The reviews are completed quarterly and a sample of cases is reviewed in each region. Children's Division and contract staff partner to review cases, ensure contract compliance, and help identify strengths and challenges to providing quality services.

- Signs of Safety Reviews - These reviews will focus on Missouri's implementation of the Signs of Safety model. Reviews will identify the strengths and challenges staff have with implementation and use of the model. The review process is being finalized and will begin implementation in August 2020.
- Child Abuse/Neglect program line reviews - The development of this process began in 2019 to establish a standardized review tool. Staff in the Quality Assurance unit collaborated with State Child Abuse/Neglect Program and Policy staff to develop and test a review tool focused on policy and best practice standards. The tool will be available for regions to utilize with monitoring reviews conducted at the state level at six month intervals. This will allow for uniform data collection and consistency with regard to expectations for Child Abuse/Neglect reports. Full implementation of the process will take place by June 2020.
- Resource home reviews are being developed as part of ongoing quality improvement work. The recruitment and retention unit had conducted reviews prior and developed a standardized tool that is available for use. Implementation target date is September 2020.

Missouri is fortunate to have data available to use in evaluating the quality of the services provided to service participants. As with other systems, Missouri Children's Division is committed to maintaining a Quality Assurance System structure that continues to drive the use of data in our organization and is dedicated to the Continuous Quality Improvement process.

Missouri Children's Division Quality Assurance System Structure:

The Quality Assurance unit evaluates trends and outcomes on an ongoing basis to determine:

- service delivery and program effectiveness
- provide guidance to state, regional and circuit staff , such as one on one coaching, presentations, involvement in strategic planning meetings, and implementing change through a variety of methods.

In collaboration with all levels of staff, QAS teams employ a process founded on the framework of data collection and monitoring. By doing this, the system as a whole promotes the CQI process and strides to provide high quality, sustainable child welfare services.

To assist with the measuring, monitoring and improvement of high quality, sustainable child welfare service provision, the following data reports are available to all staff:

- Monthly Management reports,
- Child Welfare Outcome reports,
- Children's Division Annual report,
- Child Abuse and Neglect Annual report.

- In addition, the Division has internal reports made available to all levels of management. Supervisors are able to use the information in consultation with staff to assist in decision-making. Many of these reports provide child level, case specific data for use in evaluation and planning.

Another piece of Missouri’s QAS structure is the ongoing involvement of stakeholders and community partners. Stakeholders and partners participate in a variety of structured collaborative meetings such as the Child and Family Services Review advisory committee, Juvenile Court Improvement Project, Fostering Court Improvement, Youth Advisory Board, Supervision Advisory Committee, Healthcare Advisory Committee or through a number of implementation projects. Through these efforts, the structure exists for staff, stakeholders and partners to be a part of data review with subsequent strategizing, revising and implementing changes to policy and practice.

Quality Assurance System Training:

The regional Quality Assurance System Team staff for Children’s Division have participated in various training opportunities over the past year.

- Case review training and ongoing learning from completing reviews and 1st level oversight
- Team Decision Making
- Root Cause Analysis training
- Refresher on Theory of Constraints
- Introduction to ArcGIS mapping
- Tableau

Missouri Children’s Division Quality Assurance System- Realignment

In April 2020, the QAS was realigned to support the ongoing effort to address the 2017 CFSR findings direct result of the finding of improvement needed during the 2017 CFSR. The new structure addresses the case review system, and provides additional consistency within the structure and functioning of the statewide system.

To further provide consistency across the QAS system, Missouri developed and implemented the Quality Assurance System Technical Bulletin process in April 2020. These bulletins will be used to communicate identified priorities and actions within the QAS system to promote practice expectations and change initiatives as needed.

Quality Assurance System Focus and Structure:

Data Analysis/Improvement	Regional Quality Assurance System Liaisons
Manager	Regional Manager (5 Regions)
Management Analysis Specialist (MASII)	NW-2 regional QAS staff
Management Analysis Specialist (MASII)	NE-2 regional QAS staff
Quality Assurance Specialist	SE- 2 regional QAS staff
Quality Assurance Specialist	SW-2 regional QAS staff
Quality Improvement PDS	St. Louis-1 regional QAS staff
Quality Improvement Specialist	Kansas City-1 regional QAS staff
Quality Improvement Specialist	
Children’s Service Specialist (Case review focus)	

Update on the Service Descriptions

Stephanie Tubbs Jones Child Welfare Services Program

Child Abuse and Neglect Hotline Unit

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

Fiscal Year	Total Calls	Admin. Functions*	Remaining Calls	Classified CA/N	Classified Non-CA/N Referral	Documented Calls
2018	154,924	15,898	139,026	59% (82,438)	17% (23, 804)	24% (32,784)
2019	153,155	19,762	133,393	54% (72,418)	18% (23,943)	28% (37,032)

Source: FACES Report for FY18-FY19

*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)

In 2018, a new Workforce Management System (WFM) was purchased to assist with collecting data on call trends, staffing patterns, and overall staff performance. In January 2018, the Cisco phone system was installed for all hotline locations. The ability to be on the same technology platform coupled with the increased queue size from 12 to 50 with no maximum hold time has decreased the amount of ‘busy signals’ provided to reporters. The addition of a ‘hold my place’ feature was also added in January 2018 for non-emergent mandated reports. The queue was also divided into three sections: Emergency Reports, Non-Emergent Permissive Reporters, Non-Emergent Mandated Reporters. These enhancements have allowed for triaging calls more effectively.

Year	Total Calls Accepted in FACES	Percent Answered Based on Calls Offered to Hotline Workers	Avg # Busy Signals/ Messages Monthly
2018	156,831	71.40%	899
2019	153,155	71.90%	0

Source: CUIC Report for CY18-19. “Short calls”, in which the caller disconnects within 5 seconds, are not included.

Online Reporting: Due to continued challenges to handle 800# call volume, an online reporting option called OSCAR (Online System for Child Abuse/Neglect Reporting) was implemented on 11/21/16 for mandated reporters to file reports for non-emergency situations. Throughout 2018, the Children’s Division promoted online reporting through social media, outreach at professional

conferences, and GovDelivery messaging to mandated reporter groups resulting in 21,457 online reports in FY18. The OSCR implementation has been a timesaver since online reports can be processed in half the time as phone reports, freeing up hotline staff to take more calls.

Currently, 40% of the calls each day are from online reporting. Every day team members are designated to work primarily on processing reports made through the OSCR system. CANHU has an OSCR initiative group that works on providing information to key reporters about OSCRs. CANHU team members have presented to mandated reporters in different areas within the state to help provide information about OSCR and answer any questions.

Fiscal Year	Total Hotlines	OSCR Originated	Percent of OSCRs	CANHU Originated	Percent of CANHU
2017	145,325	16,309	11.2%	129,016	88.8%
2018	154,924	21,457	13.8%	133,467	86.2%
2019	153,155	38,191	24.9%	114,964	75.1%

Source: FACES Report for FY17-FY19

Mobility Project: Hotline workers are sometimes required to take time away from answering incoming 800# calls to read entire emergency reports and prior history to on-call field staff during evenings, weekends, and holidays. During 2015, on-call field investigators were issued iPads enabling many of them to access hotline reports after-hours via their iPads. During 2016, a statewide group of “mobility mentors” was created to coach field staff in the effective use of their iPads. These mentors are available to reinforce on-call investigators’ acceptance of hotline reports after-hours via their iPads. With each additional mobility resource, the goal is for after-hours call-out procedures to be streamlined to allow hotline staff to focus entirely on answering hotline calls.

Staffing: In August 2016, an out-basing plan was implemented, designed to forward overflow 800# calls from the centralized hotline in Jefferson City to designated field offices. For the first time since 1975, hotline staff began taking calls outside of Jefferson City. Out-basing has allowed the Children’s Division field staff to transfer to hotline positions at their current work location and has provided a larger pool of candidates to fill hotline vacancies. As of December 2019, 23 hotline team members were out-based in Jackson, St. Louis, Boone, Adair, and Greene Counties.

In 2019, CANHU implemented work from home. In the first phase, CANHU received four laptops to share. Two laptops located in Jefferson City, one laptop located in Kansas City, and one laptop in Springfield. The laptops rotated between workers. Each team member worked two days from home processing OSCRs. In the last quarter of 2019, staff completed a telework form to work from home. The intent of the telework form was to facilitate the process for independent

team members to work from home in an effort to create higher worker job satisfaction, performance, attendance, and worker retention. Quality and quantity of work are measured before approving a team member to work from home. At this time, six team members work from home and have their own computer and soft phones. There are an additional six team members that have soft phones and work from home with a shared laptop. CANHU is in the process of ordering more laptops. Softphones are software-based and mimic desk phones, with a dial-pad and call handling features such as mute, hold, and conference. At CANHU, an additional feature of the Cisco Jabber service is used, allowing staff to use the computer to place and receive calls directly from a desktop or laptop with no need for a physical desk phone.

In 2019, CANHU started a Trauma/Morale initiative to help with morale and turnover within the unit. CANHU has started Lunch and Learn sessions and recently started Decompression Groups. Lunch and Learn sessions bring team members together to talk about different areas within CD or about different Practice Points/Alerts that have been implemented. CANHU has recently started Decompression groups to give team members time to talk with coworkers about challenges in call taking or work issues. CANHU is working towards having an Emotional Support Animal in the unit to help with secondary trauma. CANHU is continually looking for trainings that could help with secondary trauma.

Turnover at the hotline increased from 23% in CY17 to 26% in CY19 (not counting turnover of part-time/hourly staff). Over time, it is believed that the career ladder and out-basing will help to reduce turnover at the hotline.

Public Consulting Group Evaluation: Due to the unsustainability of the hotline analog phone system and the ongoing challenge of reducing abandoned calls and busy signals, the Department of Social Services (DSS) awarded a contract to Public Consulting Group (PCG) in May 2017 for a comprehensive evaluation of CA/N Hotline technology and overall operations. The primary goal was to purchase an upgraded phone system, with supporting workforce technology, for out-based offices and the main call center office in Jefferson City to operate on a uniform digital phone platform. After completing a comprehensive review of intake protocols, staffing levels, supervision, training, call data, and phone systems, PCG issued the following recommendations:

- 1) Increase staffing levels to handle call volume and meet standard service levels
- 2) Increase training
- 3) Reduce the number of peer record reviews
- 4) Employ strategies to minimize “shrinkage”
- 5) Revise intake protocol to reduce duplication
- 6) Implement a single digital telephone platform throughout the call center; expand call queue functionality; utilize dashboard, callback, and chat features
- 7) Expand operations outside of Jefferson City
- 8) Expand online reporting
- 9) Explore the viability of speech analytics

10) Continue refining and revising FACES.

The PCG recommendations began implementation starting in October 2017. Staffing was immediately increased by the addition of an out-based unit in Greene County and has expanded as noted above. In Jefferson City, an additional trainer and specialist were hired to expand training, review peer record procedures, develop strategies to minimize shrinkage, support the new workforce reports, and to provide support to out-based staff. Plans were already in place to publicize and expand online reporting throughout 2017, and a work group was already underway to review intake protocols including FACES refinements. Cisco Unified Contact Center Enterprise (UCCE) was selected as the new phone platform to meet the recommended requirements with implementation starting in January 2018. The Cisco technology was already in place in the out-based offices, but further enhancements were rolled out in 2018 for the Jefferson City office and any other out-base offices.

In 2018, a CANHU Specialist position was added to the unit. This position served as the Quality Assurance Specialist for CANHU with the responsibility to identify, develop and implement strategies to enhance performance outcomes. This specialist also began working with Teliopti/Calabrio, a customer experience intelligence company based in Minneapolis, Minnesota, and their Work Force Management Technology. This was implemented with the new phone system. With this technology, the specialist analyzes and interprets call data reports; evaluates unit and worker-specific outcomes, develops coverage plans and prepares performance enhancement plans.

Signs of Safety

In November 2018 all hotline staff were trained to utilize Signs of Safety, which is part of the Children's Division Practice Model. The use of Signs of Safety will provide a complete toolkit of information for the field staff to use when engaging with a family.

Looking forward, the investment of time and resources into implementing Signs of Safety at the Child Abuse and Neglect Hotline Unit will assist in assuring that children in Missouri are safe by partnering with families, communities and government in an ethically, culturally, and socially responsible manner. The goal of implementing Signs of Safety at CANHU is to provide a more full kit of information to either 1) Screen the call out with the determination the Children's Division does not need to be involved 2) Give field team members a more robust kit of information to begin successfully working with families and ensuring child safety or offering resources. As of November 2018, all CANHU team members were trained and then also received two subsequent training sessions to further refine their confidence in using Signs of Safety. Rather than fitting each family into a response box, the hope in utilizing Signs of Safety is to develop critical thinking and structured decision-making to make consistent decisions that fit each family. The hope is also to empower team members at CANHU to make independent

decisions on screening outcomes. It is also hoped to share the responsibility of ensuring child safety with the mandated reporter community.

Collaborative Call Review

In 2018, Peer Record Reviews were stopped and no longer utilized by team members. CANHU team members are currently using Collaborative Call Review to assure quality. This process consists of a team members 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.

Child Abuse and Neglect Reports

During SFY19, the Children’s Division completed 64,920 reports of child abuse/neglect, involving 89,738 children. This was a decrease in reports of 12.2% from SFY18 and a decrease of 15.4% of total children. Over the past three years, this represents an overall decrease in the number of reports by 4.5%. The Children’s Division has implemented several changes to the Child Abuse and Neglect Hotline Unit protocols in an effort to safely reduce the number of reports screened in for investigation or assessment.

Efforts are ongoing to make mandated reporter guidelines and training available to all mandated reporters and increase emphasis on community education of child abuse and neglect and substance abuse.

Incidents and Children Reported to the Child Abuse/Neglect Hotline				
Year	Total Reports	Annual Change	Total Children	Annual Change
2017	68,014	-6.0%	98,270	-7.4%
2018	73,924	8.7%	106,090	8.0%
2019	64,920	-12.2%	89,738	-15.4%

Note: All counts of children are duplicated because a child may be reported more than once during the year.

Source: Child Abuse and Neglect Annual Report, SFY19

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 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 made by mandated reporters has risen slightly

over the last three years. Principals, social workers, and law enforcement personnel were the most common mandated reporters during SFY19.

Reporters of Child Abuse/Neglect during SFY19 by Occupation	Number	Percent
Permissive	17,558	22.4%
Principal or other school official	13,199	16.9%
Social Worker	9,929	12.7%
Peace officer or Law Enforcement	9,805	12.5%
Mental Health Professional	5,524	7.1%
Teacher	4,874	6.2%
Nurse	4,641	5.9%
Unknown	3,267	4.2%
Other Person with Responsibility for Care of Children	3,198	4.1%
Children's Division Worker	1,607	2.1%
Physician	1,027	1.3%
Juvenile Officer	810	1.0%
Day Care	645	0.8%
Other Health Practitioner	563	0.7%
Psychologist	435	0.6%
Other Hospital/Clinic Personnel	403	0.5%
Intern	196	0.3%
Minister	168	0.2%
Probation Officer or Parole Officer	149	0.2%
Medical Examiner	61	0.1%
Resident	59	0.1%
Jail/Detention Personnel	55	0.1%
Dentist/Dental Hygienist	40	0.1%
Coroner	26	0.0%
Optometrist	3	0.0%
Chiropractor	2	0.0%

Note: Reporters exceed reports because more than one person may report an incident

Source: Child Abuse and Neglect Annual Report, SFY19

In general, 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. A sub-committee of the Task Force on the Prevention of Sexual Abuse developed online standardized mandated reporter training, which became available to the public in November 2016. Targeted efforts have been made to notify several of the professions with a poor reporting rate of this new training opportunity. Over 10,000 mandated reporters completed the online training in CY2019.

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 89,738 reports in SFY19 which met criteria to be classified as child abuse/neglect, 36.3% were completed as investigations, 58.6% were completed as family

assessments, and 5.1% were completed as juvenile assessments. This percentage remains consistent over time.

CA/N Investigations: An investigation is a classification of response by the 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 a 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 Section 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 twenty-four hour day;
- Any 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 child care 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.

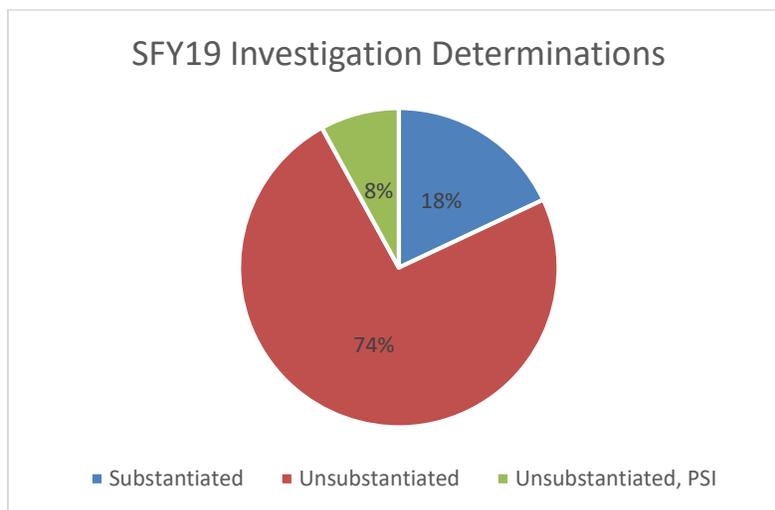
The following is a list of the findings which may be reached at the conclusion of a CA/N Investigation:

- 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 to 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 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.).

The data below illustrates the various conclusions reached for investigations in SFY19.



Source: Child Abuse and Neglect Annual Report, SFY19

Substantiated Children by Category of Abuse/Neglect			
Category	2017	2018	2019
Neglect	54.2%	52.9%	54.5%
Sexual Abuse	24.5%	29.9%	33.6%
Physical Abuse	21.3%	24.2%	30.5%
Emotional Abuse	5.4%	6.3%	13.0%
Medical Neglect	2.6%	2.6%	3.2%
Educational Neglect	1.3%	1.3%	1.6%

Source: Child Abuse and Neglect Annual Report, SFY19

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. Concerns in the home continued beyond the 45 day conclusion period and a Differential Response track was taken.

- 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 Children’s 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.).

The data below illustrates the various conclusions reached for family assessments in SFY19. Percentages have remained consistent over the past five years among all categories.

SFY19 Family Assessment Determination at a Glance	
Agency Responded Referred to FCS or AC Case Opened	6.9%
Agency Responded Services Provided	5.2%
Agency Responded Concerns Addressed	40.3%
Agency Responded No Concerns Found	39.8%
Family Declined Services Child Safe	2.1%
Family Uncooperative Child Safe	5.8%

Source: Child Abuse and Neglect Annual Report, SFY19

Perpetrator Demographics: The following table depicts the alleged perpetrators’ relationship to the victim children in all of the child abuse/neglect reports received during SFY19.

Relationship	Percentage
Natural Parent	65.0%
Other	7.7%
Parent/Caretaker's Paramour	7.4%
Step-parent	5.2%
Grandparent	3.8%
Aunt/Uncle/Cousin (Also Great)	2.6%
Friend	1.5%
Adoptive Parent	1.2%
Sibling/step-sibling	0.9%
Legal guardian	0.8%
Institution/staff	0.6%
Foster parent	0.5%
School/personnel	0.5%
Daycare provider	0.4%

Source: Child Abuse and Neglect Annual Report, SFY19

The data below highlights perpetrator demographics for substantiated reports for SFY19. This data has remained relatively stable over the last few years.

Two-thirds of the perpetrators (64.9%) were between the ages of 20 and 39.

Slightly over half of the perpetrators (60.9%) were male.

Three-fourths (75.1%) of the perpetrators were white, and 16.5% were black.

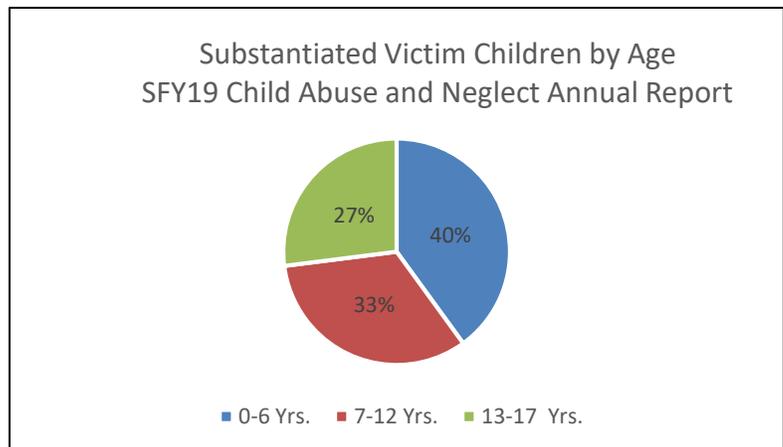
While natural parents were the overwhelming majority of reported perpetrators, only 3.8% of them were found to be substantiated perpetrators with a final determination of abuse/neglect.

The most prevalent perpetrator characteristics were having other drug related problems (23.0%). This has been a steady increase since SFY15, which was 11.2%. Other prevalent perpetrator characteristics include having a history of criminal behavior (16.4%), having a mental/emotional disturbance (14.0%), and having an adequate support system (14.0%).

Child Demographics:

The data highlights child demographics for family assessments and investigations for SFY19.

Of the substantiated children, 59.3% were female, and 40.7% were male. For Family Assessments, 49.3% were female, and 50.5% were male.

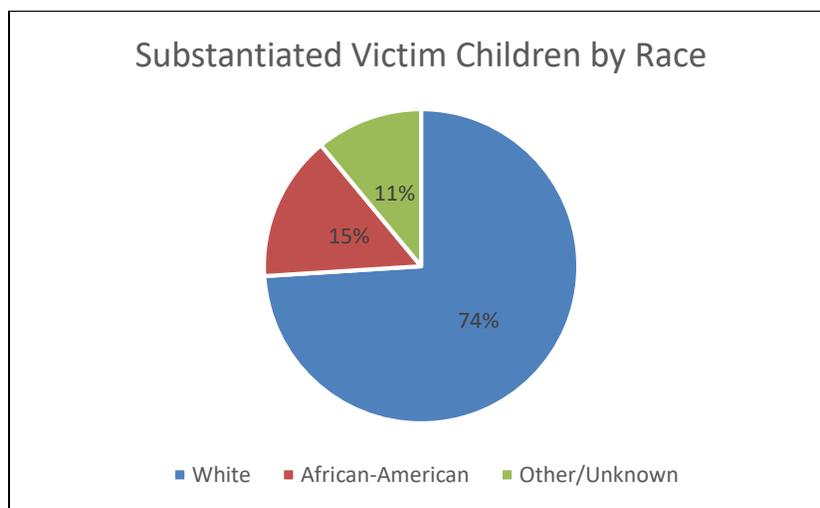


Children birth through six years old constituted approximately 40% of all children involved in substantiated investigations. By Missouri statute, children must be enrolled in school by the age of seven. The most vulnerable population for child abuse and neglect in Missouri are those children who may not be visible within society.

Children birth through four years old constituted approximately 30% 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.

Approximately 54% of substantiated neglect victims involved children birth through six years of age.

Approximately 59% of the substantiated sexual abuse victims involved children ages 12-17 years of age.



Source: Child Abuse and Neglect Annual Report, SFY19

For Family Assessments, 71.7% of children were white, 17.8% were African-American, and 10.5% were other race.

In comparison to the most recent Census data for Missouri, African-Americans were disproportionately represented in child abuse/neglect reports as only 11.5% of the population is African-American.

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 before 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 or community.

The Children's Division received 3,305 Juvenile Reports in SFY19.

Differential Response Assessments: Differential Response Assessments are family assessments that have been determined by the family, worker, and supervisor as needing more intensive work with the family. These are traditionally the assessments which go beyond the 45-day completion requirement. The purpose of determining an assessment a Differential Response Assessment is to provide the family with the needed resources, support, and services to further promote safety and well-being within the family unit during the assessment period.

Requirements to identify assessments as Differential Response Assessments include:

* Differential Response Assessments will require consultation between the worker and a supervisor that the family needs services that will continue past the 45 day completion requirement. These consultations shall be before the 45-day completion requirement. Conversations should include what services the family needs, how Children's Division can support, and resources that can be provided. Supervisor consults should be more frequent in a Differential Response Assessment to continually assess the family throughout the reporting period. All supervisor consults shall be documented in FACES.

*The decision to identify the assessment as a Differential Response Assessment shall be documented in FACES in the worker and supervisory consultation. The supervisor consults between the worker, and the supervisor that an assessment is going to be track changed to a Differential Response Assessment shall occur and be documented in FACES by the 45th day.

*Supervisory level or higher shall go to the Priority Response/Track Assignment Override screen in FACES and track change the report from “Assessment” to “Differential Response”. This shall be completed no later than the 45th day.

*If throughout the Differential Response Assessment process the allegations have been determined to be more severe, the report may be track changed to an investigation. Supervisory level or higher may go to the Priority Response/Track Assignment Override screen in FACES and track change the report from “Differential Response” to “Investigation”.

Worker Expectations:

Workers are expected to thoroughly document the on-going assessment of the family, safety, risk, services provided, and case consultations in FACES. Workers may use a running narrative to complete the assessment. Supervisor discretion is used to determine the number of home visits and collateral contacts that are needed for each Differential Response Assessment. The number should be based on the needs of the family. The number of home visits could be one per week or weekly contact with the family through in-person, phone, collateral, or other types of contacts, depending on what the family needs. Collateral contacts should be meaningful to the family’s situation. Proper releases are to be used, and workers shall tell parents that someone will be contacting collaterals to obtain additional information as needed.

*Suggested tools could include:

- My Safety House (CD-216)
- Three Houses Tool (CD-217)
- Case Mapping Tool (CD-218)
- Fairy Tool (CD-227)
- Wizard Tool (CD-228)
- Timelines
- Genogram
- Eco-Map
- Culturalgram
- Web-based resources

Differential Response Assessments shall be completed within 90 days of the original report date. If more intense services are needed within the 45-day timeframe or after, the case should be referred to Family-Centered Services as soon as the need is identified.

Child Abuse/Neglect Related Policy Development and Other Program Enhancements in CY19:

The CA/N program-based workgroup was launched by the Children’s Division in CY12 and includes representatives from Central Office, Regional Offices, CANHU, Out of Home Investigation Unit, Training and Workforce Development, and the Department’s Division of Legal Services. Representation from regional management with specific expertise in CA/N has

been increased. The CA/N workgroup has focused 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 CA/N workgroup often review draft policy changes related to CA/N and are able to provide feedback prior to implementation. The following are highlighted policies published throughout CY19. Some have a direct impact on the CA/N Program only, while others touch multiple program lines. It may be worthwhile to note, though not necessarily quantifiable, many of these policy and programmatic advancements play a significant role in supporting the implementation, assurance, and improvement of best practice in vital areas such as children’s safety, family engagement, and service delivery.

Memorandum Number	Summary
CD19-32	Introduced new policy around the Missouri Practice Model. This includes policy around safety and risk assessment and safety planning.
CD19-38	Informed staff that all of the CA/N intake policies had been reviewed, the manual re-organized, and many revisions were made. This work was in part to align policy with the Missouri Practice Model.
CD19-51	Informed staff of a change to the definition of care, custody, and control that occurred during the legislative session. Added 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.
CD19-58	Required staff to distribute the Safe Sleep Flyer on all newborn crisis assessments.
CD19-61	Informed staff of changes to how they are alerted to additional information made by reporters when there is an open Child Abuse/Neglect Report.
CD19-69	Requires all staff responsible for completing investigations to view an online webinar about the SAFE-CARE network
PP19-IA-03	Provided guidance on requesting medical/professional records when there is an open CA/N report.
PP19-IA-04	Provided guidance on providing Miranda warnings when interview alleged perpetrator’s in custody.
PP19-IA-05	Provided guidance on how to address home schooling concerns.
PP19-IA-06	Provided guidance on completing differential response assessments.
PP19-IA-07	Reminded staff of the requirements of making timely SAFE-CARE referrals for victims under the age of four as well as making a juvenile office referral when a child is diagnosed as a victim of physical abuse.

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.

The alleged perpetrator can seek administrative review if:

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

The administrative review process begins with a local review by the Circuit Manager or designee. If the Children’s Division’s preliminary finding is upheld, the case is referred to the CANRB, and may proceed from there to a De Novo Judicial Review at the Circuit Court. If the alleged perpetrator files a timely request, the Children’s Division cannot list the alleged perpetrator’s name in the Central Registry until the finding is upheld by the CANRB.

The CANRB is a panel of nine private citizens from professions specified in Section 210.153 RSMo (<http://www.moga.mo.gov/statutes/c200-299/2100000153.htm>). Each panel member is appointed by the Governor and confirmed by the Senate. The Children’s Division may establish more than one CANRB panel to ensure timely reviews. Currently, there are 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 child’s representative (if he/she chooses to participate), and the alleged perpetrator. The alleged perpetrator may be represented by an attorney, but witnesses are not subpoenaed, and cross-examination is not permitted. If the CANRB upholds the Division’s decision, Section 210.152 RSMo allows the alleged perpetrator to seek judicial review in the circuit court of residence within sixty days of notification of the CANRB decision. At the judicial appeal, the alleged perpetrator may subpoena witnesses except for the alleged victim and the reporter. The court may sustain or reverse the CANRB decision.

CANRB REVIEWS	2018	2019
UPHELD	553	501
REVERSED	104	119
TOTAL	657	620
PERCENTAGE UPHELD	84%	81%

Source: CANRB CY18-CY19
Report Produced by the Child Abuse/Neglect Hotline Unit

In 2019, overall cases heard dropped by 37 cases and the percentage of upheld cases decreased by three percent. Children’s Division will release a CANRB e-learning course in 2020 to provide continued learning for front-line staff, supervisors and circuit managers. This course includes a mock CANRB training video accompanied by informational slides. Staff will be required to pass a test at the end of the course to demonstrate comprehension.

Children’s Division began tracking reasons for reversal as cited by the board Chair in January 2020. It remains standard practice to forward the Board’s reason for reversal to the Children’s Division investigator/circuit manager/regional office. This written feedback is attached to the notification letter to CD of the Board’s decision to reverse for training purposes.

Background Screening and Investigation Unit

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

Annual BSIU Screenings	2018	2019
	91,297	92,113

Source: BSIU CY18-CY19 Reports Produced by the Child Abuse/Neglect Hotline Unit

Over the past few years, there has been a decrease in the number of BSIU screening requests. This likely attributed to an increased use of the Family Care Safety Registry (FCSR). State statute requires employees of licensed day care facilities, residential care facilities/ child placing agencies licensed by Department of Social Services (DSS), and foster or group homes licensed by DSS, to register with FCSR for their screenings. Although school employees are not required

to register with FCSR, more schools (and other agencies) choose the FCSR service because it provides background screening information from the Missouri State Highway Patrol, Department of Mental Health, and the Department of Health and Senior Services in addition to the child abuse and neglect screening provided by BSIU. Additionally, the FCSR puts the ownership on the applicant to provide the screening results instead of the agency.

Child Assessment Centers

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

Child Advocacy Centers in Missouri are located regionally and provide services to all of Missouri's counties. Missouri has 15 regional assessment centers with the main offices located in St. Louis (three locations), Kansas City, St. Joseph, Springfield, Joplin, Sedalia, Trenton, Festus, Wentzville, Cape Girardeau, Doniphan, Columbia, Parkville, Osage Beach, and Branson. Satellite offices are located in Union, Nevada, Pierce City, Butler, St. Robert, Farmington, and Hannibal. In total, CAC services are provided in 22 fully accredited locations around the state.

All CACs in Missouri are accredited by the National Children's Alliance. CACs go through an extensive accreditation process which requires they meet ten areas of criteria for providing services. All CACs are reaccredited every five years. Beginning in January 2017, Missouri's CACs must meet revised standards established by the National Children's Alliance. The new standards require stronger demonstration of the victim advocacy, mental health, medical response, and case review areas of accreditation.

According to data collected by Missouri KidsFirst, Missouri's CACs conducted 8,902 forensic interviews in SFY19, compared to 8,282 interviews in SFY18. CACs served 13,128 children in SFY19.

Missouri KidsFirst works with all the CACs coordinating public policy advocacy, providing support, training and technical assistance to each of the regional centers in the state. Missouri KidsFirst has a Board of Directors made up of leaders from across the State representing a diverse variety of backgrounds. The Board of Directors was developed to promote and support the financial viability of the Missouri Network of Child Advocacy Centers. The Directors of

Missouri's 15 regional CACs make up the Missouri Network of Child Advocacy Centers, a program of Missouri KidsFirst and serve as an advisory board.

In the past two decades, Missouri KidsFirst has successfully expanded its work from advocating for CACs to building a child abuse prevention network throughout Missouri. Missouri KidsFirst serves as the state chapter of both the National Children's Alliance and Prevent Child Abuse America. Rooted in the belief that all adults are responsible for the safety and protection of children, the mission of Missouri KidsFirst is to empower adults to protect children from abuse. If children are to be kept safe, adults need to have the knowledge, skills, and understanding required to act on behalf of children who are abused. This work falls into roughly three broad categories: education, advocacy, and prevention.

Missouri KidsFirst empowers adults by providing education. Through professional development for nurses, prosecutors, teachers, clergy and many others who dedicate some portion of their working lives to children and families, Missouri KidsFirst seeks to ensure professional communities understand best practices for helping children victimized by abuse. Missouri KidsFirst also facilitates communication among professionals who must work together to ensure the safety and welfare of Missouri's children.

Often, empowering adults to protect children, means changing the systems developed to protect them and help families. As best practices evolve, so must policies. This is why Missouri KidsFirst helped push for and lead Missouri's Task Force on the Prevention of Child Sexual Abuse and continues to work on implementing recommendations of the task force through legislative advocacy. They also advocate to secure funding for Child Advocacy Centers (CAC) throughout our state.

Missouri KidsFirst coordinates the Missouri Stewards of Children Facilitators Network. This network provides sexual abuse prevention education by utilizing the Darkness to Light's Stewards of Children curriculum. They also organize the annual Pinwheels for Prevention event every April during Child Abuse Prevention month.

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 abused or neglected. Most of the evaluations are conducted in children's hospitals or Child Assessment Centers (CACs), where the forensic interview and medical exam occur in the same location. This prevents multiple interviews and minimizes trauma to the child and family.

The Department of Health and Senior Services collaborates with 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 largest children's hospitals. Each Resource Center has a Director who is board certified in Child Abuse Pediatrics. Resource Centers provide training to SAFE-CARE medical providers, multidisciplinary team members, and primary care medical providers.

In SFY19, 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, followed by case presentation. Two ECHO series were held in 2019, one that began in February and one that began in July. The Children's Division has partnered with the SAFE-CARE network and Missouri KidsFirst 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.

Monthly online training was held for current SAFE-CARE providers, in addition to in-person classroom training. The mentoring program continued, with all providers having access to a mentor who is board certified in Child Abuse Pediatrics. There are currently 61 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 Missouri KidsFirst, 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 be either evaluated or have a case review completed by a SAFE-CARE provider.

In SFY19, the Department of Public Safety paid claims for 2,356 child sexual assault forensic examinations (SAFE) and 1,417 child physical abuse forensic examinations (CARE).

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. The Task Force issued its final report in December 2012 with numerous recommendations centered on community-based child sexual 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. 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.

The full Task Force met on the following dates in 2019:

- February 1st
- May 10th
- November 15th

These meetings provide an opportunity for updates on the various Task Force Workgroups, legislative changes, pertinent agency partner updates, as well as to learn about other important work going on in the state around child abuse and neglect.

There are currently three Workgroups of the Task Force composed of smaller groups of Task Force members and other stakeholders. These Workgroups have actively met throughout the year:

1. Best Practices and Standards for Multi-Disciplinary Teams (MDT)
2. Youth with Problem Sexual Behaviors
3. Child Sexual Abuse Education

Best Practices and Standards for Multi-Disciplinary Teams (MDT):

One goal of this Workgroup was to develop and deliver training to all multidisciplinary member agencies in Missouri. In 2019 the MDT Workgroup implemented an eight hour training which is POST, CLE, CEU and 210 certified. This training focuses on the following concepts:

1. Understanding the role that each agency plays in a multidisciplinary team
2. Working together to become a stronger multidisciplinary team
3. Identifying indicators of child abuse
4. Reducing risk factors for witness intimidation and trauma to the child
5. Increasing inter-agency communication to develop better investigations and outcomes

In 2019 this training was offered ten times in multiple regions throughout the State. Over 200 MDT members have attended this training, including participation from law enforcement officers, Children's Division investigators, juvenile officers, prosecuting attorneys, school staff,

medical providers, mental health providers, probation and parole, victim advocates, and forensic interviewers.

When asked what about the presentation was particularly helpful or useful about this training, participants wrote:

- “Provided a better understanding of the processes and roles of other agencies”
- “Very interactive course. Made me use investigative skills I don’t use every day.”
- “As much as I dislike break-out groups, the break-out group portion of the presentation was extremely insightful. It was good to see each group’s strengths and limitations in order to shift my own focus and role in my own MDT.”
- “As someone new to my position and new to MDTs it was all helpful to learn about the process of these meetings as well as how/why these MDT meetings take place.”
- “Getting the input and perspective from different members such as JO, LEO, CAC, etc. especially for the specific case examples.”

The MDT Workgroup goals for the next year are to increase the number of certified instructors in order to increase the amount of trainings offered in each region. The Workgroup also hopes to increase participation in trainings from all member agencies.

Youth with Problem Sexual Behaviors:

On September 16, 2019, the Workgroup reviewed past activities that included looking at best practice standards and guidelines for the Children’s Division. The idea of specialized workers in the area of assessment with youth with problematic sexual behaviors (Children’s Division’s Juvenile Assessments) was discussed. The specialist positions that the Children’s Division once had across the state have been absorbed into other investigative positions. There are as few as 3-5 workers left in the state that dedicate their workload to only Juvenile Assessments. Another concern for the Workgroup is how to get appropriate mental health treatment to families in need. Rural areas struggle because group therapy is a great option for these youth and yet it is hard to find a group for them to go to or a professional for them to see within a reasonable distance from their home. Also, waiting lists can be 8-12 weeks long and this can cause an issue with schools as they do not want the child back in the school setting without seeing a professional. The group discussed the use of tele-mental health as an option in the rural communities. There are a few organizations that currently offer tele-mental health, but it is a rarity across the state.

During the November 15, 2019 meeting, Kelly Schultz, Director of the Office of Child Advocate and longtime Task Force member, presented on the report released from the Task Force on Child Safety. The report outlined the findings from this Task Force, which was a short-term group that convened over the summer of 2019. This group was asked to examine the Children’s Division’s investigation process and identify opportunities to strengthen practice and improve safety outcomes. Given that the primary charge of this group was to address concerns and recommendations related to the Children’s Division, the focus of the report largely addresses

those policies and recommendations for which the Department of Social Services has authority. The Workgroup will continue to monitor any recommendations that might include youth with problem sexual behaviors.

The group also reviewed the Children's Division's current tools, the CD-214 (Children with Problem Sexual Behaviors Assessment Tool) and the CD-215 (Children with Problem Sexual Behaviors Safety Plan). These forms have not been updated since the 2015 law regarding Juvenile Assessments went into effect. Some workers find them long and duplicative. Some of the questions seem irrelevant to the assessment and they are not consistent with Signs of Safety, the Children's Division's current practice model. A smaller group of this Workgroup is going to look at the forms and make recommendations for improvement. This group hopes to form in early 2020.

Child Sexual Abuse Education:

This Workgroup convened in October 2019 as a result of the passage of Section 170.045 RSMo in the 2019 legislative session. This legislation requires each school district to provide trauma-informed, developmentally appropriate sexual abuse training to students in all grades not lower than sixth grade.

Stakeholders within this Workgroup have given input to the Department of Elementary and Secondary Education (DESE) as the agency develops guidance and training materials around sexual abuse prevention curriculum. The information developed by DESE will be vetted by the Workgroup prior to dissemination to school districts.

Human Trafficking

The 2017 legislative session brought enhancements to the statutory definitions of abuse and neglect that better enable the Children's Division to identify child victims of trafficking:

- 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 Section 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 twenty-four hour day;
- Any 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; or
- Any person who takes control of the child by deception, force, or coercion.

As a result of these definition changes, a new child abuse, and neglect screening criteria was implemented at the Child Abuse and Neglect Hotline Unit (CANHU):

Child(ren) of any age who have forcefully or willingly been involved in any type of sexual activity in exchange for anything of value, such as money, drugs, shelter, food, or clothes. This includes situations in which a third party profits from the child’s sex act. This also includes situations in which the child’s basic needs are met in exchange for a sexual act and situations in which the child’s parent/caregiver allows, permits, or encourages a child to engage in a commercial sex act. Examples include pornography, prostitution, stripping, and survival sex.

A new reporter description code of Child Sex Trafficking (HT) code was added to FACES, and the existing reporter description code of Prostitution (A8) was discontinued. The addition of this new HT code provides staff with the ability to make findings specific to child sex trafficking.

The following are policies that have been implemented to specifically address human trafficking and the commercial sexual exploitation of children:

Memorandum Number	Summary
CD17-46	Introduced staff to the changes in abuse/neglect definitions, the new Child Sex Trafficking reporter description code, and provided guidance on making determinations based on the legal elements of the trafficking definitions.
CD18-34	Updated all Children’s Division staff, including supervisors, regional directors, circuit managers, specialists, and contracted practitioners, of the requirement to attend Introduction to Human Trafficking training.

Children’s Division’s Prevention and Safety Unit Manager is an appointed member of the Missouri Supreme Court’s Combatting Human Trafficking and Domestic Violence Commission. The Commission is currently working on finalizing recommendations to the Supreme Court to improve the judicial response to these issues.

To comply with the Preventing Sex Trafficking and Strengthening Families Act, the Children’s Division has contracted with Cornerstones of Care to provide introductory training on Human

Trafficking to all the Children's Division and contracted staff. The objectives of this training include being able to define and recognize the scope of human trafficking, being able to identify indicators and people at high risk, identifying resources for potential victims, and learning preventative strategies. Cornerstones of Care continues to provide this training on an as-needed basis for new staff and any employee that has not yet received training on human trafficking.

To expand on the Introduction to Human Trafficking training, the Children's Division has entered into a partnership with Greater Kansas City LINC, Inc, who has contracted with a group of human trafficking experts to develop the Advanced Human Trafficking Training curriculum for all CD staff, proposed to be completed by May 2020. This advanced training will further strengthen skills in the areas of identifying, assessing, and engaging child trafficking victims. To directly align with the implementation of the Advanced Human Trafficking Training, Children's Division has also begun updating policy and developing human trafficking screening tools to provide guidance to CD staff, as well as contracted staff, as to how to identify and respond to potential victims of child trafficking victims.

Children's Division staff continue to expand their awareness of and response to concerns of human trafficking by developing local protocols within multi-disciplinary teams, collaborating with federal law enforcement agencies for assistance in investigating cases of suspected trafficking, participating in various local human trafficking task forces, and developing local procedures to address youth who run away from foster care.

The Children's Division is also partnering with the Missouri State Highway Patrol and the Texas Department of Public Safety to provide Interdiction for the Protection of Children Training statewide.

Services for Children Adopted from Other Countries

The Children's Division is the licensing body for all child placing agencies in Missouri. Many of these agencies conduct international adoptions. The rules for licensing child placing agencies require that such agencies conduct a variety of adoption services. The adoption services provided to families adopting internationally include pre-placement planning, and post-adoptive services, placement supervision, assessment of the child's adjustment into the home, and support services. Adoption disruptions are also assessed by the child placing agency.

The Children's Division provides post-adoption services for children adopted from other countries and their adoptive families through the Adoption Resource Centers in the same manner as families of children adopted from foster care, including referral for adoption competent counseling, support groups, and parenting education. See Adoption Resource Centers in the Collaboration section of this report for more details.

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 assesses some, or all, of the services, cannot be delivered directly. The following services should be considered:

- Infant developmental stimulation/early childhood education
- Specific rehabilitation and medical services
- Respite care
- Home-based services to provide instructions on infant and child development (i.e., Parents as Teachers Program and Home Visiting Providers)
- First Steps services for ages birth-three with a policy requirement for mandatory referral for POE findings for child/ren under the age of three
- School district services referral for children over the age of three with a developmental concern or delay
- A special or therapeutic preschool, including day treatment or child care facilities which can meet the child's needs
- Referrals to Early Head Start and Head Start
- Parent aide services for the parents
- Mental Health services for the child or parents

The Division recognizes the importance of addressing the developmental needs of all children served, including those under the age of five. Staff should discuss the child's development and health history with the parents. If a child seems to be functioning below age level, attention should be paid to what stimulation is being offered the child and suggestions should be made to the parents or caregiver if necessary. Observation should also be made of proper nutrition, sleep habits, and other health-related problems. Staff should also contact teachers and counselors for information on school progress and make a referral for a cognitive screening to confirm any delays. If a child seems to be functioning well below age level, a referral should be made to First Steps (ages 0 - 3), the School District (age 3+) and the Regional Diagnostic Center for evaluation. There is a regional center servicing every county in the state. Preschool is highly recommended for any child who is functioning below age level. The school-age child who is developmentally delayed will be evaluated by the school. Any child who is receiving special services in school should have a semi-annual IEP (Individual Educational Program).

The Division also recognizes the importance of foster parent-to-child ratio for young children. Per policy and administrative rule, foster parent(s) shall not provide care for more than two children under age two and no more than four children under the age of five unless necessary to

accommodate a sibling group temporarily. Because of the sound policy and rule, the division does not anticipate any changes or updates to this particular requirement.

Home Visiting is an in-home service designed to assist with the prevention of child abuse and neglect by offering additional in-home support for at-risk families.

The Home Visiting Program is a voluntary program assisting eligible parents whose family income does not exceed 185% of the federal poverty level, and are currently pregnant or have a child under the age of three years. The program provides parents various opportunities to gain skills in the areas of child abuse and neglect prevention, early childhood development and education, parenting skill development, and school readiness. The Home Visiting program also provides parents with hands-on training and educational 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. As the child(ren) age out of the Home Visiting program, they are referred to a Head Start or another early learning program to maintain continuity of educational services for the family.

The Home Visiting program is located in 11 regions across the state with eight Partnership Agreements and 11 Competitive Contracts providing Home Visiting Services. In SYF 19, there were a total of 1,599 unduplicated families and 1,971 unduplicated children age birth to three years old served.

Home Visiting contractors and partnerships currently utilize either an evidence-based or promising approach model focusing on the areas of child abuse and neglect prevention, early childhood development, parent education, positive brain development, and school readiness. Home Visiting contractors and partnerships are required to serve 70% Children's Division involved families, ensuring that preventing and reducing the risk of child abuse and neglect is the highest priority.

Missouri Department of Social Services, Department of Health and Senior Services, Department of Elementary and Secondary Education, Department of Mental Health and Missouri Head Start State Collaboration Office (MHSSCO) - have been operating under an MOU since 2017. The MOU addresses collaboration between all entities serving children zero to five.

Children's Division local circuits continue to enter into local collaboration plans designed to improve the coordination of services for the children and families served by both agencies. 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 child care services to help with school readiness. Accessing services also aids in ensuring:

- Reduction in the recurrence of child maltreatment
- Consistency in addressing the risk of harm
- Consistency in addressing families' needs for services and/or provision of services
- Availability and accessibility of needed services
- Fully engaging parents in child care choices
- Providing input to the Children's Division field staff for consideration in case planning, service delivery, and goal attainment through the Family Support Team involvement
- Diligent efforts to meet children's early educational needs
- Assessment of mental health needs of the parent, as well as developmental and social/emotional needs of the child and provision of mental health services

The Children's Division has implemented Signs of Safety statewide. Creating everyday safety for children is the primary aim of Signs of Safety. Signs of Safety recognize that caregivers are more likely to change when they understand how their behavior is impacting their child. Several different tools are available to staff to assist in having a conversation with children around safety to place the child's voice in the center of the family's involvement with the Children's Division. It is important that children have an opportunity to talk about what they are worried about, what makes them happy, and what they would like to happen in their family and community to keep them safe. Because of a desire to protect children from adult issues, they are often provided little information about what is happening to them and what the plan is for their future. Getting the children's voice can help children feel they are part of the process, not just entirely having the process done to them. The children's voice not only informs our work, but it can also be the most powerful voice to inspire and motivate change within the family. Capturing and sharing the voice of the child in a meaningful way can have a significant impact on their caregivers' willingness to make desired changes to protect their children. This is especially useful for younger children.

Signs of Safety provides several tools to capture the child's voice regarding their experiences, to explain the Children's Division's involvement, and to involve them in safety planning. These tools include the Three Houses Tool, Fairy/Wizard Tool, and Words and Pictures explanations.

The percentage of children age five and under receiving Intensive In-home Services (IIS) has remained stable for the last five years. In SFY17 and SFY18, the percentage of children five and under served by IIS was 38%. In SFY19, children five and under served remained at 38%. The IIS program provides an array of services specifically targeted towards early childhood.

Under Age Five Children without Permanent Families

Year	Total Children	Children under 5	Percent
SFY17	20,031	7,498	37%
SFY18	20,330	7,637	38%
SFY19	20,146	7,630	38%

Source: Child Welfare Outcomes Report, Table 8b

The population of children ages five and under in foster care has remained relatively stable over the last few years, with a slight decrease in SFY19.

According to a point in time data effective January 31, 2020, there were 5,340 children aged five and under in the custody of the Children’s Division. Of these approximately 47% (2,497) were female and 53% (2,843) were male. For the same time period, approximately 66% (3,538) of the children were white, and 18% (940) were black. The remaining 16% were American Indian/Alaskan Native, Asian, multi-racial, and unable to determine. In addition, 59% (3,134) of the children age five and under are placed with relatives or kin.

The Children’s Division places a strong emphasis on achieving permanency for all children served, including those age five and under. No further changes are anticipated, as the division will continue stressing the importance of permanency for all children. The data from the last four years (SFY16 - 19) supports this endeavor. The Child Welfare Outcomes Report shows a higher percentage of children age zero to five, achieving permanency through reunification, guardianship, and adoption than any other age group. The percentages below represent the percentage of those exiting who are ages zero to five, six to twelve, and 13 and older.

Age Groups Exiting to Reunification (Source: Child Welfare Outcomes Report, Measure #9b)

Years	0-5	6-12	13+
SFY16	37.83%	36.56%	25.61%
SFY17	39.05%	34.89%	26.06%
SFY18	38.21%	35.74%	26.05%
SFY19	41.98%	33.40%	24.62%

Age Groups Exiting to Guardianship (Source: Child Welfare Outcomes Report, Measure #9b)

Years	0-5	6-12	13+
SFY16	34.27%	39.10%	26.63%
SFY17	36.65%	37.76%	25.59%
SFY18	36.00%	39.63%	24.37%
SFY19	35.27%	36.97%	27.76%

Age Groups Exiting to Adoption (Source: Child Welfare Outcomes Report, Measure #9b)

Years	0-5	6-12	13+
SFY16	55.61%	33.31%	11.08%
SFY17	55.19%	35.57%	9.24%
SFY18	56.91%	32.43%	10.67%
SFY19	57.46%	32.03%	10.52%

Some strategies for achieving permanency for young children include increased parent-child visitation whenever possible, front-loading services to get the family engaged early, placement with relatives, concurrent planning, and regular Family Support Team meetings to review progress and clearly define goals. Concurrent planning is a process of working towards reunification while, at the same time, establishing and implementing an alternative permanency plan for a child. Concurrent planning is intended to reduce the length of stay in care. This concurrent plan must include placing with relatives unless contrary to the welfare of the child. Also, staff should provide full disclosure to the parents of problems, changes, possible consequences, and timelines, as well as discussing alternative permanency decision making on an ongoing basis. Staff must discuss with the parents the negative effects of placement on children, the urgency for reunification, and the need for a concurrent plan, so permanency is not delayed.

Parent-child visitation is important at any age, but it is especially important when children are under the age of five as visitation helps parents bond with their children and stay current with the changing developmental needs of their children. Frequent visitation with young children also allows parents to practice and improve the parenting skills they are learning in parenting classes and/or counseling sessions. Because the Children’s Division already encourages service

provision for children under the age of five, there are no anticipated changes or updates forthcoming.

For children aged five and under, not in a pre-adoptive placement, there are many recruitment activities which should be occurring to locate pre-adoptive placements. The Heart Gallery showcases children in foster care available for adoption and awaiting adoptive families. Families who may be interested can search the website or view photographs at the traveling gallery. The display is featured in many public venues where people who may not have considered adoption can be exposed to the opportunity. In addition to the Heart Gallery, adoption events from around the state are posted on the Children's Division website. Each circuit has its own strategies for recruitment. Staff also utilize the AdoptUSKids web service whose mission is to feature waiting children, raise public awareness about the need for foster and adoptive families for children in foster care and assist in recruiting foster and adoptive families who can be connected with children waiting for adoption. Additionally, staff circulate profiles of children awaiting adoption amongst other agency staff and among private agencies with families awaiting placement of children age zero to five.

In an effort to reduce the length of time in foster care for all children, strategies included:

- enhanced oversight by supervisors through reinforced training and development of guides to ensure supervisors discuss a child's progress towards the case goal,
- better collaboration with the court in monitoring child progress towards permanency, and
- developing local processes for reviewing young children who have not yet achieved permanency.

The Children's Division continues to emphasize the timely achievement of permanency regularly with staff, managers, Quality Assurance System staff, and the Courts. Some circuits, through the Fostering Court Improvement project, have begun to utilize case reviews periodically to identify barriers to permanency for children of all ages. In other circuits, staff reviews cases every month with their juvenile office to ensure children do not remain in foster care longer than necessary. Rapid Permanency Reviews, as outlined in the Program Improvement Plan, may also identify bottlenecks for young children achieving permanency.

Efforts to Track and Prevent Child Maltreatment Deaths

Data Collection of 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 roles 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), that 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 receives this information directly from the DHSS Bureau of Vital Records.

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. To further enhance data collection efforts, when a child has died as a result of child abuse and neglect, staff must enter the severity code of ‘fatal’ as part of the conclusion of the report. FACES will then require staff to enter a date of death, if not already entered by Child Abuse and Neglect Hotline Unit.

Because Missouri’s Child Protection Service (CPS) agency is the central recipient for fatality reporting and due to the statute which requires coroners and medical examiners to report all fatalities, Missouri is able to capture 100% of hotlines involving child death. 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 data.

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 subcommittee continues to review case records associated with child fatalities, where the local CFRP attributed the death to child abuse or neglect. The subcommittee has reviewed all child fatality cases classified by local Child Fatality Review Panels as child abuse and neglected related deaths for 2014 and are close to completing reviews for 2015. Based on their review, the CFRP subcommittee 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.

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 develop a 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.

Because there are concerns of neglect associated with incidents of youth who die by suicide or a child who dies as a result of being in an unsafe sleep environment, work groups exist and meet regularly to address these fears. Specifically, the work developed by the Missouri Suicide Prevention Network and the Safe Sleep Coalition is intended to be incorporated into Missouri's comprehensive plan to prevent child maltreatment fatalities.

The Missouri Children's Division is in the process of revising its internal critical event review process. It is hoped that one change will be to utilize the state level Child Fatality Review Panel

to review fatalities where challenges were identified related to multi-disciplinary teams to assist in making recommendations to inform the statewide plan to prevent child maltreatment fatalities.

Promoting Safe and Stable Families

Family Preservation Services

Intensive In-Home Services and Intensive Family Reunification Services

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 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 program is provided through purchased services by vendors contracted with the state. In July 2019, the IFRS program and the IIS program were combined into one contract to allow for services statewide. Previously, the IFRS program was

only available to eight sites in the state. By combining the two programs it allows for more families to be served and loosens some of the time constraints, allowing work with families to be done within the first 30 days of a case opening, or after a child returns home as needed by the specific case situation. The referral requirements for both programs remain the same. The state has the discretion to make referrals to IIS and IFRS across the state. 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 SFY19, 1,611 families and 4,065 at-risk children were accepted into the IIS program. In SFY18 there were 1,691 families, and 4,381 children served. In SFY17 there were 1,900 families, and 4,757 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. There was a slight decrease in the number of families served from SFY18 to SFY19, which may be attributed to vendors waiting on the new contract to be awarded. Vendors may have been unsure about how to proceed as there have been multiple extensions. Some vendors had difficulty hiring staff because the vendor may not have been awarded the new contract resulting in hardship for the sites as the vendors are not able to serve as many families.

The percentage of children age five and under receiving IIS services has remained stable for the last five years. In SFY19, 38% of the children served by IIS were age five and under. In SFY18 and SFY17, the percentage of children five and under was 38%. 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 SFY19, 75.5% of the families remained intact at the end of the IIS intervention and avoided child placement, compared to 78.3% in SFY18 and 80% in SFY17. According to SFY19 IIS Annual Report, Table 25, in SFY18 4.7% of children were removed during the IIS intervention. 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. Staff interested in reviewing data outside those timeframes may request the data through supervisory channels.

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. In SFY19, there were thirteen contracted IFRS specialists in Missouri. According to an ad hoc report produced in January 2020, there were 58 families served during SFY19 and 136 children served in the IFRS program. The award of the new contract in July 2019 caused a decrease in referrals because of delay of the award, new contractors and staff, and new sites/reconfiguring.

Family Support Services

Family-Centered Services

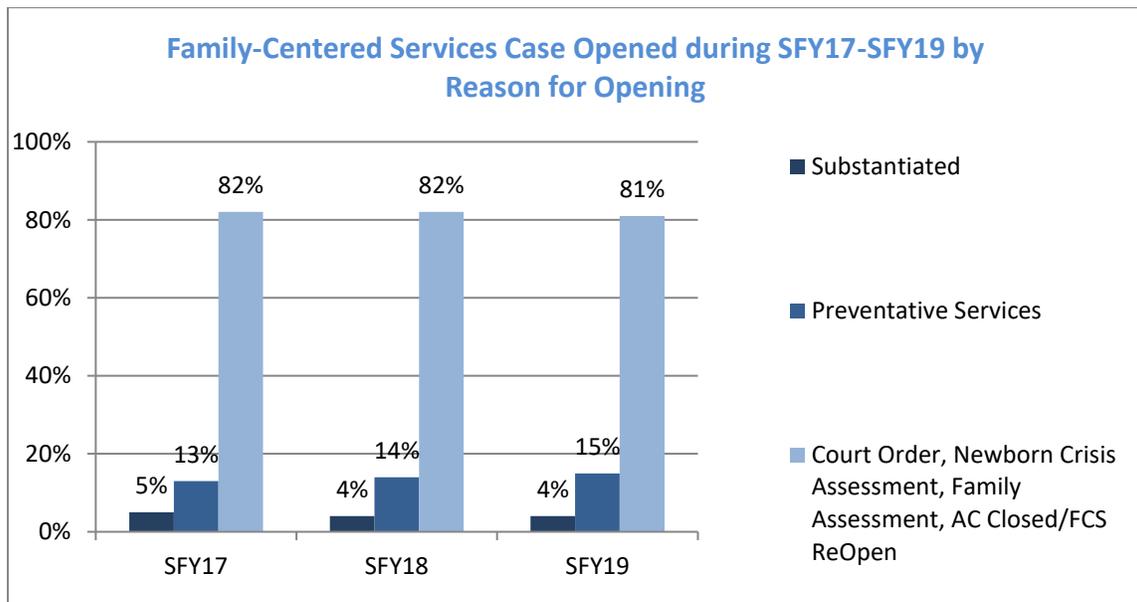
Families entering the child welfare system due to reports of child abuse or neglect receive case management services referred to as Family-Centered Services (FCS). Family-Centered Services may also be provided if the family requests preventive treatment services. Services are available to families, including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

In SFY19, there were 5,850 active FCS cases compared to 7,089 during SFY18, and 14,865 in SFY17. (Source: Children's Division Annual Report, Table #9). The total number of FCS cases in SFY 19 decreased by 17.5% in SFY17 and decreased by 52.3% from SFY18. In CY17, Children's Division Memo 17-16 informed staff of changes to the Family-Centered Services and Alternative Care (AC) functions in FACES. As of the date of the memo, staff were instructed to no longer open FCS functions on families when children are placed in alternative care. This change was made to accurately show families served through intact only FCS cases. When the change was implemented on March 1, 2017, all FCS cases with associated open AC functions automatically closed in the system, with a few exceptions. This is the contributing factor for the continued decrease in the number of active Family-Centered Services cases.

Family-Centered Services Cases Active SFY17- SFY19

Fiscal Year	Cases Active	Percent Change from Prior Year
SFY17	14,865	-17.8%
SFY18	7,089	-52.3%
SFY19	5,850	-17.5%

In SFY19, approximately 4% of FCS families were served as a result of substantiated child abuse/neglect reports (166 out of 3,954; Source: Children’s Division Annual Report, Table 11). Families with no substantiated report but requesting preventive services made up 15% of the total served. Almost 3% of the cases were opened due to a court order. A new open reason was created in SFY17 based on the Children’s Division Memo 17-16 referenced above to include cases where an AC case was closed, and an FCS case was re-opened. Approximately 4% of families were served as a result of the new reason for opening. The remaining 78% 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.

The Children's Division is continuing to move forward with a clear practice model anchored in values and practices that support exemplary child welfare outcomes. The Five Domains of Wellbeing, Trauma-Informed Practice, and Signs of Safety are the foundational elements and frameworks. These are supported by essential processes such as Family-Centered Services.

The Child Welfare Manual has been updated in accordance with the new practice model per memo CD19-19. The goal of the new practice model is to focus efforts on families with chronic neglect who consistently return to the Children's Division in need of assistance. By focusing on this population, staff will have fewer cases, thus allowing them to spend more time with these families. The hope is to enhance family engagement, decrease future maltreatment, and to reduce the number of children entering foster care.

Below are some of the major highlights that are included in the new FCS section of the Child Welfare Manual. Staff were encouraged to read through all of the sections to become familiar with the organization and content.

- Initial Timeframes: The supervisory appraisal of the potential safety concerns, risk to the children, and overall family situation will assist in determining the initial face-to-face home visit with the family. The safety scale from the Family Risk Assessment (CD-220) will assist in the determination of the initial face to face contact timeframes with the family.
 - High Risk – Safety Scale Score 0-3 within two (2) working day
 - Moderate Risk – Safety Scale Score 4-6 within (5) working days
 - Low Risk – Safety Scale Score 7-9 within (10) working days
- Staff must complete an assessment of the family within the first thirty (30) days of case opening by using any assessment tools that work for the needs of the family.
- Every FCS case must have a Family Risk Assessment Map, CD-220, to guide the family and staff from the danger statements to safety goals through a structured process to create the final safety plan.
- Safety Network Meetings should be held on every FCS case and involve the network, parent, and agency staff.
- Supervisor discretion will be used to determine the number of Home Visits and Safety Network Contacts needed for each individual FCS case. The number should be based on the needs of the family. At a minimum, one face to face home visit per month must be completed on all FCS cases.
- Case Progress evaluation will occur by building the long-term safety plan with the family, Family Safety Planning Document, CD-267.

- A final updated version of the Family Safety Planning Document, CD-267, and the Family Risk Assessment Map, CD-220, should be completed and reviewed with the family at case closure.

Throughout the provision of treatment 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

Child Care and Development Fund

As part of the prevention efforts, Children's Division (CD) is the lead agency for the federal Child Care and Development Fund (CCDF) and administers the state child care subsidy program for low-income families served through the Family Support Division (FSD) and protective services families served through CD. The Child Care Subsidy Program helped support approximately 44,320 low-income children with 11,323 children served through protective services in SFY19.

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

The Child Care Subsidy 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.

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 crisis 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/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;
- Utilization of the Signs of Safety model to 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 at a crisis care facility, families will be aided in contacting other crisis care facilities or shelters to help in the time of crisis.

Crisis Care contracts are awarded through a competitive bid process, with the most recent contract beginning January 1, 2019. Currently, there are 10 crisis care facilities across the state.

In SFY19, 1,407 unduplicated children age 12 years and under were served.

In SFY19, 304 unduplicated children age 13 years through 17 years were served.

Home Visiting

Home Visiting is an in-home service designed to assist with the prevention of child abuse and neglect by offering additional in-home support for at-risk families.

The Home Visiting Program is a voluntary program assisting eligible parents whose family income does not exceed 185% of the federal poverty level, and are currently pregnant or have a child under the age of three years. The program provides parents various opportunities to gain skills in the areas of child abuse and neglect prevention, early childhood development and education, parenting skill development, and school readiness. The Home Visiting program also provides parents with hands-on training and educational 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. As the child(ren) age out of the Home Visiting program, they are referred to a Head Start or another early learning program to maintain continuity of educational services for the family.

The Home Visiting program is located in 11 regions across the state with eight Partnership Agreements and 11 Competitive Contracts providing Home Visiting Services. In SYF 19, there were a total of 1,599 unduplicated families and 1,971 children age birth to three years old served.

Home Visiting contractors and partnerships currently utilize either an evidence-based or promising approach model focusing on the areas of child abuse and neglect prevention, early childhood development, parent education, positive brain development, and school readiness. Home Visiting contractors and partnerships are required to serve 70% Children's Division involved families, ensuring that preventing and reducing the risk of child abuse and neglect is the highest priority.

Family Reunification

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 only 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. *Note: The Division changed the categorization of placements during 2017 to*

integrate kinship placements (non-related persons) into the same category of relative placements. The data below will still reflect the kinship designation.

- **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 behaviorally and mentally challenged children. These foster homes also must demonstrate a willingness to obtain any specialized training to meet the individualized needs of the child.
- **Medical care placements**—A foster care placement for a child with specific medical conditions where additional medical training is necessary for his/her care.
- **Transitional living placements**—These types of placements are considered for youth who demonstrate the ability to live independently with some supportive services and are successfully receiving Chafee Foster Care Independence Program services.
- **Independent living arrangements placements**—Placement for a youth living on his/her own, usually in an apartment or college campus setting, with supervision from the case manager.
- **Residential treatment facilities placement**—A residential child care agency licensed by the Children’s Division with compliance being monitored by the Residential Program Unit to provide residential treatment services for children and youth.

Below is a breakdown of the placement types and what placement the child was in at the end of the fiscal year. Duplicate counts may occur between placement types. For example, a child placed in a foster home on an emergency basis will count as a foster home and an emergency placement.

Foster Care Placements

Placement Type	Coding Categories	SFY18	SFY19
Emergency	FHE	122	147
Foster Care	FAH, FGB, FGH, FGM, FHB, FHE, FHM, FHO	6,078	5,923
Relative Care	RHB, RHM, RHO, RHU	8,977	9,884
Kinship Care	KHB, KHM, KHO, KHU	942	228
Relative and Kinship Care Combined	RHB, RHM, RHO, RHU, KHB, KHM, KHO, KHU	9,919	10,112

Elevated Needs	FGB, CFP, FHB, KHB, RHB	1,009	974
Medical Care	KHM, FHM, RHM	627	641
Transitional Living	TLA, TLG, TLS	285	278
Independent Living	ILA	334	335
Residential Treatment	RFA, RF2, RF3, RF4, RFE, RFH, RFI, RFP, RFT	1,690	1,765
Total Children		20,330	20,146

Source: CD Annual Report Table 19; Data based upon last known placement at end of fiscal year

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

Foster Care Population Increase

For over a decade, the Children’s Division experienced a decrease in the foster care population. The foster care population in Missouri reached its lowest point in January 2009 with a point in time total of 9,104 children in care. However, since that time, the Children’s Division has experienced a growth of children in foster care. Steps are being taken to understand the growth in the foster care population and, if possible, make changes to safely curtail the growth. These include many Department and Division led strategies such as paying for legal custody modifications, implementing Team Decision Making statewide and completing Rapid Permanency Reviews in many circuits.

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

Children Active in CD Custody During SFY15 - 19

Fiscal Year	Number of Children	Change from Prior Year
SFY15	19,426	6.3%
SFY16	20,284	4.4%
SFY17	20,031	-1.3%
SFY18	20,330	1.5%
SFY19	20,144	-0.9%

Source: CD Annual Report, Table #35

Some details about the areas of focus and development for the next five years in regards to the growth of the foster care populations are:

- Custody Modification payments – often times children are lingering in foster care, but placed with a parent. The court requires a custody order to be in place before it will close the case. The Division has a program and some funding available to pay for legal expenses when the needs are identified. From May 2019 until Feb 2020, the Division has entered into contracts to help 96 families and 157 individual children in this situation.
- Team Decision Making – this program is in the process of being implemented across the state. Statewide implementation was planned by summer 2020 but will be delayed due to the COVID-19 pandemic. The purpose of these meetings are to use staff, families and community partners to make the best decision possible about whether a child needs to be removed from the home or not. It is hoped that this practice will lead to children entering legal custody only when necessary because of a safety issue.
- Rapid Permanency Reviews – these targeted reviews will be conducted in many circuits over the course of 2020. These reviews choose a population of children who are close to permanency (on a Trial Home Visit, close to adoption or close to guardianship) and use specifically developed tools to identify trends where systemic barriers may exist in policy or practice. A plan is then developed on the case manager level to move each case forward. Work was completed on this program during 2019 to make the identification of issues easier to report to higher levels of management.
- Trauma Informed Practice - Children’s Division recognizes exposure to trauma can impact children’s physical health, emotional health, learning, behavior, and social skills. The Division, therefore, is committed to becoming a trauma-informed organization by which its policies and practices are embedded with a trauma awareness and focus.

Worker Visits with Children

The Division continues to maintain in the area of frequency of worker visits with children. The Division achieved 89% in FFY18 and 87% in FFY19. The method of computation is slightly different from the logic described in the Worker Visit Formula Grants section of this report, so reported percentages differ, as well. The measures are used by supervisors to identify practice issues and develop plans for improvement with staff as needed, as well as to focus on the value of visits with children in achieving permanency.

Length of Stay

The table below shows the changes in recent years for several types of stays in Foster Care and the average length of stay.

Fiscal year	Length to Reunification*	Length to Guardianship*	Length to Adoption*	Average Length of Stay#
2016	13.20 months	20.76 months	29.67 months	20.9 months
2017	13.29 months	21.06 months	30.12 months	22.3 months
2018	14.08 months	20.70 months	29.80 months	22.9 months
2019	13.95 months	22.27 months	29.71 months	23.2 months

*Source: CD Outcomes report, table 9c

#Source: CD Annual report, table 20

To continue the focus on reducing the length of stay in foster care, current strategies include enhancing supervisory oversight through reinforced training and development of the Clinical Supervision Process and the Missouri Practice Model. In January 2019, a new policy was created to require supervisors to observe each of their staff at least once a quarter in the field. This will allow the supervisor to give feedback to the worker and more closely monitor their skills.

To explore decreasing length of stay in foster care, family engagement efforts became an important factor. Family engagement is a key factor in service planning and permanency, and thus has become an increased area of focus. The Division continues to develop strategies and guides to aid staff in increasing family engagement. Another area of focus is diligent search, used for both parents and potential relative and kinship placement resources. There are enhanced tools for staff use to aid in diligent search. These tools can assist staff in locating and engaging both parents as well as locating relatives and kin for potential placement resources.

In 2017, the Division made strong efforts to implement a new practice model (Signs of Safety, Trauma Informed Care, Five Domains of Well Being and Team Decision Making) in all areas of the state. The Signs of Safety model encourages social workers to partner with families to create safe environments for children. The approach is solution-focused and highlights the family's strengths and how they can be used to protect children.

Placement Stability

Fiscal Year	% of Children with 2 or fewer placements
2016	79.07
2017	79.92
2018	79.62
2019	78.35

Source: CD Outcomes Report, measure 13a

As a result of the CFSR, the Division developed a workgroup to develop strategies to increase placement stability. Case review results and AFCARS (Adoption and Foster Care Analysis and Reporting System) composite data indicate outcomes have remained fairly stable from 2016 to 2019. Some of the strategies that were explored and/or implemented by the placement stability workgroup and the sub-committees included expanded utilization of IIS Consultation. Currently, the Intensive In-Home Services (IIS) contract has language which allows the contractors to provide consultation services to high-risk families not enrolled in Intensive In-Home Services.

Kinship and Relative 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.

Kin and Relative Placement Statistics

Fiscal Year	Relative Placement % of Total In Care Population	Kinship Placement % of Total In Care Population	Relative or Kinship placement % of Total In Care Population
2017	37.44%	11.14%	48.58%
2018	44.16%	4.63%	48.79%
2019	49.06%	1.13%	50.19%

Source: CD Outcome Measure #17a/b

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 friend of the family are considered relative. The data above reflects this change. An increase of 2% was seen in 2019 for these types of placements.

Fiscal Year	% of children exiting care from a relative home placement
2017	55%
2018	53%
2019	53%

Source: CD Annual Report Table 21

There has been a steady amount of children exiting care from a relative home placement over the last several 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 that enter custody.

The Legal Aspects of Relative Placements Training DVD 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.

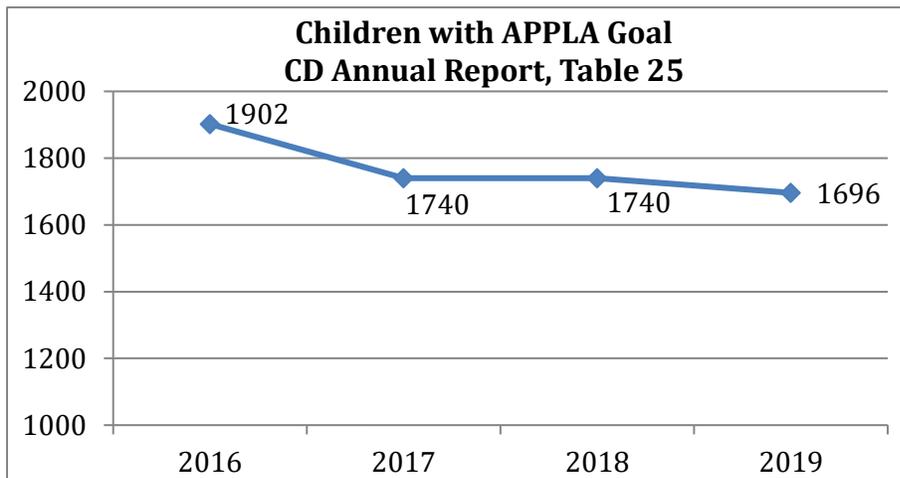
Children’s Division provides specialized training for all relative (now including kinship in this definition) providers. The STARS for the Caregiver Who Knows the Child training curriculum, a version of the foster parent training used in Missouri, is used with relatives and non-relative persons who have a close emotional 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.

APPLA

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

Youth are placed in APPLA when the FST believes his/her placement will be consistent and stable until the youth becomes independent and receives approval by the court. The resource provider must also be in agreement with the plan, and able and willing, with the assistance of Children’s Division, to meet the safety, permanency, and well-being needs of the youth. The resource provider makes a formal agreement called a Permanency Pact with the youth for this purpose. The purpose of the agreement is to identify an individual with which the youth wishes to continue to have as a support in his or her life.

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



In 2015, federal law went into effect that requires a child be at least 16 years of age before APPLA can be used as the case goal. The Division continues to work within its own agency to comply with this law as well as work with the court system and other partners to

enact this change. During 2016, the state of Missouri passed HB 1877 which put this federal requirement into state statute.

In recent years, Central Office and QA/QI staff have focused on educating staff about the appropriate use of the APPLA goal. Emphasis has been placed on using this goal when other options have been ruled out and when the goal is appropriate for the child considering the circumstances of the case. 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 progress.

Date	Number of children under 16 with a goal of APPLA
January 31, 2017	39
January 31, 2018	46
January 31, 2019	40
January 31, 2020	20

The information above will be continually sent out to the Regions across the state for review and data clean up. There has been a clear reduction in the amount of children under 16 with a goal of APPLA.

The Older Youth Program (OYP) provides services to youth with an APPLA goal through life skills teaching, 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.

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

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 Children’s Division Residential Program Unit (RPU) has the responsibility for licensure, supervision and license renewal for the Residential Treatment Agencies for Children and Youth (RTACY).

During SFY19, 577 children entering the custody of the Children’s Division were in a Residential Care placement. This is a decrease from SFY18 when 728 children entering custody of the Children’s Division were in a Residential Care placement. Throughout SFY19, 3,427 children in the custody of the Children’s Division received service in a Residential Care placement. This is a decrease from SFY18 when 3,487 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 on-going effort to get older youth into specialized foster care settings. 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 2019, children received services through 65 licensed residential treatment agencies for children and youth operating at 115 separate sites. Of the 65 RTACYs 56 agencies hold a contract with the Children’s Division. In 2019, there was 1 initial RTACY license awarded. Thirty RTACYs renewed their licenses in 2019. In 2019, of the 65 licensed RTACYs, 30 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). Three RTACYs obtained accreditation in 2019. 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 on-going training per year.

In 2019, the Department of Social Services (DSS) Placemat Initiative, Reducing entry and length of stay in congregate care (Right-Sizing Congregate Care), was successfully completed and achieved a significant milestone of a 7.76% statewide reduction in residential care. The purpose of this initiative is to safely reduce children in congregate care by ensuring residential treatment is used for time limited treatment purposes. Strategic milestone measures were developed for this placemat initiative in 2018 and were achieved in 2019. Monthly residential data reports assist with a data driven practice for use of residential treatment. Monthly data reports provide the following:

1. Children entering residential each month.
2. Children exiting residential each month and to where they exit.
3. Children residing in residential month to month.
4. Children experiencing emergency residential placements.

Statewide monthly residential support calls were held with select CD employees to discuss the residential data reports, barriers, strategies that are working, and to share ideas for action steps. The long term projected outcome of this initiative was to reduce the use of residential treatment and a reduction in the length of time residential treatment is needed.

Family First Prevention Services Act (FFPSA) implementation began in 2018 and Missouri will continue implementation efforts until October 2021. FFPSA requires that residential treatment be time-limited and treatment-focused service. FFPSA requires that children entering a residential treatment setting have a 30-day assessment to determine if residential treatment is needed. Further, the court will have to evaluate all residential treatment placements within 60 days to determine if residential treatment services continue to be a need. Residential agencies will be required to meet the Qualified Residential Treatment Provider (QRTP) standards in order for Children's Division to receive Title IV-E funding for residential treatment. QRTP agencies are required to be accredited through one of the accrediting bodies noted above, provide a trauma informed treatment model, have access to 24/7 nursing and clinical staff, and provide at least six (6) months of aftercare services.

CD has held six (6) statewide meetings with residential agencies and other community partners in January 2019. These meetings were designed to introduce FFPSA and work collaboratively to

identify what is working well, what worries exits, and next steps for FFPSA implementation. On March 14, 2019, the Residential Program Unit (RPU) held a statewide Program Directors meeting for all of the residential agencies. This meeting was designed to provide information on how to repurpose their business and business modeling for moving forward with FFPSA. This meeting also provided further discussion in a group setting about FFPSA requirement and open discussion on where Children’s Division is in the implementation phase. This meeting provided an opportunity for residential agencies to network and share ideas around FFPSA. Children’s Division is holding monthly FFPSA statewide implementation meetings that include residential providers. As FFPSA implementation work continues to move forward in 2020, the RPU will be holding meetings with residential providers for important updates, and continue with QRTP implementation components.

Along with the preventative services offered to families through FFPSA, the development of Therapeutic Foster Care (TFC) and other foster/adoptive recruitment efforts, Missouri should expect to see a reduction in the use of and the length of time a child would need residential treatment between 2020-2024.

Specialized Care Case Management

The “Specialized Care Case 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 2018 and MACF was awarded the new contract, which began on April 1, 2018.

Children and youth referred for services under this contract must be at significant risk of long-term residential care and have serious behavioral health needs. This contract provides specialized care management services which are individualized for children who demonstrate an inability to function in less-restrictive settings without such services. This may be evidenced by multiple failed residential placements or repeated need for acute psychiatric hospital admissions. While enrolled in the program, the contractor is the sole case manager for the enrolled child. Each case manager has a maximum of 10 cases. Weekly visits occur with the child and resource provider with the goal of increased stability for the youth in the least restrictive placement setting. Once the youth is stabilized in a community setting, the youth is dis-enrolled and the state agency resumes case management activities.

The contract has recently been amended and is capped to serve a maximum of 375 youth statewide. The areas served are comprised of designated counties within the all regions of the state. As of April 2018, there were approximately 265 youth being case managed through this contract. On March 6, 2019 the number was 319. On March 10, 2020 the number increased to 331.

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 median age of active enrollments is 13.35 years.

Nine specific outcomes are measured during each contract period (July 1 through June 30). The following outcome measures assess safety, permanency and stability, and child well-being:

The following outcomes reflect the most recent quarter in SFY19.

- 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.
 - Target Goal: 99.43% SFY19 Data: 100%
- Children shall not be on/or have been on runaway status in excess of 48 hours.
 - Target Goal: 95% SFY19 Data: 96.53%
- Children shall not be or have been arrested or detained.
 - Target Goal: 95% SFY19 Data: 96.82%
- 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.
 - Target Goal: 90% SFY19 Data: unavailable
- Youth will not experience a move that is to the same placement type or a more restrictive placement setting.
 - Target Goal: 78% SFY19 Data: 72.54%
- Children placed in a residential care facility at the time of enrollment will be moved to a less restrictive setting within 180 days.
 - Target Goal: 50% SFY19 Data: 32.35%
- 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.
 - Target Goal: 95% SFY19 Data: 97%
- Children dis-enrolled or discharged must have had a physical examination within the past 12 months.
 - Target Goal: 90% SFY19 Data: 89.29%
- Children must be enrolled in and actively participating in an educational program or have successfully graduated.
 - Target Goal: 90% SFY19 Data: 99.42%

These measures address the commitment by CD and MACF to ensure youth are safe, stable, and have the opportunity to be successful. Current performance indicates that MACF met, and often

exceeded, most outcome measures. Data for the outcome measures is tracked every quarter and outcomes are discussed with the contractor on a regular basis.

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 which focus on permanency. In August 2017, CD and MACF staff met to discuss the current state of the Specialized Care program and to review cases where children had been in the program for over 5 years. The review revealed that this contract has significant success in stepping youth down from residential to less restrictive community placement settings including relative placement located through their extreme recruitment services. Periodic meetings between both agencies' staff continue to occur.

Foster Care Case Management

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 they perform beyond the expectations of the contract. Likewise, they achieve financial disincentive 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 3,435 cases across 28 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 25% of the children in the care and custody of the Children's Division. This is a decrease from 2009 when approximately 38% were served by the private contractors, and the total number of children in care was lower.

The contracted providers are evaluated every year using three performance outcome measures. These performance measures are permanency, re-entries into care, and safety. 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 2019 was 33.04%, the safety measure was 99.86%, where only 0.14% of the children had a substantiated CA/N report while in care, and 93.9% of the children served did not re-enter care within a 12-month timeframe from achieving permanency.

The permanency targets for each region over the last 14 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.

The Children's Division is currently evaluating bid proposals for the next Request for Proposal (RFP) which was issued December of 2019. This next contract will be for five years. All previous contracts for this service have been for three years at a time. The benefit of a five-year contract will reduce the disruption of case management services and assist the providers in stabilizing their workforce. The hope is that both of these benefits will greatly impact the children and families served. This next contract will go into effect on October 1, 2020. With this next contract, a fourth outcome measure is being added. The new outcome is a wellbeing measure centered on children receiving their Healthy Children and Youth (HCY) exam within 30 days of entering out of home care.

Recruitment and Retention Contract

In August 2013, Cornerstones of Care (COC) Healthy Families Program was awarded the state contract for Recruitment, Licensure, Training, and Retention of Resource Homes. In January 2014, the Northwest Region of Missouri, as well as Jackson County, came under the purview of a contract for Privatization of Recruitment Licensing and Retention of Resource Homes. This two-year pilot project contract included responsibility for recruitment, training, and activities to support licensing/approval of resource homes in the counties of the Northwest Region and Jackson County. COC 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.

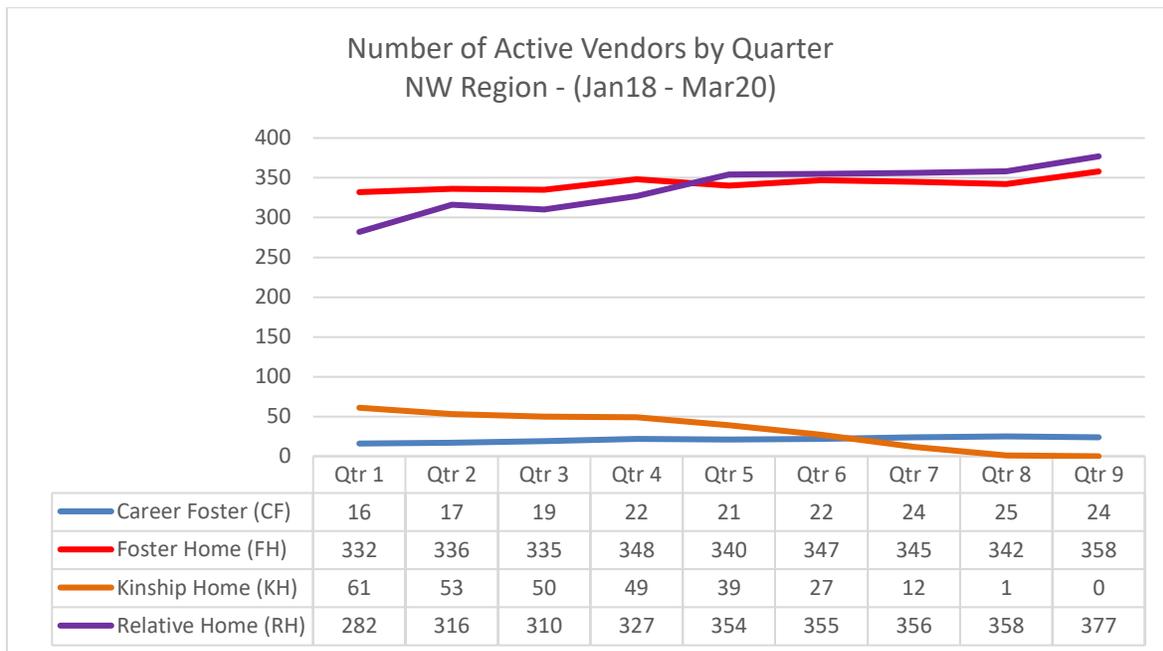
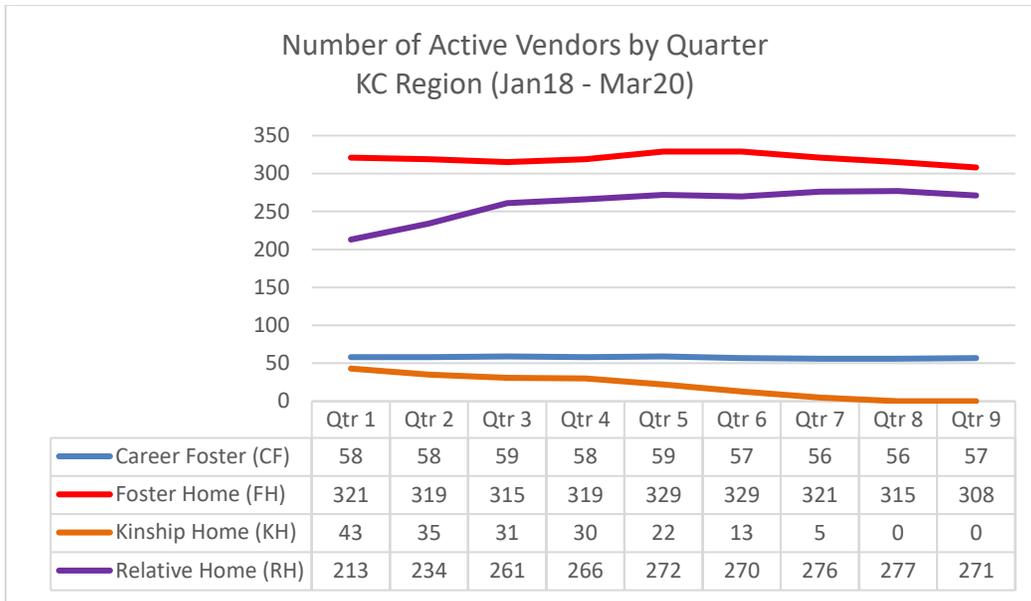
The contract was extended for 12 months while revisions were made to the contract and new contract was awarded to COC beginning January 1, 2018. The new contract no longer requires the contractor to be responsible for activities to support licensure/approval of requests received through ICPC as that function has been absorbed by the Children's Division. 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. However, this recruitment has continued to be a challenge for the contractor as it is for the Children's Division and private case management contractors. The contractor, like Children's Division, is more successful in approving and supporting relative providers identified by the case manager and retaining those placements to allow for timely permanency. The contractor participates in the Diligent Recruitment Committee, the Right Size Residential Recruitment subcommittee and the Recruitment and Retention Statewide. The contractor is also instrumental in the development

team for therapeutic care, including relatives. In each of these groups, new recruitment ideas are shared, tried, and tested.

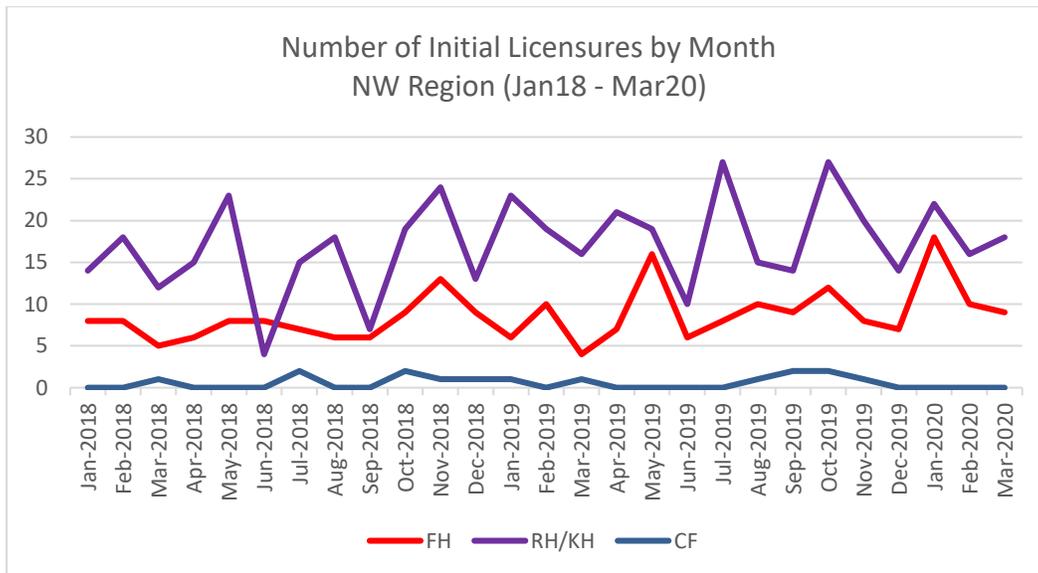
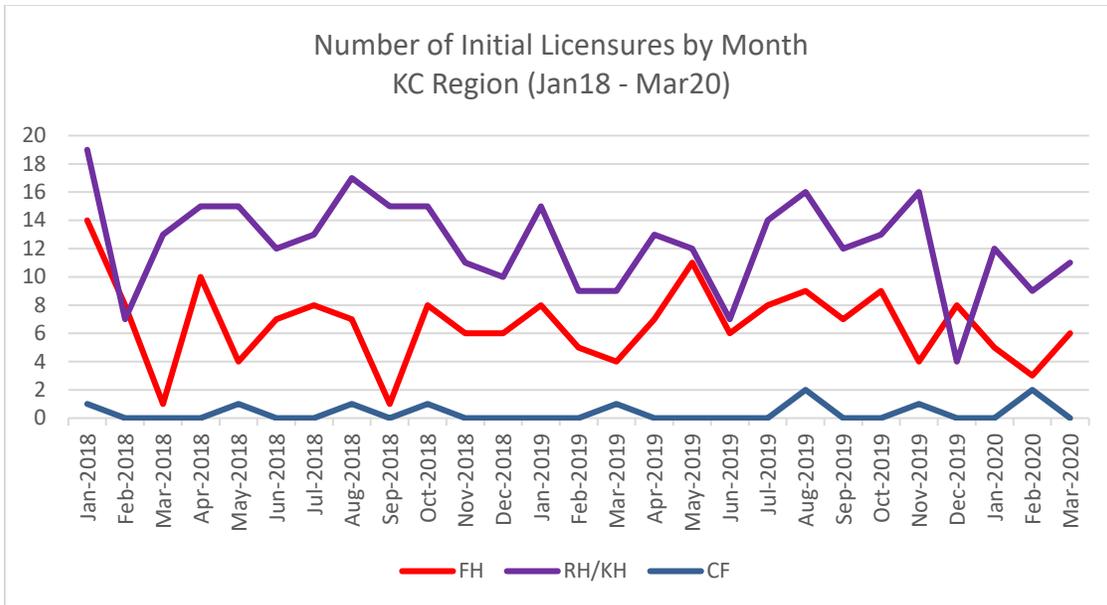
During this second year of the contract, the focus was on the assessment of the pilot and determination of the next step in the privatization of resource development in Missouri. The determination was made to maintain a contract for recruitment, licensure, and retention of foster and adoptive homes in the current regions and not expand to additional regions. Additionally, the Children's Division decided to exercise the option to extend the current contract for another 12 month period with the intent of assessing a full two years of the pilot and approach the new contract request for proposal informed by the assessment. In 2018 Cornerstones of Care was again awarded the Recruitment and Retention Contract. In 2018, the same measures continued to be tracked, but Cornerstones of Care was not held responsible for placements with relatives as those are not controlled by the vendor. In 2019 adoptive home strategies were re-evaluated as the Children's Division began an effort to enlist the assistance of Child Placing agencies to assist with identifying adoptive homes. Cornerstones of Care and their subcontractor continue to develop resource homes for every level of care and have continued to focus on the support needed to retain quality homes. The contractor also is heavily involved with the Children's Division in determining the appropriate services for relatives to be successful in caring for relative children entering the foster care system and has tested Treatment Foster Care during this period with these relatives achieving permanency for five children through adoption or guardianship. The Missouri Family Focused Treatment Association (FFTA) chapter of which this contractor is a strong partner, has been testing relative treatment foster care to determine what services are necessary at time of placement from the removal home or time of placement from a higher level of care or even residential. The Children's Division is currently working on a standalone Treatment Foster Care Contract and will use the learnings of this group as well as the recruitment and retention contractor to inform that work.

The number of Resource Homes has continued to be tracked to determine if new alternative care vendors are being developed to allow youth the availability of a family-like setting for alternative care placement as well as determining the increased use of relative placements.

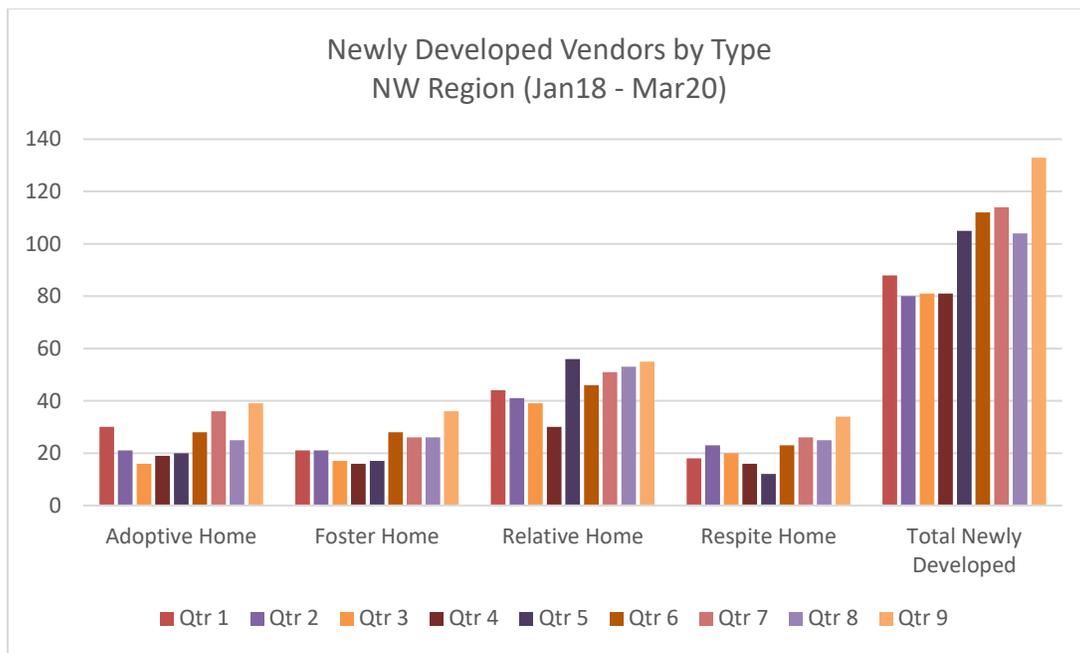
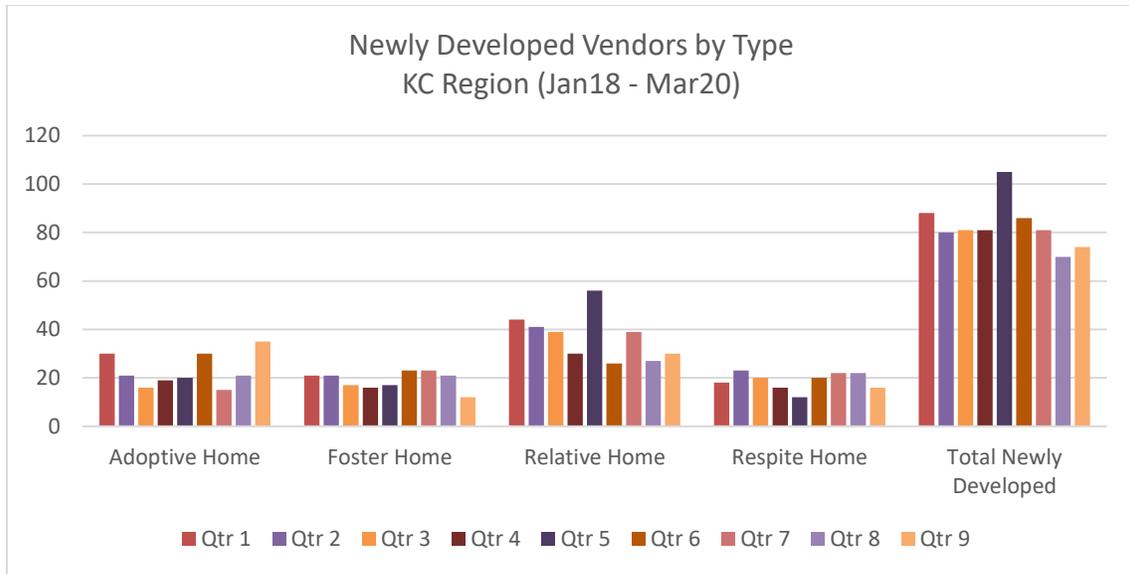
Following is comparison data between the KC region and the NW region for the number of active vendors by quarter of the current contract.



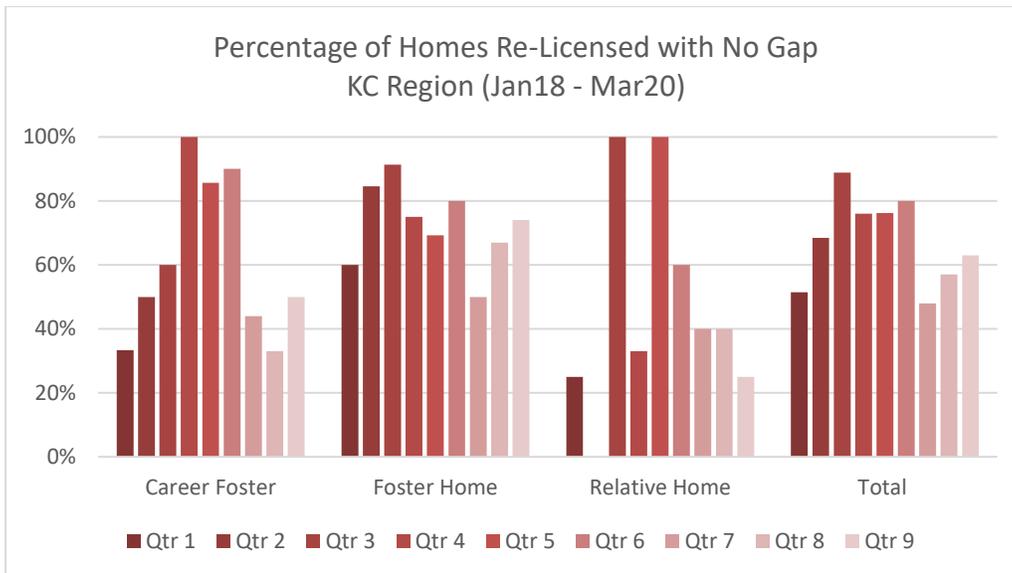
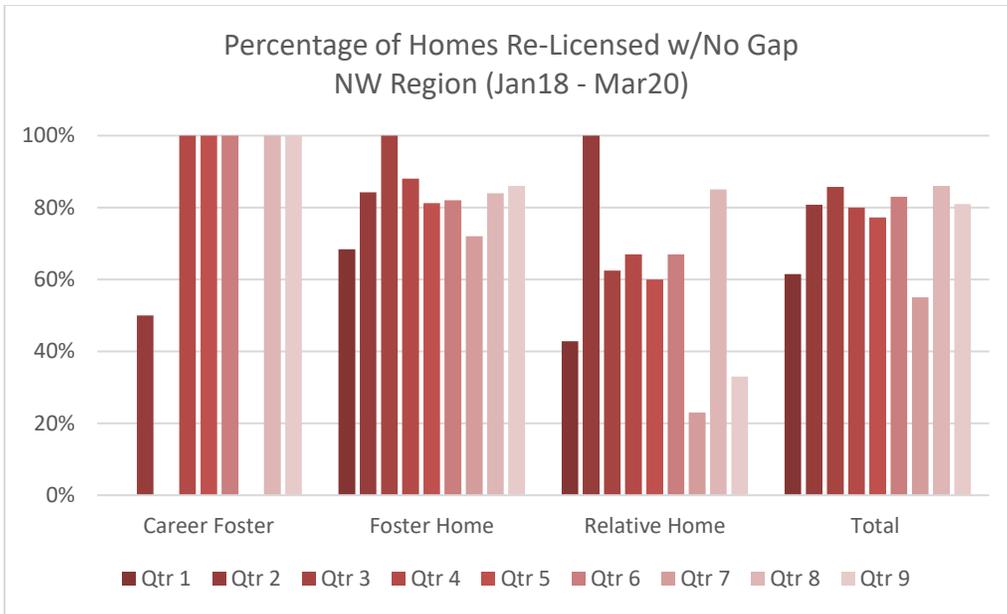
The next set of charts provides the number of newly licensed resource homes by month for each region.



The next set of charts represents the number of newly developed resource homes by quarter during the current contract.



The final set of charts notes the percentage of relicensures during each quarter of the contract which were completed and approved in a timely manner.



Adoption Promotion and Support Services

Adoption Services

Missouri Law identifies the Children’s Division as one of the agencies which may recommend placement of 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 14 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. The interviews shall be considered by the court as a factor in determining if the adoption is in the child's best interests.

Currently, persons who are interested in becoming adoptive parents 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 the STARS and Spaulding training provided through the Division or its contractors. Children's Division workers 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, the Adoption Exchange website at www.adoptex.org and the MO Adoption Heart Gallery website at <https://moheartgallery.org>.

Each year youth are featured on the Missouri Adoption Traveling Heart Gallery, including photo presentation in venues around the state and through the Heart Gallery website. The Adoption Exchange partners with the Children's Division to arrange for the photography and photo preparation for the gallery.

Adoption Recruitment Training Support

The Adoption Recruitment Training Support (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 adoption issues faced by field staff, assist in defining best adoption practice for CD and provide necessary support to staff responsible for identifying and supporting permanent homes for children.

The continued focus in 2019 was for the ARTS team to collaborate with faith-based partners in helping recruit adoptive homes for children seeking a forever home. Faith-based partners have the passion, capability, and resources to collaborate with Children's Division in this direction. This partnership has successfully moved forward as more faith-based partners have joined efforts to help recruit adoptive homes for children, attended the ARTS Statewide meetings, shared the

MO Adoption Traveling Heart Gallery displays, and participated in National Adoption Awareness month activities.

Another 2019 focus for the ARTS team has been to increase the number of children being featured on the three adoption websites: The Adoption Exchange, AdoptUSKids, and the MO Adoption Heart Gallery.

The ARTS group meets centrally to review the statewide diligent recruitment plan. It continues to review the streamlined approach via The Adoption Exchange, 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.

Heart Gallery

The Missouri Heart Gallery is a joint effort between the Missouri Department of Social Services and the Adoption Exchange. The Missouri Heart Gallery began in 2006 and continues strong today. Children featured in the Heart Gallery are children with the goal of adoption without an identified placement resource. Over the past few years, registrations had declined. As a result, the Division took a closer look at the Heart Gallery process and partnered with the Adoption Exchange and the ARTS team to revise and update the registration process and practice. The number of children featured on the sites significantly increased in 2019. To date, the number has more than doubled with child registrations continuing to be added weekly.

Staff can register the child for The Adoption Exchange, the AdoptUSKids and the Missouri Adoption Heart Gallery website with one Child Registration form. This will also give the opportunity to recruit for the child through the DSS Facebook page and DSS Twitter. The Adoption Exchange now writes the media profiles and continues to assign the photographers. As with previous years, photographs will continue to be printed for the traveling Gallery. Each region will receive 8 x10 images of children who are featured in the Heart Gallery for display at regional events. 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 should be directed to the online MO Adoption Heart Gallery for a complete list of children featured. Regions will also receive extra images of children from other regions and will have the flexibility to exchange with other regions. The Children's Division is continuing to hold focused grassroots efforts at events such as PTA functions, fairs, and church events.

In 2019, the Division enhanced the MO Adoption Heart Gallery website to include additional topics, updated graphics, and more volunteer opportunities.

Subsidized Adoption and Guardianship Program

Some children placed in out-of-home care will never be able to return to their birth home. Furthermore, many of these children suffer from handicapping conditions and others are older or are members of a sibling group. These factors make it challenging to find adoptive homes. Frequently, these children have special needs such as the need for medical care, counseling, therapy, or special educational services. The cost of caring for these children can be prohibitive for a potential adoptive family, or those wanting to provide permanency through a guardianship arrangement. Adoption and guardianship subsidy provides the child 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 for children up to age 13, MO HealthNet, and respite. Additional services may be added as needed and approved. In SFY19 adoption and guardianship expenditures were \$93,681,931, compared to SFY18's expenditure of \$88,435,251. As of June 30, 2019 there were 17,377 children receiving adoption subsidy and 8,145 children receiving guardianship subsidy, per DSS Research and Evaluation.

FY	Adoptions Finalized
2015	1,316
2016	1,536
2017	1,601
2018	1,747
2019	1,819

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 2020 Missouri Children's Division had 57 licensed child placing agencies. Many of the agencies have multiple operating sites resulting in a total of 92 licensed sites in Missouri. Of the 57 licensed child placing agencies, 36 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 of 132 domestic and 28 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

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), Alternative Care (AC), adoption, or guardianship. Contracted services to an individual or family must be based on the goals developed by the Children's Service Worker and family. Since effective communication between all treatment agents is a prerequisite for successful intervention, the worker must carefully define the nature and scope of services to be delivered. These services are administered by community-based third-party providers. 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.

The CTS contract was revised in 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 explanation of services was also updated to reflect more evidence based curriculums be used when providing parent aide and parent education 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) and Signs of Safety to assess for risk, to address threats of danger, and to focus treatment services on families at the greatest risk of child maltreatment.

The Signs of Safety Child Protection Practice Framework is used to determine what supports are needed for families to care for their children, whether there it is safe enough for the child to stay within the family, whether the situation is so dangerous the child must be removed, and if the child is in the foster care system, whether there is enough safety for the child to return home. Full

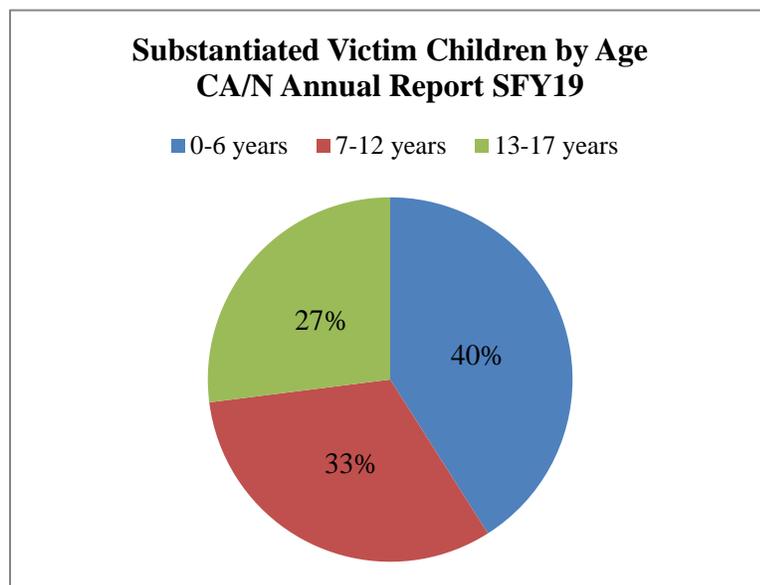
implementation of Signs of Safety was completed in CY17. During CY20, staff will continue to receive ongoing training and support on the Signs of Safety Child Protection Practice Framework.

Signs of Safety is a child protection framework built upon solution-focused therapy which stresses the importance of relationships, critical thinking, and workers as change agents. This framework is simple and stresses getting the answers to three important questions: what are we worried about, what is working well, and what needs to happen. In addition, a scaling question is used to make judgments about how safe the child is, from the perspective of the worker, the family, their networks, and other professionals, to develop understanding between the parties and to drive change.

The Children’s Division recognizes the importance of obtaining the child’s voice. One important facet of the Signs of Safety approach involves children, and as a result, specific tools and processes have been developed to actively engage children in assessment and safety planning. These tools include the three houses tool, wizards and fairies tool, words and pictures, and child-relevant safety plans.

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.



Based on the chart, children birth through age six constituted 40% of all substantiated victims in SFY19.

Of all the children found in need of services after completion of a family assessment, approximately 44% were children birth through age six.

It is also important to note the most recent Missouri child fatality data indicates that in FY19, the majority (69%) were two years old or younger.

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

- Children in families with a prior history of abuse or neglect
- Children in families who have previously received services
- Children who had three or more siblings under the age of eighteen living in their home
- Children who presented a history of delinquency had a developmental disability or a concerning characteristic related to their mental or behavioral health
- Children whose primary parent/caretaker had a historical or current substance abuse problem or mental health concern
- Children whose primary parent/caretaker had a history of abuse/neglect as a child

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.

Under CAPTA, in all instances that a "Preponderance of Evidence" determination is made regarding a child victim less than three years old, the Children's Division staff must make a referral to the First Steps program. In the calendar year 2016, the number of children referred to First Steps by referral source DSS was 964. The total number of children under three years of age with a preponderance of evidence finding was 1260. Seventy-seven percent (77%) of the children requiring a referral were referred to the First Steps program.

In the calendar year 2017, 1,147 children were referred to the First Steps program by DSS. Of the 1,147 children, 448 children (39.1%) had a referral source of CAPTA, and 699 children had a referral source of the Department of Social Services. In the calendar year 2018, 1,161 children were referred to the First Steps program by DSS. Of the 1,161 children, 642 (55.3%) had a referral source of CAPTA and 519 children had a referral source of the Department of Social Services. In calendar year 2019, 1,235 children were referred to the First Steps program by DSS. Of the 1,235 children, 662 (53.6%) had a referral source of CAPTA and 573 children had a referral source of Department of Social Services. It is believed the increase was due to the release of the new online system where the user has to specifically select if the referral is a CAPTA referral or general DSS. This system was introduced March 1, 2017, to help track CAPTA referrals, as it was suspected most were being coded as DSS instead of CAPTA.

The percentage of children age five and under receiving IIS services has remained stable for the last five years. In SFY19, 38% of the children served by IIS were age five and under. In SFY18 and SFY17, the percentage of children five and under was 38%. The IIS program provides an array of services specifically targeted towards early childhood.

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.

The 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.

The Children's Division has been working with the Department of Mental Health with a pilot site that targets children that have been drug exposed and wrapping services around the mother/parent that might require assistance. In a partnership with Burrell Mental Health in Springfield, Missouri, the Children's Division and the Department of Mental Health has developed a program that creates a "team" of wrap around services that can include substance abuse, mental health treatment, community support, employment, childcare assistance, and other resources as identified. Though referrals can come in through other community partners, the Children's Division identifies clients through the Newborn Crisis Assessment. If, after assessment, the Children's Division feels that a client and family might be appropriate for the program, they refer them to Burrell Mental Health for the screening process. The program is

called The Infant, Mother, and Prenatal Assessment and Recovery Team (IMPART) and was fully functioning in January 2019.

The IMPART program has now been serving clients for approximately one year. A Memorandum of Understanding (MOU) is currently being developed so that Burrell and the Children's Division can share data to get a better understanding and demographic of those served and success rate. It is anticipated the MOU should be complete in June 2020.

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 budding progress in community functioning, as related to independence in housing and personal care. These conclusions are evidenced by improvements in the GAD-7 and PHQ-9 scores, 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 health, housing, nutrition, social connectedness, and personal grooming. 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.

Kinship Navigator Funding

The Children's Division was awarded funding in the amount of \$372,618 in 2018 and \$347,032 in 2019 to be used to support the Kinship Navigator programs. Missouri is continuing the partnership with ParentLink/Grand Families program at the University of Missouri and other essential partners to further develop the Kinship Navigator program. The funding is being spent by ParentLink to establish and enhance the Missouri Kinship Navigator program. The Missouri program assists relative/kinship caregivers in identifying, locating, and accessing programs and services to meet the physical and emotional needs of the children they are raising as well as any needs of the relative/kinship caregiver. Missouri is accomplishing the work of assisting relative/kinship providers with experiencing successful parenting of relative/kinship children by promoting partnerships to ensure relative/kinship caregivers and the children living in their families are supported in every way possible to ensure the stability of families when a formal court relationship is necessary as well as when foster care is not warranted, but family crisis requires relative/kinship providers to care for children temporarily to assure child and family wellbeing.

Missouri Children’s Division and ParentLink, as contractor, collaborate with a number of private and public partners including, Missouri Family Resource Centers, Missouri Community Partnerships, and faith partners, including the Care Portal. This collaboration allows access to services by relative/kinship caregivers utilizing the toll-free number (1-833-KIN-4KID, 833-546-4543) answered by knowledgeable and equipped partners to address and assist with the immediate needs of relative/kinship resources in real-time. The toll-free number will also be connected on the 2-1-1 network and will allow maximization of the services currently offered by 2-1-1 throughout the state. ParentLink is in the process of completing an MOU with Missouri’s 2-1-1 to share resource data bases.

Kinship families are screened promptly and responsively to assess their needs and inform them of services available through identified programs resulting in a referral or connection to appropriate resources. Kinship families with emergency situations are instructed to call 911, law enforcement, Child Protective Services, or a Crisis Hotline as appropriate. When a caregiver reaches the Missouri Kinship Navigator Program, navigators are able to provide immediate assistance and refer them to relevant service providers such as senior housing representatives, Family Support Division, Community Action Agencies, Community Mental Health providers and service providers of durable goods for the care of children. Navigators also have the capacity to connect kinship and relative caregivers to other caregivers through support groups. These groups allow relatives/kin to establish relationships and supportive connections with other relative/kinship families.

The target population for these services include both relative/kinship providers caring for children in both formal and informal arrangements. ParentLink is also responsible for working with the Missouri Children’s Division to coordinate efforts between programs providing similar services including the Missouri Family Resource Centers and County Extension Centers. While ParentLink navigators are providing services using a phased-in approach to reach full service in ten counties in the third year: four counties in Missouri’s Central region and six counties in the Bootheel region. The Family Resource Centers and navigators in those centers are providing services in the five regions currently served by these centers which include Northwest, Kansas City, Southwest, Central, and St. Louis greater metro in Missouri.

Missouri Children’s Division and its partners are tasked with operating a steering committee under the leadership of the Missouri Children’s Division’s Relative First Program Specialist and ParentLink representatives. The committee includes the Family Resource Center representatives, relative/kinship caregivers, youth residing with relatives/kin, community-based organizations, and contracted foster care case management partners. The steering committee held the first meeting in April, 2019 and has continued to have monthly or bimonthly scheduled meetings. In September 2019, representatives from the steering committee (ParentLink, Family Resource Centers, and Children’s Division) promoted the Missouri Kinship Navigator Program to educators across the state through a formal presentation and promotional table at the Missouri Department of Secondary and Elementary Education (DESE) Federal Programs Conference.

The steering committee will continue to be informed by participant's knowledge and experiences to identify service gaps, develop relevant training and supports for relative/kinship providers' support and success, and assure access to those identified service needs. The Missouri Family Resource Centers currently provide direct one-on-one services to relative/kinship providers in a majority of the state through their resource center contracts. Resource center partners are also continuing to expand their capacity for serving this population by increasing the kinship navigator positions at the centers. These additions will be accomplished by accessing funding through various grant programs.

ParentLink and the collaborative partners are continuing to serve kinship caregivers through a program modeled after the Kinship Navigator Model –Family Connections Grantee along with researching and consulting with other established kinship navigator programs such as models used in New York, Utah, and the Children's Home, Inc. in Florida while embracing anticipated evidence-based models. Efforts are primarily focusing on connecting kinship caregivers to resources and services they need, but also include continuing to develop and expand support groups and local and state partnerships, especially in the arena of legal assistance, housing, and government assistance including support systems in the realm of educational advocacy, healthcare, and accessible mental health resources. In September 2019, ParentLink held a Grandfamilies one-day conference bringing together public and private community partners from across the state to collaborate and gain knowledge about an array of supports for relative/kinship caretakers. The guest speakers included Bacall Hinks, Grandfamilies/Kinship Care Director of the Children's Service Society in Utah and Gerald Wallace, Senior Co-Director for New York State Kinship Navigator Program along with Alex Davis, a Missouri lawyer who has been working with ParentLink on developing legal factsheets for Missouri kinship caregivers.

ParentLink has an established relationship with this population having served kinship caregivers since 1992. Through this project and the work of the steering committee, Missouri will continue to enhance capacity to serve kinship providers. Missouri kinship navigator services allow relative/kinship providers access to resources pertaining to the challenges of raising relative children through a website and the established toll-free line. ParentLink has been able to expand their lending library collection of adult and children's educational books, DVDs, and curricula specifically related to kinship care providers, the children they are raising, and professionals working with kinship families.

The Kinship Navigator program will continue to develop and expand the media campaign and outreach materials directing relative/kinship providers to the newly established toll-free number. These materials will be widely distributed as this project expands their social media presence and each of the developed materials, as well as contact numbers and websites, will be posted on a relative/kinship webpage for ease of access along with relevant articles, videos, and training/support group listing. ParentLink's Kinship Navigator website, <https://education.missouri.edu/navigators/> is under development currently, with a goal of completion in a few months.

In September 2019, ParentLink contracted with an agency to create and disseminate Facebook advertisements promoting the Kinship Navigator Program and the newly established toll-free line, 1-833-KIN-4KID. The ads targeted adults 35 and older in Southeast and Central Missouri Regions specifically identified as a grandparent or having the job titles of child caregiver, childcare specialist, or childcare provider. Data results from these Facebook ads were the following: Total clicks: 1,800; Total reach: 22,993; Total reactions: 203; Total comments: 3, and Total shares: 36.

ParentLink has promoted the Missouri Kinship Navigator Program and the toll-free line through distribution of outreach and promotional materials throughout Missouri along with partnerships with several community groups, such as local health departments, schools, health care providers, and family counseling centers to help build capacity to support kinship providers. This included development of kinship corners, supporting local kinship caregiver support groups by providing training curriculum, facilitator guidebooks, and kinship support group trainings in the Southeast and Central Missouri Regions.

The Kinship Navigator program is managed by the resource licensing and prevention services units in the Missouri Children’s Division. The duties include co-facilitating the steering committee meetings, ensuring the implementation of the media and outreach campaign, establishing and monitoring the toll-free line, monitoring the 2-1-1 network, and connection to ParentLink along with managing the publication of the brochure and checklist tool. The Kinship Navigator program will measure its success by review of relative placements, data captured by the ParentLink database, and the stability rate of those placements as well as a survey of relative placement providers for satisfaction and support outcomes.

The Kinship Navigator program through ParentLink has a database to capture and track data to use for development and assessment needs. ParentLink was able to capture the following data for the first quarter of the current contract, October 2019-December 2019:

Contract Year: 2019 – 2020 Number of Kinship Navigator Line <u>Contacts</u>*	Quarter 1 (10/1/19-12/31/19)
Phone	45
Mail/Postal	7
E-Mail	6
In-Person	13
Text Message	3
Facebook	15
Contacts via Hard Copy Resources**	1
Contacts via Web Resources**	11
Total Contacts:	101

*A contact is defined as the number of phone calls, emails, text conversations, face to face interactions, Facebook interactions, and mailings (incoming and outgoing) made on the caller's behalf. Each case (see below) will likely have several contacts.

**For # of non-verbal contacts via hard copy resources, this includes: resource booklets, books, DVDs, curriculum, books, etc. For # of non-verbal contacts via web resources, this includes: researching for information to send to a family/provider (on a particular topic) on a website, or researching for information regarding a resource/organization/place. Each website is counted as a contact.

Contract Year: 2019 – 2020	Quarter 1
Number of Kinship Navigator Line Cases* by:	(10/1/19-12/31/19)
Phone	9
In-Person	9
Facebook	9
Total Cases:	27
*A case is defined as an instance of someone contacting the Kinship Navigator line and staff working with the individual/family. There will likely be several contacts (see section above) for each case.	

Gaps and Barriers to Services - Kinship Navigator Line cases	
Quarter 1 (10/1/19 - 12/31/19)	<i>Barrier:</i> Transportation - having a car but cannot afford gas

Person Requesting (Caregiver Type/Professional) on Kinship Navigator Line	Quarter 1 (10/1/19-12/31/19)
Grandparent Raising Grandchild (INFORMAL arrangement)	9
Grandparent Raising Grandchild (FORMAL arrangement)	3
Grandparent Raising Grandchild (Unknown arrangement)	3
Other Family Member (INFORMAL arrangement)	5
Other Family Member (FORMAL arrangement)	1
Family Friend/Other Adult (INFORMAL arrangement)	1

Family Friend/Other Adult (FORMAL arrangement)	0
Foster Parent	1
Grandparent (not raising grandchildren)	3
Provider working w/ a family	1
Total	27

County of Residence - Kinship Navigator Line cases	Quarter 1 (10/1/19-12/31/19)
Adair	1
Boone	15
Christian	1
Cole	1
Dunklin	1
Greene	3
Jackson	2
Pemiscot	1
Saint Charles	1
Saint Francois	1
Total	27

Referrals Made - Kinship Navigator Line cases	Quarter 1 (10/1/19-12/31/19)
Total referrals made	17

Topics Discussed Kinship Navigator Line cases	Quarter 1 (10/1/19-12/31/19)	Topics Discussed Kinship Navigator Line cases	Quarter 1 (10/1/19-12/31/19)
Grandparent/relative caregiving	22	Manners	3
Other family issues	20	Parental support	2
Parent-Child communication	13	Setting/testing limits	2
Support group	12	Education	2
ParentLink Promotion	12	General development	2
Mental health of the child	11	Developmental screening	2

Safety	10	Home visiting	2
Child Custody	8	Domestic Violence	1
Legal issues	7	Food	1
Mental Health of Family Members	7	Other Basic Needs	1
General parenting issues	7	Child's anger	1
Living condition	6	Grief	1
Financial assistance	5	Empathy	1
Friends/Peer Relationships	5	Clothing	1
Health/medical	4	Health insurance	1
Housing	4	Dental	1
Substance Abuse	3	Social interactions	1
Child Abuse or Neglect	3	Caring for a Newborn	1
Transportation	3	Crib	1
Child care	3	Safe sleep (prevention)	1
Behavioral (child)	3	Child development/ developmental stages	1
Bullying	3	Age appropriate behaviors	1
Communication between caregivers	3	Cognitive/learning	1
Parent self-care	3	Consistency in setting routines	1
Adoption	3	Parenting class	1
Foster Care	3	Puberty	1
Temperament	3		

Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits

The Children's Division reported FFY19 monthly caseworker visits as required. Missouri has met the percent of monthly visits with children by caseworkers every year since the new standard was implemented.

In FFY19, 97% 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, 95% of the visits conducted during FFY18 were held in the child's placement.

Worker Visit Measure #1: Monthly Worker Visit with Child

- Number of Children: 18,046
- Total full months kids were in care during FFY19: 147,945
- Total months with visits: 143,611

- Percent Visited Every Month: 97%

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

- Total months with visits: 143,611
- Total number visit months where child was visited in the placement: 136,939
- Percent for Worker Visit Measure #2: 95%

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. Successful use of several reports created for monitoring and improving visits has been a key strategy.

Children's Service Workers are to have face-to-face contact, individually and jointly, with the child and resource provider, at the placement, the next business day following placement, when possible. The worker must meet face-to-face with the child and resource provider a minimum of one time per month thereafter. However, the staff is likely to visit with children more than once a month. 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.

Recent policy enhancements were 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. This was listed as a key activity in the Program Improvement Plan to increase the quality of worker with child visits.

Multiple reports used to monitor and improve performance at the State, Region, Circuit, Office, Supervisory Unit, and Frontline Worker Level, continue to be provided.

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 SFY19, the grant was used to fund the Mobility Project. This project provides all frontline staff with iPads, allowing for data entry while in the field. The Children's Division has rolled out WiFi in the offices, expanding where necessary. Data plans are paid for on the iPads. It is anticipated the caseworker grant will continue to be used in funding mobility options for staff.

The quality of visits with children is addressed through the use of the FACES case review tool.

Federal Fiscal Year 2020 caseworker visit data using the full population will be submitted by December 15, 2020, as required.

Adoption and Guardianship Incentive Funds

Missouri has received over the previous 5 years the following Adoption and Guardianship Incentive Payments:

FY 2014 \$1,799,500

FY 2015 \$1,395,500

FY 2016 \$3,312,500

FY 2017 \$1,486,000

FY 2018 \$2,232,500

As cited from Earning History by State:

https://www.acf.hhs.gov/sites/default/files/cb/adoption_incentives_earning_history.pdf.

These funds have been utilized to support the Missouri Adoption Heart Gallery media site and financial support of the Missouri Adoption Resource Centers. Each year the Division has been able to expand support of the centers with this funding, and as a result, in September 2017 two additional centers were supported by the Children's Division/Adoption and Guardianship Incentive Funding. Missouri currently has centers in Northwest Missouri in Chillicothe; Kansas City greater metro; Southwest Missouri in Springfield; Central Missouri in Jefferson City/Columbia, Rolla and Lake Ozark; St. Louis greater metro; and Southeast Missouri at Poplar Bluff. The number of families and children served and increased in services is referenced in the Adoption Resource Center section of this report. Payment has also been possible for funding of contracted termination of parental rights (TPR) attorneys to expedite timely TPR and Adoption. With Missouri's robust Adoption Resource Center availability, there have been no challenges with spending the allocated funds. The only region in the state which currently lacks a designated regional adoption resource center is Northeast Missouri. Currently, families in the Northeast region are served by the Northwest, Central and St. Louis metro centers as well as their local support groups and advisory boards, addressing the void for those families of a designated center. Foster Adopt Connect, the organization which mans the resource centers in Southwest, Southeast, Northwest and the Kansas City Metro, is working to open a center in the Northeast Region and will expend any available incentive funds to make that center a reality.

The Children's Division will continue to fund the Adoption Resource Centers and their expansion as explained in the Adoption Resource Center section of this report including the three programs involved with Extreme Recruitment and 30 Days to Family, and Missouri Heart Gallery with the goal of increasing permanency for foster youth timely, as well as funding activities identified in the diligent recruitment plan (Attachment B).

Adoption Savings

Missouri plans to use the Adoption Savings to provide Behavioral Interventionist (BI) programming over the next five years. The Behavioral Interventionist program is an intensive, strength-based intervention that replaces the use of or needs for residential treatment. The program is provided in the child's home and is a therapeutically designed program to meet the individual needs of a child with significant behaviors or mental health conditions. The need for residential placement is replaced with the ability to provide services in a family home with support from community-based resources.

After clinically assessing the child, a team including the behavioral interventionist (BI), in conjunction with a therapist and the parent(s), develop and execute a treatment plan aimed at addressing:

- Trauma
- Abuse and neglect
- Bonding and attachment
- Grief and loss
- Emotional and mental health functioning
- Disruptive, harmful, or unproductive behaviors
- Self-regulation on the part of the child
- Support system for the child and family.

The goal of the treatment plan is to modify unproductive or challenging behaviors through positive interventions which rely on all members of the team to implement, monitor, and adjust. Services are provided by the BI but heavily supported by the parent(s) with oversight by the licensed therapist. Ongoing assessments and analysis of the treatment plan by the therapist ensure that modifications are made as needed.

Timeframes for the BI program are dependent upon the improved functioning of the child and their support system and their ability to successfully maintain a child in their home. The intensity of services should decrease over time; however, the treatment plan and extent of services should be assessed and documented on a no less than quarterly basis.

Adoption Savings Expenditures for Missouri is the following:

FFY	Cumulative Unexpended Balance of Calculated Adoption Savings
2015	33,755.00
2016	104,173.00
2017	242,204.00
2018	-
2019	653,946.00

The amount shown for each year is the accumulated total that has been carried forward.

The State of Missouri does not currently have any challenges spending the unused adoption savings due to the increase of youth determined to meet Title IV-E Adoption Assistance requirements.

Chafee Foster Care Program for Successful Transition to Adulthood

Accomplishments achieved and planned activities for each of the purposes of the Chafee Foster Care Program for Successful Transition to Adulthood (CFCP) are included in this section. Organization of this section is based on the program purposes set forth in the 2020-2024 Child and Family Service Plan.

Staff - Independent Living Coordinator:

In SFY21, the CD will continue to use the CFCP funds to staff one state level Independent Living Coordinator (ILC). The state level coordinator position will continue to be responsible for program development and coordination, implementation, resource development, training, administrative oversight, technical assistance, and policy development. The coordinator will also be responsible for management and oversight of the Chafee, ETV/Missouri Reach, and Transitional Living Program (TLP) contracts, NYTD, and State Youth Advisory Board. The state level coordinator will seek youth representation/voice on workgroups, committees, and articles in newsletters. The ILC will implement federal and state legislative requirements into older youth programming and policy and assist with constituent concerns pertaining to older youth. The ILC will communicate activities through Facebook, newsletters, and email. The ILC will provide support to the Older Youth Transition Specialists (OYTS) via email and phone calls on a weekly basis and through quarterly conference calls and in-person meetings as needed. The ILC will continue to participate in state level meetings and conferences pertaining to older youth and participate in national information sharing and research via surveys, email and phone interviews. The ILC will continue to develop and revise tools to assist in working with older youth.

The ILC has been a member of the Council for Adolescent School Health (CASH) for the last eleven years with the council meeting quarterly. The purpose of CASH is to inform and advise the Missouri Department of Health and Senior Service decision-makers regarding adolescent and school health issues and initiatives. The CASH may be invited to provide input and advice to other planning committees, work groups, task forces, and advisory councils seeking expertise on adolescent and school health. The mission of CASH is to support adolescent school health and to facilitate collaboration and professional development with others to promote a coordinated

family, community and school approach to achieve healthy adolescent development. Members of the task force share resources via e-mail on a regular basis and connect to collaborate on efforts for other projects. Meetings are scheduled for the remainder of SFY20. The ILC will continue participating in this task force in SFY21.

The ILC has been a member of the Child and Family Services Review Advisory Committee for the last eleven years and will continue involvement in SFY21. The ILC has been a member of the Department of Elementary and Secondary Education's Missouri Interagency Transition Team (MITT) from 2010-2017, when another representative from CD attended. The ILC resumed involvement in SFY20. MITT was formed in 2007 to promote interagency collaboration in Missouri at the state level by establishing a group vision for improving outcomes for young adults with disabilities. The MITT, consisting of diverse state-level membership, meets quarterly to share resources, develop goals and promote concrete activities to improve transition education and services. The MITT aids in the coordination of the yearly Missouri Post-Secondary Transition Training Institute, hosted by the Missouri Department of Elementary and Secondary Education. There is a focus on supporting school districts on their specific community-based action plan for aiding young adults with disabilities and their future goals, along with breakout sessions and keynote speakers. The ILC will continue participation in MITT in SFY21.

The ILC is a member of the Child Welfare Policy workgroup. The policy for the Older Youth Section was revamped and reorganized in SFY20. This group continues to meet to work on various issues related to policy.

The ILC participated in regional events to support youth in SFY20 including a court hearing in the SE Region and a suicide awareness and prevention seminar in Kansas City.

The ILC gave five presentations in SFY2020: Two at regional Older Youth Summits in the NE and NW Regions and two to provide information on LifeSet to the Missouri State Foster Care and Adoption Advisory Board, the CSFR Advisory Committee and the Foster Care Case Management Program Manager's Meeting.

The ILC will continue to give program presentations and attend trainings as needed in SFY21.

Staff - Older Youth Transition Specialists:

The Children's Division will use CFCP funds to staff four of the six Older Youth Transition Specialist (OYTS) positions. These four specialists cover the regions of St. Louis, Kansas City, Northeast, and the Southwest. There are two Older Youth Transition Specialist positions not funded through CFCP funds in the Northwest and Southeast Regions. These positions will continue to be funded in SFY21.

In SFY20, quarterly Older Youth Executive Team meetings were held with the OYTS Supervisors and the Regional Directors and will continue in SFY21. The goal of the meetings is to improve services and outcomes for Older Youth through case management and regional efforts from the state lens while streamlining and focusing the duties for the Older Youth Transition Specialists to the original intent of the position. The OYTS are not part of this, as the focus is to be on areas outside of their positions and to keep them from being seen as the person assigned to any tasks from the meetings. The work has generated some success in ensuring all positions, regardless of funding stream, are performing the same type of duties in terms of contract monitoring and focus on NYTD, Chafee, Transitional Living (TL), and Education and Training Vouchers (ETV). Through these meetings the regional administration can more clearly see the work being done and place more value on the duties through this as well as see the benefit of a state approach in areas of need. These positions are very specialized and there are only six in the state. These positions work closely with the ILC but are regionally supervised so the importance of the positions can easily be overshadowed with other demands placed on regions and how to accommodate those needs while not neglecting the oversight needs of Chafee. Data is reviewed at the meetings and tasks assigned on improvement issues such as Chafee referrals, exit planning, and ensuring documentation of credit reports. Improvement in the areas of focus has been slow but it has been seen. In SFY20, regions developed goals such as increasing referrals to Chafee and increasing campus visits.

The OYTS will continue to assist with quality improvement and quality assurance for the Older Youth Program (OYP) in each of their regions. Their job duties include presentations to the community and to staff regarding Chafee and TL services, training to assist Chafee and TL providers and to staff as it relates to referrals and contract requirements for these programs, and participation in community workgroups, task forces, and initiatives concerning Older Youth. As time permits, the OYTS attend Family Support Team Meetings, Team Decision Making meetings (where applicable) and court hearings on older youth where case plans are discussed. The OYTS participate in service plan meetings for youth in Transitional Living Program placements. The OYTS provide feedback on program related memorandums and assist with promotion and recruitment for older youth related events such as focus groups or youth conferences, and develop regional plans for increasing the numbers of referrals. The OYTS assist with the process for youth re-entering care, aftercare youth, and extended Medicaid enrollment. They attend exit meetings and provide exit packet information as requested.

The OYTS will continue to be the liaisons to the ILC and contracted providers of Chafee and TLP. The OYTS will continue to be responsible for contract monitoring and ensuring compliance. They will conduct on-site monitoring visits, review expenditure reports, invoices, life skills progress reports, and outcome reports for accuracy. They will be the gatekeepers of referrals for Chafee services and TLP placements. The OYTS also verify eligibility for the ETV Program and Missouri Reach; however, this duty is being completed by one OYTS at this time to address disparity in workload. The OYTS assist with compliance in reporting for the National

Youth in Transition Database (NYTD) by assisting with survey reporting, maintaining a Facebook page to locate youth, approving services entered by contracted providers, ensuring highest grade level completed, email and physical address is available on youth ages 14-21, and ensuring youth have three permanent contacts documented. The OYTS monitor compliance with federal and state legislation as well such as documentation of credit reports and post-secondary visits. However, this is one of the efforts the Older Youth Executive Team meetings are addressing as this is a case management function. The OYTS are viewed as experts in the regions and assist with questions on many topics related to older youth. To empower others in the region to have expertise in older youth, most of the OYTS have regional meetings with Supervisors and Older Youth Children's Service Workers (CSW) to train and educate on topics to assist older youth. It is intended if staff are more knowledgeable in areas impacting Older Youth, they will be able to be more self-sufficient and not rely as much on the Older Youth Transition Specialist. The OYTS will continue to work directly and collaboratively with the ILC, Children's Service Workers, contracted providers, and youth. They will be responsible for on-going consultation and education to agency staff, providers, and the community, about the Older Youth Program. The OYTS also assist with specific program coordination in their designated regions. Conference calls are held with the OYTS and ILC quarterly and in person meetings are held as needed but no less than annually.

Regional Older Youth Transition Specialists individual reports are available upon request. The reports contain information on specific workgroups, presentations, trainings, partnerships, challenges and successes and support provided.

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 kinship guardianship or adoption after the age of sixteen, to achieve positive outcomes in their transition to self-sufficiency.

Older Youth Program:

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 & Training Voucher and Missouri Reach Program, and Independent Living Arrangements. In December 2019 there were 3,637 youth in the Chafee eligibility age range. This is a little over 26% of Missouri's overall foster care population. 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 and on run status are not referred for services until the circumstances change for the youth.

Missouri has provided supervision of older youth in foster care placed in Missouri over the age of 18 since SFY14. Youth eligible for this service are wards of another state and are in Missouri for the purpose of attending college, living in an Independent Living Arrangement (ILA) or Transitional Living Arrangement (TLA). The financial responsibility for supporting these placements remains with the jurisdiction state. The sending state arranges for Chafee services directly via the Chafee contractor from the youth's region of residence. The sending state provides for the Educational Training Voucher services if they are needed. Although the referral and reports are being processed through the ICPC unit, these older youth are not included in the Interstate Compact Placement of Children, which ends at age of majority (18). This is a service to accommodate the federal law allowing youth to remain in care until age 21. It ensures safety and well-being of all youth in care, custody, and control of a child welfare state agency residing in Missouri who are not covered by the compact. If the sending state is not able or willing to provide for Chafee services, Missouri will make an exception and refer the youth for Chafee services through Missouri's funding and referral process so the youth does not go without services.

Within the Older Youth Program, there are services and funding provided through the Chafee Program. The CFCP is contracted to private agencies to administer and deliver services and funding to older youth in foster care, youth adopted 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. This contract has the option of four annual renewals. A longer contract time period was given due to the amount of training and support provided by state staff and the expertise needed from the provider. It is also a benefit to older youth not to have to change Chafee providers due to award or loss of a contract.

To prepare for the rebid of the contract, a stakeholder's meeting was held for the purpose of reevaluating the program and contract requirements. Feedback was sought electronically from current providers. An internal review was held with the Older Youth Transition Specialists. Based on the feedback from the stakeholder's meeting, providers, and the Older Youth Transition Specialists, changes were submitted to the Contract Management Unit.

In total, five agencies are providing services to Missouri youth. Three of these agencies are providing services through a competitive bid process while two are Community Partnerships agencies.

The Transitional Living Program contract was awarded in April 2017 to ten agencies in six regions. Because of the length of time to issue the contract, a three-month extension was

provided. The final expiration date of the contract is June 30, 2021 (the original contract year through June 30, 2018 with three one-year renewal options).

The TLP contracts allow Division of Youth Services (DYS) to use TLP providers under the Children Division's contract. DHS remains responsible for youth served from their agency in these placements, but it allows for the same service provisions that youth in Children's Division custody placed in TLP receive.

On-going communication occurs with the providers of Chafee and TLP services via electronic mail from the Independent Living Coordinator as well as quarterly visits from the OYTS. Annual statewide provider meetings are held as needed, although there has not been a need for some time. This is not concerning however, as the providers are supported a great deal regionally. In SFY20, a stakeholder's meeting was scheduled to discuss the Transitional Living contract and gaps in services that could be addressed with the Families First Act. This meeting was postponed due to COVID-19. As it is felt the meeting does need to be in person for the best outcomes, once the distancing precautions and orders are no longer in place, a meeting will be rescheduled. Communication and meetings will continue as needed in SFY21.

The Chafee and Transitional Living Program contracts contain language about the Four Core Principles identified by the Muskie School of Public Services, University of Southern Maine and the National Resource Center for Youth Services to include successful adolescent transition programs, positive youth development, collaboration, cultural competence and permanent connections. The expectations and requirements of Chafee and TLP contracted providers are to engage the youth in case planning, design life skills instruction specific to the youth's needs with youth input, and offer a variety of methods in which youth can gain competency in life skills. These principles will continue to be the basis of and guide the Older Youth Program in SFY21 and will be included in future contracts.

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

- The philosophy of youth permanency and positive youth development;
- The responsibilities of Children's Service Workers of older youth, Chafee Contractors, TLP Contractors, and Older Youth Transition Specialists;
- Procedures for using the Adolescent FST Guide & Individualized Action Plan (IAP) Goals;
- Helpful resources to engage youth in transition planning and self-sufficiency.

Specific guidance was provided to Transitional Living Providers, as well as Chafee providers, around COVID-19 to include resources, visitation, and questions to ask youth. Life skills being taught by Chafee and TL providers were also assessed to ensure needs were being met for the

youth and programs were being adapted. Many agencies have their own policies and all agencies were providing well for youth with needs.

Independent Living Arrangement:

Another placement option for youth in care is an Independent Living Arrangement (ILA). Policy was revised for this program in SFY20. The policy changed the contact requirements to twice a month versus once a month, with at least one contact being in the youth's living environment. The age requirement was changed to 18 versus 17 as youth are not able to enter into a lease for housing at age 17, unless there is a special circumstance. There were only 4 youth in the past two years who had left care at 17 so the impact of this change was small but it was thought it would be an encouragement to keep youth in care until at least age 18. Some supports and services do not begin until age 18, such as ETV and MoHealthnet.

Two new tools were developed for placement in an ILA: Independent Living Arrangement Checklist, CD-282 and the Self-Developed Case Plan for Independent Living Arrangement, CD-283. The ILA Checklist, CD-282, was developed for use with all youth being considered for an ILA placement and is completed each time the youth moves 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, CD-283, is used to assist with preparation and budgeting for an initial ILA placement. Prior to placement being made, the Children's Service Worker sends the completed ILA Checklist and the Self-Developed Case Plan for Independent Living Arrangement to the Circuit Manager (CM)/Program Manager (PM) for review.

After reviewing, the CM/PM 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.

During COVID-19, an additional check was completed on all youth in ILA to ensure that their needs were being met, particularly for any youth displaced from college dorms. Additional temporary policy was issued for this time period and included increasing the contact to weekly, providing scripts to talk to youth during this time as well as resources to share with youth.

Tools:

The Adolescent FST Guide and Individualized Action Plan Goals assist workers, Chafee and TL providers, and youth in planning for the transition of a youth to adulthood and leaving foster care. It details the goals of the youth and facilitates the involvement of identified adults in the youth's life. Although transition planning is ongoing and updated as needed, the Adolescent FST Guide is completed within the first 60 days of a youth turning 14 or entering care after age

14, every six months thereafter and 90 days prior to the youth exiting care. The use of the Adolescent FST Guide and IAP Goals will continue in SFY21.

Data from the Adolescent FST Guide is compiled for the OYTS to monitor. It contains such information as credit reports and post-secondary visit information. The Adolescent FST Guide is the youth's transition plan. The Guide records domain information on such topics as education, daily living, money management, and housing. This tool is required to be completed in its entirety (if applicable for youth as some categories are age specific). This is the primary tool used to gain initial assessment information regarding the youth's life skills obtainment and the guide portion can be the primary means used to develop goals with the youth. The goals are included in the tool but are a second step and recorded on a separate screen in FACES. A PowerPoint presentation on transition planning is available on the intranet/internet for staff to view at any time.

A systems change request was submitted in SFY17 to move the adjudicated delinquent field which is reported for NTYD purposes to this guide in order to have it more visible to staff in area of FACES which is updated on a regular basis. Missouri is underreporting in this field and the change is an effort to improve reporting as part of the NYTD PIP. This will also allow for closer monitoring of this field by the OYTS and supervision staff. The request remains pending.

A portfolio assessment is used for each youth ages 14-21 to give the youth the opportunity to take some control of the assessment and demonstrate what they have learned. The portfolio is a collection of samples which communicate a youth's interest and give evidence of the youth's talents. It is used to show others what the youth has accomplished, learned, or produced. The portfolio is created during life skills instruction and is guided by the learning goals. The portfolio process involves the appreciation and evaluation of one's work. Portfolio items are completed for each life skill instruction and may include report cards, resumes, and certificates. The youth may share the successes included in their portfolio at a job interview, court hearing, FST or other time as appropriate. All contracted life skill providers must assist the youth with portfolio development. Performance and portfolio items are recorded on the Individual Life Skills Progress form so staff may see the concrete results of instruction. The portfolio assessment will continue to be a contractual requirement of Chafee and TLP providers in SFY21.

The Individual Life Skills Progress Form is used to record performance of youth in achieving life skills by using a Likert scale of Got It, Working On It, or Needs Assistance. It is completed through direct observation of the youth's work during and just after instruction has taken place and helps the youth appreciate what has just been demonstrated. Together, the youth and the instructor decide where the youth is on the three-point scale. It also provides the agency with historical data on the youth's overall life skill development and is completed by the person teaching life skills, typically a contracted Chafee or TLP provider. Services are recorded as they relate to a life skills goal and are brief descriptions of what has been provided. The Chafee and TLP providers complete this on a monthly basis. The use of this form will continue in SFY21.

In addition, a screen in FACES allows for monitoring the services youth receive – the Individual Life Skills Progress Form Monthly Reporting Screen. This screen lists all youth in the contracted providers referral base for initial point of entry and shows the status of the youth for the month – whether services have been provided or not. In addition to this, a report is generated quarterly to show which youth have no services entered. Both of these tools aid in monitoring of life skills to ensure quality and quantity as to the number of referred youth receiving services on a monthly basis and allow the agencies to monitor themselves for youth who may not be getting life skills teaching over a period of time. It also ensures accountability for all youth in the referral base.

Children’s Division and Foster Care Case Management staff use the tools that they choose for youth engagement, assessment, and goal development, such as the Signs of Safety mapping tool, in addition to the Adolescent FST Guide. Utilizing the engagement and assessment tools that staff prefers is one of many efforts being made to ensure youth receive quality support and services to improve outcomes.

Life skills training is provided by contracted providers, including contracted transitional living programs. Each youth is evaluated individually to determine strengths and identify areas of need. Life skills are taught based on the unique needs of the individual youth. An assessment is completed for transition planning and goal development and recorded on the Adolescent FST Guide. Portfolio items are a component of life skills that have been achieved. Contractors are required to provide outcome data on each youth served with Chafee funds. Contractors work with youth in the National Youth in Transition identified domains of independent needs assessment, academic support, post-secondary educational support, career preparation, budget and financial management, housing education/home management training, health education and risk prevention, family support and healthy marriage education, mentoring, and education financial assistance. Additionally, Missouri has included the domain of youth leadership. Aftercare services are also provided through the contractors. Youth exiting care after the age of 18 and not yet 21 are eligible for these services. Services provided will continue to be individual in nature.

The Older Youth Program was converted to an electronic format in the FACES system in June 2013. An electronic referral system for Chafee, Chafee Aftercare, and TLP is utilized. The following Older Youth Program forms and tools are available in FACES:

- Adolescent FST Guide (Transition Plan)
- Individualized Action Plan (IAP) Goals (Transition Plan Goals)
- Individual Life Skills Progress Form and Monthly Reporting Form (Systems Change Request has been completed to hide this tool as it is no longer required)
- Life Skills Strengths/Needs Assessment Reporting Form (Systems Change Request has been completed to hide this tool as it is no longer required)
- Quarterly Outcome Reporting

- Referral - Chafee Independence Services
- Referral - Transitional Living Group Home / Scattered Site Services
- Referral - Chafee Aftercare Services

The Adolescent FST Guide allows staff to capture the following information for youth:

- Date of completion of the post-secondary visit (per Missouri legislation)
- Credit checks
- Documentation of the youth possessing a Social Security Card, driver's license or identification card, medical records and contact information, birth certificate, and health insurance information is documented as well as discussion of healthcare treatment options/decisions

The information described above is also found on the Function Closing Screen in FACES as another reminder to staff prior to closure of the case.

Another tool in FACES is the NYTD/Older Youth Outcome Comparison Report which displays outcome information on youth who complete the NYTD Older Youth Survey. The survey contains the youth's direct response on outcome areas such as employment, education, and healthcare. The Outcome Report is the contracted Chafee or TLP provider's record of a youth's outcomes in these same areas. The report can be used to see strengths and needs related to education in a format that is youth reported versus agency reported.

The Alternative Care Monitoring Screen includes the status of the Older Youth Program forms. This aids in supervision with Children's Service Workers as a live status of completion dates is available of all tools on one screen. By keeping Older Youth Program forms on the forefront of Children's Service Worker's and supervisor's minds, life skills and youth engagement can be a priority.

The Chafee and TLP program contracts require providers serve a minimum of 65% of referred youth every quarter in identified life skills domains. Of these services, 70% must be in the domains of independent living needs assessment, academic support, career preparation (combined with employment programs or vocational training), and budget and financial management. The remaining 30% must be in the service elements of post-secondary educational support, housing education/home management training, health education and risk prevention, family support and healthy marriage education, mentoring and youth leadership. This is a step to ensure the bulk of services being provided are core services which research has shown improve outcomes for older youth. On the NYTD Older Youth Services and Financial Expenditure Screen, the percentage of services provided in a quarter per agency, the number of youth who received at least one service per agency, and the percentage of services provided by an agency out of all service domains can be viewed monthly and quarterly.

Children's Division continues to work to ensure youth are referred for Older Youth Program services. The Older Youth Transition Specialists receive monthly reports with referral status information of all youth eligible for Chafee services. The report is produced by the Department's Research and Evaluation Unit. The report is a snapshot of each youth age 14 and older which contains information such as referral status, placement, permanent connections, date of last physical exam, school year and grade, dates of fraud prevention checks, and if the youth has a driver's license. The ILC sends data to the Regional Directors on Chafee referrals and NYTD surveys percentages. Services are discussed quarterly with Regional Directors and OYTS Supervisors as well as outcomes and a report with graphs and charts is shared. As of December 2019, 86% of eligible youth are referred for Chafee services. In comparison, the statewide referral rate was at 92% in December 2018. OYTS report staff turnover as a contributor to the decrease in referrals.

In response to the NYTD PIP to implement additional quality assurance controls to ensure that information on life skills domains are collected accurately and consistently in FACES, the OYTS are reviewing an additional 20 older youth files from each Chafee agency and five older youth files from each TL agency within the OYTS region, recording this on a monitoring tool, and addressing specific issues with the providers as a result.

There are several resources available to staff to aid in service delivery. The Alternative Care Monitoring Screen displays referral status of youth and date of completion for the Adolescent FST Guide. A flowchart of the electronic Chafee and TLP referral path and a Power Point training overview is available on the FACES webpage for staff reference and assistance. An older youth referral tips and tidbits best practice promo is on the intranet thumbnails. Two charts, OY Services by Age and OY Tasks by Age, are available to show case manager tasks specific to older youth beginning at age 14 and services available based on age. The monitoring of referrals for eligible youth, efforts to maintain and increase referrals to the Chafee program, and efforts to ensure quality services are provided through the Chafee and TLP contracts will continue in SFY21.

The Older Youth Program served youth in transitional and independent living placement settings. As of December 31, 2019:

- 157 youth are in Independent Living Arrangements
- 6 youth are in the Transitional Living Advocate Program
- 91 youth are in Transitional Scattered Site Placements
- 72 youth are in Transitional Living Group Homes

Transition Planning:

The Children's Division policy currently requires staff to begin transition planning for all youth ages 14 and older. The purpose of conducting transition planning is to identify anticipated

service needs and arrange for meeting the needs of older youth who will soon be exiting foster care. To prepare youth for their exit from the foster care system, the Children's Service Worker 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 at the FST meeting with youth ages 14-21. A critical alert is received notifying the case manager a youth's transition plan needs to be updated per the federal requirement within 90 days of turning 18 and 21.

Exit packets are also provided to youth upon discharge from care. Exit packets contain information on ETV, MO Reach, MoHealthNet, Chafee Aftercare Services, National Youth in Transition Database (NYTD), Healthcare Treatment Decisions, options for re-entry, and local community resources. A verification letter indicating the youth's time in care is also provided to aid the youth in receiving assistance for services which require eligibility verification. Continued education of staff on transition planning will continue in SFY21.

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 in Eforms and the exit packet is available on the intranet. Information on transition/exit planning is available as a PowerPoint presentation on the CD intranet and in the Child Welfare Manual. Documentation of youth receiving personal documents and 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 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 as well if they are able. In the St. Louis Region, a Team Decision Making (TDM) meeting is held one year prior to the youth exiting care and again at three months prior to exit to discuss transition planning.

Older Youth Efforts:

Youth continue to receive information about available Chafee services through their Children's Service Worker, OYTS, youth boards, CD website, and Facebook page. In SFY18, a newsletter, "The Connection," was started with it being issued 2-3 times a year. Most of the articles come from the OYTS and Central Office staff with a few stakeholders contributing and at least one youth article per issue. The State Youth Advisory Board (SYAB) has a Media Consultant position and part of the duties of this position is to submit articles for inclusion in the newsletter.

Services are to be used to assist youth in complementing their own efforts to achieve self-sufficiency and to ensure they recognize and accept personal responsibility in preparation for and the successful transition from adolescence to adulthood. Youth are involved in their case

planning to address the development of skills and resources needed to facilitate their transition to self-sufficiency. 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, for youth ages 14 to 21.

The use of technology as a means to stay connected to Older Youth will continue in SFY21 via a Facebook page entitled "Missouri's Older Youth Program." This Facebook page began in 2010. Events, web resources, leadership opportunities, NYTD information, and general information pertaining to older youth are posted to this page. This is also connected to other youth serving organization's pages. As of April 9, 2020, 446 people "liked" the page. 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. Several links to web resources regarding Older Youth were added to the intranet and internet and resources will continue to be added and updated in SYF21.

"What's It All About? A Guidebook for Youth in Out-of-Home Care" is a resource for youth information. The guidebook is to be given to all youth coming into care after age 14 and those youth turning 14 while in care. The book is intended to assist youth while in care and transitioning out of care. The last page of the guidebook contains an acknowledgement form for the youth to sign and a copy is to be placed in the file under the Older Youth Program. Documentation of a youth being provided the guidebook occurs on the Adolescent FST Guide in FACES. The Foster Care Bill of Rights is included in the guidebook. The guidebook is available on E-forms and located on the CD internet so that youth may access it electronically at any time. However, Children's Service Workers are responsible for ensuring youth receive the information. A "resource" sheet with links to The Guidebook, Facebook page, and internet page was distributed at events held throughout SFY20. The Guidebook was shared at the OY and Adult Leadership and Empowerment Conference in SFY20 with a staff person available to discuss the contents.

The Children's Division issued two specific memos on older youth in SFY20:

- A memo on Independent Living Arrangements, CD20-11, was issued in February 2020.
- CD19-53 was issued on Youth Bank Accounts in August 2019.

The intranet has several rotating thumbnails to spotlight additional information and best practices for staff such as the "The Connection" Older Youth Newsletter, National Youth in Transition Tips and Reminders and information on the Credential Completion and Employment Financial Assistance Program.

LifeSet:

In July 2019, CD began discussions on pursuing a grant to provide the LifeSet model through Youth Villages. A site visit was made to Youth Village's headquarters in August 2019. A written proposal was submitted in October 2019 and an oral presentation given in December 2019. Missouri was awarded a 1.5 million dollar grant in December 2019. Missouri must provide 50% matching funds. The funding will support implementation, service provision, research and evaluation and technical assistance. Implementation began in late January 2020 with a start date in May 2020. Missouri was ready to begin training at the end of March, however, implementation is on pause due to COVID-19.

Only public sector agencies could apply for the funding with private sector agencies co-applying, but the public agency must be the lead applicant. Missouri is implementing a private and public partnership in the Southeast (23rd and 24th Circuits - the 23rd Circuit is Jefferson County. The 24th Circuit is comprised of the counties of Madison, Washington, Ste. Genevieve, and St. Francois) and Southwest parts of the state with one team of four via Missouri Alliance in the Southwest and one team of five in the Southeast through CD. Missouri will expand in year three with one additional team through CD. Staff have been hired for this program.

Lifeset is an intensive clinical and individualized evidence based model for supporting older youth to achieve improved outcomes across domains including employment and earnings, permanent relationships, housing stability, mental and emotional health, reduced legal involvement, economic wellbeing and education. LifeSet specialists use evidence-based practices and research-driven interventions such as Trauma-informed care, Trauma-Focused Cognitive Behavioral Therapy, Cognitive Behavioral Therapy, Adolescent Community Reinforcement Approach, and Motivational Interviewing to help participants overcome their challenges and meet their goals. The average length of service is 7-9 months, but can be longer based on needs.

LifeSet program provides at-risk youth and young adults ages 17-21 leaving the foster care system the intensive in-home support and guidance they need to make a successful transition to adulthood. Target age will be youth 17-20 with a priority based criteria of pregnant and parenting youth, youth preparing to discharge from congregate care within 3 months, youth age 19 and older, youth who have experienced human trafficking, and youth who have experienced numerous placement disruptions. All placement types in the service array are eligible for participation to provide additional support for youth who will exit to independence.

LifeSet specialists are available to the young adults 24/7. Crisis intervention and prevention services are available to young people and their families 24 hours a day, seven days a week. Crisis resolution may include responding by phone and/or in person regardless of the hour or day

of the week. LifeSet specialists are trained in de-escalation techniques to help resolve crises. Specific steps are in place to address safety needs, including designing and implementing safety plans on an immediate basis, formulating short-term strategies to prevent recurrence of the crisis incident, and conducting ongoing safety assessments. There is a minimum of one face-to-face contact per week with the youth; number of sessions can be increased based on the youth's needs and there is weekly consultation. Services focus not only on the individual young person but also on all the areas that may affect young adults, such as their community, peer group, family and school/work. The LifeSet specialist often communicates and collaborates weekly or monthly with the referral source, court system, the employer and others closely involved in the case.

Program success is defined as young adults maintaining stable and suitable housing, remaining free from legal involvement, participating in an educational/vocational program and developing the life skills necessary to become a successful, productive citizen. Self-sufficiency skills, community reintegration, education, vocational skills and job training/experience are the major focus areas.

A vital component of the LifeSet program is the level of training and supervision for LifeSet specialists. A clinical supervisor supervises a team of four to five specialists who carry caseloads of eight to 10 young adults. In Missouri, caseloads will be eight. A highly structured specialist training and development process includes an initial three-day clinical training, quarterly clinical booster trainings, weekly clinical consultation, weekly individual supervision and development, and field supervision.

Youth Villages collects data on all young adults served by the LifeSet program at point of discharge and six, 12 and 24 months after discharge. Key outcome data collected include:

- Living arrangements at discharge and during the following 24 months to assess whether the young person is successfully living in a home or has been hospitalized, in jail, has run away or has been referred to a residential or other treatment program
- Criminal/ legal involvement
- Use of mental health services
- Employment
- Educational status
- Social support/life skills

There is potential for IV-E reimbursement through the Families First Act so Missouri is revisiting pursuing extended foster care through Title IV-E funding for sustainability of the model. LifeSet implementation is currently on pause due to budgetary matters.

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.

Three NYTD permanent contacts are in the FACES case member screen to assist with permanency and locating youth for the survey. The permanent contacts are recorded on the transition plan, Adolescent Family Support Team Guide. Information entered on this screen is used to locate youth if an attempt was made to survey the youth electronically via e-mail and no response is received within 15 days from the time the survey is sent. A hardcopy of the survey is mailed to the permanent connections and the youth's last known address when this occurs, and will be used in connecting with the youth in the follow-up survey. At age 19, when a youth completes a survey electronically, there is an option for the youth to directly update their permanent connections. These are reviewed at the beginning of the survey.

Information on youth to be surveyed for each survey period in which a baseline has been established is sent to OYTS to distribute across the state. This information is also viewable in FACES via the NYTD Survey Online Response Tracking Screen.

Missouri has designated the OYTS to locate and survey those youth no longer in care. Children's Service Workers continue to follow up with youth in care. A Children's Service Worker 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 will be sent only on youth who are in the NYTD survey population as a reminder that the youth needs to complete the NYTD survey. It is an ongoing challenge to locate youth formerly in care and engagement is critical.

NYTD data was received from our federal partners in SFY20 and was shared with Older Youth Transition Specialists via email to share with stakeholders. Missouri also shared information with a legislative committee focusing on child welfare at their request. Missouri is currently working with FACES/IT staff to have the NYTD Survey Online Tracking Screen to display further by regions so youth needing to be surveyed are more identifiable to staff. The NE and NW and SE and SW display currently as the North and South.

Throughout the years, getting internal data reports on NYTD services and surveys has been a struggle. Two reports have been requested specifically for NYTD purposes. A report showing the responses of youth on the survey has been requested to be drilled down by state, region, and circuit so staff can have a better understanding of needs for youth exiting care in their area. An outcomes report was requested and received in SFY19 and SFY20 however it is not in a helpful format. The report requested correlates to the NYTD survey questions but is information entered on a quarterly basis by the providers indicating how the youth are doing. This will give a better picture of how things are going from the provider standpoint and the providers can see what is working well and where there are gaps. Comparisons can be made between the two reports. A request has been made internally to have the data displayed in charts and graphs comparable to

the reports previously shared by our federal partners but not received. However Missouri is using new software data called Tableau and it is hoped that this can be used for this report. A meeting has been held to discuss all older youth data and reports with the Quality Assurance Unit in SFY20.

In SFY21, a one page information sheet will be included in the mailings with NYTD surveys as an outreach means 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 Connection" newsletter, the Older Youth Program's Facebook page, and the "What's It All About?" guidebook for youth. This will begin with the October 1, 2020 cohort.

Missouri has been compliant with NYTD reporting for SFY20. Since inception, Missouri has received one penalty for completion of surveys after the 45 day reporting timeframe. The penalty was 1.25% of the Chafee allotment and amounted to \$41,589. Efforts will continue in SFY21 to be compliant. Missouri is currently surveying the second cohort of 17 year olds and surveyed 81% of the 17 year olds in the first six months of the reporting year. This has been a struggle for Missouri, but to date, this is the greatest percentage of 17 year olds surveyed since inception.

Missouri participated in the NYTD Assessment Review (NAR) Pilot in SFY15.

The CD plans to continue efforts to be in compliance with the requirements set forth in order to receive the full Chafee allotment in SFY21.

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.

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.

With this thought in mind, the Adolescent FST Guide and Individualized Action Plan were developed. It is the intent of CD staff to cultivate the community network to develop permanent connections for youth in care. It is the expectation this tool be a guide for CSWs and assists them and the Family Support Team to become aware of available services to the youth. The youth is aware and fully engaged in this process. This tool also specifically requires up to three adult supports be identified by the youth and this is an integral part of the NYTD requirements.

Permanency Pact:

In SFY17, Children’s Division began using FosterClub’s Permanency Pact. A Permanency Pact should be completed whenever either of the two permanency options, Placement with a Fit and Willing Relative or Another Planned Permanent Living Arrangement (APPLA), is selected for 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. 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 permanent connection identified understands their involvement with the youth.

A Permanency Pact provides:

- structure and a safety net for the youth
- a defined and verbalized commitment by both parties to a long term supportive relationship
- clarity regarding the expectations of the relationship

A Permanency Pact creates a formalized, facilitated process to connect youth in foster care with a supportive adult. The process of bringing the supportive adult together with youth and developing a pledge or “Permanency Pact” 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. Through the use of connection tools and by ensuring permanent contact information is captured and visited throughout beginning at age 14, CD is more likely to locate youth at age 19 and 21.

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 SYAB’s strategic plan states that local boards complete at least one community service activity a year and youth regularly report about community activities with which the local boards are involved such as passing out hot chocolate to participants in an annual community marathon.

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 CD staff on adolescent issues, including three hours each in cultural/race sensitivity, Older Youth

Program life skills training overview, adolescent development with an emphasis on what to expect from adolescent behavior, emotional obstacles out-of-home care youth must overcome, adolescent sexuality, and behavior management via natural consequences. 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. This program will continue in SFY21.

Missouri Court Appointed Special Advocates also 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 life skills teaching in some areas.

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

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

The Young Parent Program provides parenting classes, mentor recruitment and training, support groups and resources such as books, diapers and car seats. Both programs stress continued education and many youth advance 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 and this will continue in SFY21.

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

In alignment with federal legislation H.R. 4980 and state statute H.B. 1877, Missouri's Children's Division has continued efforts to implement policy, procedure and practice changes to ensure that young people have the opportunity for 'normal' life experience. Opportunities to develop meaningful connections to supports, develop skills for a successful adulthood, and have life experiences similar to their peers are priorities within the Children's Division.

A tips sheet was developed to have a guide towards a shared understanding of normalcy. The sheet contains a summary of the legislation, definitions, implementation steps, and tips for teens, Children's Service Workers, resource parents, birth parents, and youth advisors and advocates. The sheet is to be shared at every Family Support Team Meeting and Permanency Planning Review. CD has a designated Program Development Specialist to have this as an area of responsibility. Reasonable and Prudent Parenting Standard online training is available for guidance on the CD internet and a version is available to Department of Mental Health employees working with youth in Independent Supported Living. The training is designed to be used with resource parents, residential care staff, youth and Children's Division staff to familiarize all with the intents, actions, limitations and outcomes of parenting foster youth in this way. Transitional Living Program contracts and Chafee contracts include the purpose. A "bill of rights" for youth is in state statute and policy.

In 2018, HB 819 431.056 was signed into law, allowing youth in foster care 16 and over to open a bank account with the consent of the Children's Division or Juvenile Office, without a co-signer required. Because youth in CD custody may experience challenges in developing long term supportive relationships with trusted adults, they are less likely to have an appropriate co-signer when opening a bank account. The experience of managing a bank account when youth begin working or handling their own money is an important developmental experience that can help prepare them for independence as adults. Memorandum CD19-53, "Youth Bank Accounts" was issued for guidance to staff on this legislation in August 2019 and information was added to the Child Welfare Policy Manual. A checklist for opening a bank or credit union account was shared with staff as well as a consent letter form for youth to take with them to the bank or credit union, CD-277. Resource information from Casey Life Skills Resource Guide was shared to help youth develop goals and tasks in life skills teaching with banking, credit and money management.

In 2018 policy was updated to allow youth 18 and over to make their own choices about participating in public performances or appearing in the media. This practice is consistent with their peers who are not in foster care. This was developed in conjunction with Division of Legal Services, however, it was determined through a project in which the media consent was used that the policy and consent needed to be revised by Division of Legal Services in SFY20. There was a different legal interpretation of what constitutes an “adult” definition of a youth is in foster care. Revisions are on pause due to COVID-19 but policy and the media consent will be revised in upcoming months.

The Missouri Children’s Division released a Request for Information (RFI) to the banking community for Electronic Payment Cards for clothing vouchers to be provided for youth 14 and over and work continues on this project in SFY20. Allowing youth the ability to select their clothing from the retailer of their choice is a valuable developmental opportunity.

Additional plans include the development of a stake holder survey on the topic of normalcy to be implemented in 2020, an update to the tip sheet into a best practice guide, and the development of technical assistance for field staff, placement providers and additional partners as needed.

In SFY18, a workgroup resumed on best practices for LGBTQ identified youth. The purpose of the workgroup is to examine CD’s role, responsibility, and current practice while serving LGBTQ youth and determine if CD needs to enhance practice or policy. PROMO, Missouri’s statewide organization for advocating for LGBTQ equality, presented training to staff in April 2018 and became members of the workgroup. A best practice guide was developed for Children’s Service Workers, resource parents, and residential treatment staff to increase awareness, knowledge, and skills to effectively and competently serve the unique needs of LGBTQ youth and their families. The guide includes a wealth of state and national resources for supporting lesbian, gay, bisexual, transgender, and questioning youth. The Division will continue to review the guide to ensure all aspects remain current. Curriculums for diversity and inclusion are being explored as well as additional procedures, particularly regarding transgender youth in congregate care for SFY21.

There are Transitional Living Providers in the state who have an excellent reputation of working with youth who identify as LGBTQ. Missouri continues to have as an option the use of the Casey Life Skills assessment which has an LGBTQ assessment supplement available. The supplement is designed to help youth who have needs in this life skills area and is available through the Casey Life Skills website. There is no specific LGBTQ training for foster parents referenced in the resource development/training section of policy. However, the STARS in-service training Module Three is Addressing Developmental Issues Related to Sexuality, and LGBTQ issues may be brought up during this module training. There are other approved in-service trainings specific to LGBTQ that foster parents can get outside of the Children’s Division. “What’s It All About? A Guidebook for Youth in Out-of-Home Care” includes state and national resources on LGTBQ for youth.

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 for additional information on the Missouri Reach Credential Completion and Employment Financial Assistance Program, Education Training Vouchers, and Missouri Reach Tuition Waiver Program.

Housing:

In 2019, Children’s Division began collaboration with the Department of Mental Health, Housing Authority, and the Continuum of Care, to procure the Foster Youth to Independence Tenant Protection Vouchers released by the U.S. Department of Housing and Urban Development. 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 Housing Authority require an MOU between the Housing Authority, Continuum of Care, Public Child Welfare Agency and Supportive Service Agency. As of April 2020, three MOU’s inclusive of 13 counties have been fully executed and applications submitted. To date, HUD has awarded housing vouchers to two Missouri Housing Authorities. Children’s Division is actively working to procure vouchers with two additional Housing Authorities inclusive of five counties with plans to expand this effort to a minimum of 8 Housing Authorities throughout the state.

In 2019, the Children’s Division Director signed the Governor’s Committee to End Homelessness Discharge Policy which deepened the agency’s commitment to addressing homelessness among youth and families. A new policy will be introduced in 2020 for Children’s Division staff to access the Coordinated Entry System (CES) for certain cases where families and older youth are homeless or where housing instability is a barrier to permanency. The CES is Missouri’s primary resource to connect people to housing services by providing Access Points

across the state with the primary goal of providing services, no matter where or how people present. This resource allows staff to connect youth and families to Missouri's array of housing services with one referral to an Access Point.

Employment:

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

Contracted providers are required to assist youth in developing these skills.

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

The Casey Family Programs "Ready, Set, Fly" curriculum for in-service training of foster parents is provided as a supportive tool foster parents can use with youth working in the independent life skills classes to help them practice skills learned in the home. Foster parents licensed for older youth are required to receive the training as are Transitional Living Advocates. The training is conducted by local training staff. An Older Youth Curriculum is also provided to staff via the training unit in some parts of the state.

In the 2014 legislative session, HB 1092 was passed which allows youth 16 and older in Children's Division custody to contract for the purposes of automobile insurance with the consent of the Children's Division or Juvenile Court. Prior to this legislation, Missouri youth under the age of 18 were not allowed to enter into a contract, such as automobile insurance, on an individual basis. This legislation applies to youth in foster care only and benefits youth who own a vehicle. A co-signer is not needed. The youth is responsible for paying the costs of the insurance premiums and is liable for damages from an automobile accident. In 2012, CD12-96 introduced a Non-Owner Insurance Policy for Older Youth available exclusively through Missouri's Automobile Insurance Plan. Children's Division introduced this policy for 18-21 year olds. As a result of this legislation, the Non-Owner Insurance Policy was revised to include youth 16-21 in Children's Division custody. A Frequently Asked Questions document was developed by the Department of Insurance for youth and caretakers and is available on the CD internet in the Older Youth Program Section.

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 SFY21.

Life Strengths Program:

The Missouri Department of Social Services contracts with The Community Partnership of the Ozarks to implement Life Strengths run by the non-profit I Pour Life. This partnership draws down TANF funding to empower youth in the Southwest Region to become independent productive citizens following their time in state custody.

The program utilizes a life coaching model and the development of positive stable relationships toward accomplishing several outcomes in the areas of job and career readiness and retention, education advancement, housing stability, and life skills.

In FY2019, 90 youth were served. Significant program successes include 91% of youth achieving educational progress, 83% of non-students achieving employment, 89% achieving stable housing, 96% participating in workforce development activities and 78% participating in financial literacy development.

This program will continue through the end of FY20 however the continuance of funding from the state beyond this time is uncertain. This program was funded through various resources prior to the state funding and it is anticipated that it would continue with outside resources at a smaller scale.

Program eligibility is as follows:

An at-risk youth as defined: Between sixteen (16) and twenty-five (25) years of age; and residing within or placed from the 29th, 31st, 37th, 38th, and 39th Judicial Circuits and surrounding circuits within in the State of Missouri.

Youth must meet ONE of the following criteria:

- Currently or have been in state custody;
- Transitioned to independence from foster care; or
- Were adopted or obtained a legal guardian following Children’s Division custody and are currently “homeless”; or
- Were adopted or obtained a legal guardian following Children’s Division custody and are residing with family and the family is in need as determined by eligibility for other social support services.

Education:

Early and on-going support for education is extremely important in preparing youth for self-sufficiency. Education is being approached in a comprehensive and integrated manner in the early years. Setting and monitoring educational goals assists youth in understanding the importance of having a vision of educational success. The Children’s Division believes the utilization of the Adolescent FST Guide and Individualized Action Plan increases the support for positive educational outcomes and guides the Children’s Service Worker (CSW) to provide

support and assistance to the older youth in foster care. Children's Service Workers can utilize the education supplements available through the Casey Life Skills Assessment. 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 not limited to advocating, planning, and coordinating for education needs, goals, and aspirations, assisting youth in assessing financial aid opportunities, ensuring the development of technology skills, and preparing the youth to make the transition from high school to post-secondary education or employment. Missouri plans to continue supporting contracted providers in providing these vital services and increasing the number of youth serviced by these programs.

As a result of Senate Bill 205 passed in SFY14, beginning July 1, 2014, youth age 15 or older who are in the foster care system within the Children's Division are to receive a visit to a state university, community or technical college, or an armed services recruiter before being adopted or 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. Children's Division had resources in place to implement the legislation and provided some specific guidance to staff to ensure youth are assisted and more emphasis is placed on this. The post-secondary visit is first discussed at a Family Support Team meeting. Youth can be referred for this life skill opportunity through a contracted provider (Chafee) who is charged with teaching life skills to youth. This was a contractual requirement prior to the legislation but the legislation has emphasized the need for all youth to have the opportunity. Once a visit has occurred, it is documented on the youth's transition plan. The visit and related processes are sometimes selected as life skills goals on which the youth wants to work. The Older Youth Transition Specialists monitors this and addresses it in Family Support Team Meetings they attend (in addition to the CSW and supervisor).

Some CSWs have been directly involved with the requirements of the legislation while others utilize the contracted providers in place for life skills teaching. CASA and foster parents have assisted in getting information on career paths, military options, and colleges and universities.

Visits are occurring through the CSW/county taking the youth individually/in a group, through Chafee taking a youth individually/in a group, and through Transitional Living Program providers taking youth individually/in a group. Some visits have been in the area the youth resides while some have been outside the area of residence. Older Youth Summits have been a means to have campus visits and tours.

Some providers have travelled to see a specific college that has a particular interest for a youth and one provider has a sign-up sheet for certain colleges and arrangements are made based on this.

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. As of March 31, 2020, 335 youth in care have a documented visit. The OYTS have incorporated this requirement in their tasks such as including it in monthly emails to staff, sharing the requirement at presentations, and helping to facilitate group tours. This is one area of data improvement being worked on through the Older Youth Executive Team meetings as it is thought that more visits are occurring than are being documented. Each region is being provided a quarterly report card to show how many youth age 15 and older have a post-secondary visit documented.

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

The 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.

Health:

Since 2012, the Department of Health and Senior Services (DHSS) has collaborated with the CD on implementing Missouri's Personal Responsibility Education Program (PREP) in some capacity. DHSS re-bid the contract in 2019 after the award of the Chafee contract to align providers and this service is now available in all six regions via the seven Chafee providers. 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.

From 2013-2019, the program has reached 1,238 youth in foster care. Based on a report from the MU Institute of Public Policy,

“Foster youth were more likely than their peers to intend to have sex and less likely to indicate abstinence or condom use. In addition, while female foster youth were generally less likely to have sex and were more likely to abstain than males, foster females were less likely to intend to use a condom than their male counterparts.

Outcome evaluations show that foster youth consider the program to be effective in improving their intent to use birth control, use (or ask a partner to use) a condom or abstain. Their perceived program effectiveness was particularly high, especially for their perceived ability to make healthy choices about drugs and alcohol and make plans to achieve goals. At the conclusion of the program, foster youth indicate that they were better able to convince their partner to use a condom or refuse to have sex if their partner does not use a condom, and were more likely to intend to abstain and use a condom, although they were still less likely to report using the shot or withdrawal, and were still more likely to report using no form of birth control. Even so, the program has a positive

impact on their academic outcomes, as foster youth indicate that they were less likely to fail courses or get suspended from school after the program.

While Missouri Teen Pregnancy Prevention Program (MOTPP) foster youth contractors have brought about positive outcomes in teen pregnancy prevention, self-efficacy improvement, and school behavior change for foster youth, there were still areas where foster contractors can make improvements to better serve these high-risk youth. Although not all program outcomes were positive when compared to non-foster youth, program results among foster youth were still mostly positive.” *Report attached entitled DHSS Pregnancy Prevention Program Report (Attachment C).*

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

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

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

The funding comes as a result of the Patient Protection and Affordable Care Act which amended Title V of the Social Security Act to include PREP. The Administration 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.

Transitional Living Providers are required contractually to help youth transition to independence including financial. 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 for these bills from the state agency shall be deposited in the youth's savings account for future use for the youth. The funds shall be used for the youth to use for other means 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 exits care, with the agency and youth both contributing.

KIDS Account:

Children's Division also 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 the youth. Only youth who receive benefits will have a KIDS account. 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 \$2000. 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. When a youth leaves care, any back state debt that could have been paid for the previous five years 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. Any remaining funds from social security benefits will be returned to the Social Security Administration.

Credit Reports:

In SFY12, Missouri implemented the provisions of the Child and Family Services Improvement and Innovation Act which amends the case review system definition to require that each child age 16 and older in foster care receives a copy of any consumer credit report each year until discharged from foster care and the youth must be assisted in interpreting the credit report and resolving any inconsistencies. With the passage of H.R. 4980, the Preventing Sex Trafficking and Strengthening Families Act, the requirements of The Child and Family Services Improvement and Innovation Act (2011) were amended to include ages 14 and 15.

Building and maintaining credit is vital to successful transition from foster care. Information on credit reports is used to evaluate applications for credit, employment, insurance, and renting a home. Monitoring credit reports is one of the best ways to discover identity theft. The Division of Legal Service assists in resolving any inconsistencies or identity fraud. If there is a need to further educate youth regarding credit, Children's Service Workers are to document this on the Adolescent Family Support Team Guide in the credit report section on an annual basis and on the Individualized Action Plan Goals, and submit new goals to the Chafee provider. The Chafee provider will assist with the identified tasks related to the new goals. All documentation pertaining to the credit checks is filed in the Older Youth Section of the youth's case record. Supervisors are to monitor completion of credit reports on a yearly basis during case consultations. As this is life skill teaching, documentation of this service is also to be included on the NYTD Older Youth Services and Financial Expenditures Screen in FACES and entered by the Children's Service Worker.

A report card containing credit check information is being shared quarterly with the Regional Directors, the OYTS and their supervisors. Even though the notifications are sent, the information is not always being recorded on the Adolescent FST Guide. To alleviate some of these issues, a systems change request was submitted in SFY18 to create a separate screen in FACES for entry of the credit report information pertaining to a youth and remains pending. This will allow entry by anyone, even if not associated with the case, and the information can then be pulled from this screen to the Adolescent FST. The discussion of these checks and increased documentation is discussed quarterly with the Regional Directors and Foster Care Case Management Program Manager on the quarterly Older Youth calls and will continue to be assessed through the remainder of SFY20 and SFY21.

Missouri has an agreement with TransUnion to use a web based portal for 14-17 year olds in a batch process. Central Office personnel run the process and send 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.

Missouri will continue monitoring credit for youth age 14 and older and assisting with credit recovery for discrepancies. Missouri will continue to educate staff on this topic in SFY21.

A webinar "*Obtaining Credit Reports for Youth in Care*" is posted on the CD website. Resource information on obtaining free credit reports has been shared. Additional resources such as the video made with the Attorney General's Office and the financial empowerment toolkit and tip sheets to assist and educate youth developed by the Department of Health and Human Services' Administration on Children, is available on the CD intranet.

Your Money Your Goals:

In SFY16, CD and partners began work with the Consumer Financial Protection Bureau (CFPB) on an initiative for building financial capacity. The goal of this partnership is to improve the practice of Children's Division and its partner agencies around financial education for older youth and families. The desired outcome of this effort is to develop financial capability in youth in foster care ages 14-21, for financial success in adulthood as they prepare to transition out of foster care.

In SFY17, CD implemented a five-month launch of the Your Money Your Goals (YMYG) toolkit and in 2018 a second cohort was implemented. In March of 2018, 21 professionals participated in a train the trainer provided by ICF, with a total of 84 people trained to date. Trainees included Children's Division staff, Chafee providers and Transitional Living providers. Participants went on to train other staff and the materials continued to be used with youth in the field, both one-on-one and in group class settings.

Children's Division and ICF developed a sustainability plan including the development of a video training series on the topics identified as most important for older youth, which will be available to Children's Division staff and partner agencies on an ongoing basis. They were made available to a pilot group of frontline practitioners who carry older youth caseloads in early 2019. Children's Division is currently working toward loading five webinar-style trainings and accompanying materials onto the Electronic Learning Center for accessibility by all staff. This is scheduled to be completed in 2020.

For this project older youth primarily include youth ages 14 and older who are eligible for Chafee services, but the materials may be used with any youth or family who may benefit from financial capability education.

Aftercare:

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

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

Youth who exit foster care on their 18th birthday and have not yet reached age 21 are eligible to receive Chafee Aftercare services. Youth may access Chafee services as needed while in the Division's care and custody or as a former foster youth. Missouri also follows federal requirements of serving youth with special needs, youth who exited care in another state residing in Missouri, youth who are residing out of state in Missouri's custody, and youth who move to another state for the sole purpose of education (ETV only).

As of March 31, 2020, there are 21 youth in the aftercare service population. This is a decrease in numbers by 11 youth from SFY19.

Re-Entry:

In SFY14, Missouri legislators passed re-entry legislation per SB205 (2013) and SB208 (2013). Effective August 28, 2013, youth who left care and are over age 18 but are not yet 21 may elect to come back into care, if it is deemed to be in the best interest of the youth. The youth may have his or her custody returned to the Children's Division through a petition to the Court from the youth, Children's Division, or Juvenile Officer. In SFY16, legislation was re-introduced to assist with the re-entry process by changing the language of the statute to allow youth to re-enter regardless of where the youth lives or which Circuit originally had jurisdiction. Youth are expected to participate in the case plan; meet with his or her Children's Service Worker, Juvenile Officer, and Chafee provider; and go to school and/or work to demonstrate his or her own efforts towards independence.

Frequently Asked Questions are on the CD internet and a re-entry brochure designed by SYAB members is incorporated in the exit packet.

As of March 31st, 2020, point in time, there are five youth in care who have come back into care under this legislation from the Northeast, Kansas City, and St. Louis Regions. Children's Division has identified accurate reporting of these youth as an area of need. Currently, a System Change Request is pending to add a check box at case opening so re-entry youth can be captured and distinguished from other types of re-entry such as abuse or neglect if under 17. Re-entry allows a youth to come back into care within the last two years of exit. The only youth that can truly be distinguished are over the age of 18 with a legal status date after age 18.

For the purpose of this legislation, Children's Division is defining a youth as a person who meets all of the following criteria:

- Any person age 17 through 20 who was previously placed in the care, custody and control (LS-1) of the Children's Division.
- Was released from care, custody and control within the last 24 months.
- Is otherwise competent, and not in a guardianship or conservator relationship and is not in the legal custody of any other individual or institution.
- Is not incarcerated or committed to any jail, detention facility, or the Department of Corrections.

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

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

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

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

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

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

Community Connections Youth Program:

The Missouri Department of Social Services contracts with Kansas City Local Investment Commission to implement the Community Connections Youth Program run by the non-profit Foster Adopt Connect in both Kansas City and Springfield.

This program addresses the physical and mental health needs of young people transitioning from foster care by providing case management services that: connect program participants to community-based care providers, assist participants in navigating barriers to accessing services, and connect or reconnect participants to a natural support network made up of family members or significant previous relationships who are identified using family finding techniques. Case management program staff will also assist program participants to identify and pursue academic and employment goals. This project offers peer-to-peer strengths-based case management for former foster youth, with case management staff hired exclusively from the population of former foster youth.

In 2019, 215 young adult clients were served. Program highlights include 107 clients connected to community resources to overcome barriers to independent living, and 120 clients demonstrated a significant positive change in their Adult Functioning Score, the tool used to assess life skills competencies.

In SFY20, funding was allocated to expand this program to Missouri’s Central Region through the existing contract with Kansas City’s Local Investment Commission which will be run by the Missouri Foster Care and Adoption Association.

To be eligible, participants must be in foster care or exited the foster care system in the past seven years, ages 17-26.

This program will continue through FY21.

Extended Medicaid:

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

- Are under 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.

In August 2019, S.B. 514 was amended to allow 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 eighteen years of age, are not eligible for coverage under another mandatory coverage group, and were covered by Medicaid when they were in foster care to also be eligible to receive MO HealthNet benefits up to age 26. There have been some difficulties in getting this process implemented. Youth apply through the Family Support Division and until a Systems Change Request can be implemented, the process is manual. Once the process is defined clearly, instructions on how to assist youth will be shared with the Older Youth Transition Specialists.

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 the MHD program but this is not typically the case as most providers have not been willing to do this. The Children’s Division website contains the Mo HealthNet Exit Pamphlet (revised in SFY20) and Mo HealthNet Outreach Poster. The intranet has a PowerPoint presentation on exit planning for older youth.

As of January 31, 2020 there were 3,367 individuals eligible for Health Care for Former Foster Care Youth. Of that number, 2,804 have accessed services with this coverage.

One barrier that Missouri is experiencing is that some families do not want youth who are at an older age and close to receiving the extended Medicaid to be adopted so as not to lose the healthcare coverage as the adopted coverage only goes until age 18. Another potential barrier under re-entry legislation is for youth who left care 30 days prior to their 18th birthday and then came back into care are not eligible for extended Medicaid. They qualify for Medicaid up to 21 as they are in care but will not receive it until age 26.

Efforts will continue to ensure that youth are made aware of this benefit and how to access it in SFY21.

Training Planned for SFY20:

All new employees are trained specific to regional preference on OY and it varies in terms of the comfort level of the trainer. There was a separate curriculum regarding the OYP requirements however when the training went from being state centered to regionally centered, many regions opted out of this curriculum. As the training is moving back to a statewide approach, the process is being reviewed to determine how specific OY training can be incorporated.

The Older Youth Program training includes information on the tools used in working with older youth such as the Adolescent FST Guide and Individualized Action Plan Goals, positive youth development, permanency issues specific to older youth, cultural competency, and community collaboration. Training staff have on-going processes for changing training to meet current policy. They seek input from Older Youth Transition Specialists to ensure it is meeting the needs of the local agency.

In June 2012, members of the SYAB made a training video for Children’s Service Workers basic training entitled “What’s It All About.” This was in coordination with the Professional Development and Training Unit and is utilized in some areas.

The Older Youth Transition Specialists will continue to provide follow-up assistance on use of the tools and forms to CSWs, contracted staff, and supervisors in their respective regions regarding the Older Youth Program as requested or as problems are identified in a specific area.

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

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

Since 2011, 4-H and the University of Missouri Extension have offered the “Youth Development Academy”. The program’s goal is to provide youth development professionals with the knowledge and skill necessary for work with youth in public, private, or civic sectors. Topics include enhancing diversity, relationships in youth development, youth/adult partnerships, experiential learning, engaging volunteers, community partnerships, ages and stages, managing risk, and evaluation. Although there is a cost associated with this academy, it is a training resource available to those working with older youth in Missouri and three hours of college credit is received.

Court Appointed Special Advocate (CASA) has a training program. The Fostering Futures Initiative is a specialized curriculum for CASA volunteers who specifically focus on older youth and its goal is to help volunteers more effectively advocate for older youth based on their unique needs. The curriculum is based on the possible selves' theory. It is available to all of the 21 Missouri CASA programs.

A financial capacity training video has been recorded in coordination with the Professional Development and Training Unit and the Attorney General's Office, Assistant Attorney General, Consumer Protection Division. This video has a series of topics staff can view via a YouTube link as needed and addresses such issues as how to build and maintain good credit, how to interpret a credit score, and how to dispute a negative credit history. The training is generic and appropriate for anyone who works with older youth.

In SFY19, volunteer members of the SYAB who have lived experience with psychotropic medication use were interviewed and filmed for a video to be shared with staff on the impact of the use of psychotropic medications from the youth perspective. This video has been edited and is in the final stages but Division of Legal Services did not feel the consents signed by the youth in care over age 18 were sufficient and felt that the juvenile court must provide permission as well. At this time, attorneys are in the process of contacting courts for permission and having youth sign a different consent form.

Activities Undertaken to Involve Youth in State Agency Efforts, such as the CFSR/PIP Process:

(See State Youth Advisory Board Section for more information)

Local Youth Advisory Boards contribute to efforts at the community level and this information can be provided if requested.

Children's Division will continue participation in any national evaluations of the effects of the programs in achieving the purposes of Chafee in SFY21.

Education and Training Vouchers

For review of data and service information reported by the contracted provider on the Missouri State Education and Training Voucher Program, please refer to: ETV Annual Report for Academic Year 2018-2019 (Attachment D).

Missouri uses grants, scholarships, state funding, tuition waiver and the Education and Training Voucher (ETV) funding to assist youth with costs of attendance for post-secondary educational and training programs.

With the passage of the Stable and Safe Families Act, Missouri offers the Education and Training Vouchers (ETV) program. Missouri uses ETV funding to expand and strengthen its post-secondary educational assistance to eligible youth. The ETV program is implemented through the contracted provider, Foster Care 2 Success. The purpose of the ETV program is to provide resources to eligible young adults to apply toward the cost of attendance at post-secondary vocational and/or educational institutions.

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

Missouri continues to reinforce the ETV program to serve eligible youth. Children's Division has contracted with Foster Care 2 Success since 2006 to provide ETV services, allowing consistency and familiarity. Foster Care 2 Success' current contract was awarded on July 1, 2018 through June 30, 2019 with the option to renew for three (3) additional one year periods. Because Foster Care 2 Success has a longstanding history as the provider with expertise knowledge and has been the sole bidder on this contract for three consecutive bids, Children's Division was able to pursue Foster Care 2 Success as a Single Feasible Source and not go through the competitive bid process. Changes to the contract were minimal and included adjusting the participant eligibility requirements to youth who have left care/aged out after age 18 (previously 17.5) and if a returning student, they left previously in good standing.

The CD, through specific contract requirements, plans to utilize all of the ETV funding received and to continue collaboration with Foster Care 2 Success to provide these services. Missouri has utilized all of its ETV funds for the past thirteen years. The contracting out of services has allowed for a central application method as well as provided a database and evaluative reports on services. As part of the contract, Foster Care 2 Success is also required to provide community outreach and awareness to identify eligible youth and the organizations that work with youth such as high schools, colleges, etc. Foster Care 2 Success provides promotional brochures and posters and has a website.

ETV Youth Eligibility Requirements:

Eligible youth are those who currently qualify for Chafee services and are in the process of transitioning out of foster care or are former foster care youth who exited care after the age of 18.

Foster and former foster care youth participating in ETV remain eligible until their 26th birthday, provided they are making satisfactory progress. ETVs are also offered to youth who were adopted or achieved legal guardianship after age 16 up to age 26. Youth who move to Missouri for residence after transitioning out of care from another state are eligible for funding as well. Youth may receive ETV for a maximum of five years within the age ranges but the years do not have to be consecutive.

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

Current requirements for eligible youth to receive assistance are:

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

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

Application Process:

Currently, eligible youth access the three programs through the Foster Care 2 Success website at <http://www.fc2sprograms.org/>. Youth apply through one application to streamline the process and ensure no eligible youth are overlooked. Older Youth Transition Specialists verify eligibility once application is made.

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

Youth are required to provide financial need information through the on-line application process. Foster Care 2 Success (FC2S) reviews each student's online budget to help determine unmet need while helping them understand financial aid and the necessity for budgeting and money management. All first year students are required to participate in an individualized budget session prior to receiving ETV funding in the fall and spring semester. Budgeting and financial planning is done with upperclassmen each semester recognizing their individual strengths, developing independence and increasing financial responsibilities. The on-line eligibility approval tool includes a field to be used for youth in care to show stipend/housing information and amounts as well as agency service information. Along with the Cost of Attendance and other financial aid information FC2S receives as part of each student's application, the agency/stipend/housing information which forms a more complete picture of the youth's financial status and needs. This enables Foster Care 2 Success to administer ETV dollars with a more complete view of the student's financial situation, and help students understand and budget their resources wisely and feel more secure financially so they can focus on their studies and plan ahead. The application process and a database tracks services and expenditures to ensure vouchers do not exceed the total cost of attendance or \$5,000 per year.

The Older Youth Transition Specialists (OYTS), as well as the Independent Living Coordinator (ILC), have access to the FC2S application and determination portal, however for workload equalization purposes only one OYTS approves all ETV applications for the state. A monthly spreadsheet is shared with the ILC and the Regional OYTS prepared by this OYTS. The spreadsheet contains all information needed such as when the youth applied, what county they are from, if they are eligible, when the eligibility was determined, and if funded, the amount. Reasons as to why the youth was not funded if made ineligible are also captured. This is beneficial as it is information contained in the portal but the portal does not keep history nor does everyone have access to view this information in the portal. OYTS receive award letters from Foster Care to Success. The assigned OYTS is uploading these documents to FACES and forwarding them to the regions via email. The award letter then is visible to the case manager if the youth is still in care and is part of the file should the information be needed by someone without access to the portal. This aids with communication between the youth and case manager about the funding, and the case manager can better assist with budgeting decisions with the youth.

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

Foster Care 2 Success continues to reach out to youth who do not start school after application and eligibility determination and offer suggestions about how they can develop a plan as long as Foster Care 2 Success can contact them. Foster Care 2 Success continues to send e-mails, and texts to youth who correspond with them, even when no longer receiving assistance.

In addition to ETV, there are two components to MO Reach which are distinct but complementary:

- 1) The Reach Tuition Waiver, which is a full tuition waiver program available since 2011-12, and
- 2) Credential Completion and Employment (CCE), launched in fall 2016, which is a short-term, targeted assistance program to help youth earn a recognized certificate and/or specialized training that leads to employment.

Missouri Reach Tuition Waiver:

For review of data and service information reported by the contracted provider on the Missouri Reach Tuition Waiver Program, please refer to: Missouri Reach Tuition Waiver Annual Report for Academic Year 2018-2019 (Attachment E).

In the 2009 legislative session, House Bill 481, Section 173.270, Tuition and Fee Waiver for Children who have been in Foster Care, passed. This legislation requires the Coordinating Board for Higher Institutions to make provisions for institutions under the board's jurisdiction to award tuition and fee waivers for undergraduate courses at state institutions of higher education for any incoming freshman beginning in the 2010 fall semester or term. This funding is dependent annually on budget appropriations. Funding appropriations were provided for this program in the amount of \$188,000. Implementation of the program fully began in fall of 2011.

As this is limited funding, and in order for the funding to be best utilized in conjunction with ETV, a priority criteria was established. Priority is given to:

- Those youth not otherwise eligible for Educational Training Vouchers (ETV)
- Students adopted from Children's Division after the age of 14
- Those youth who have at least 60 hours of college credit

The priority criteria is utilized when there are more applicants than funding available and decisions must be made as to who is funded.

The Missouri Department of Higher Education (MDHE) approves applications based on the priority criteria. Youth eligible and accepted are notified as funding is available on behalf of MDHE.

Foster Care 2 Success processes the applications determined eligible by reviewing the applicants' transcripts to determine academic standing, confirming the applicants' tuition and fees with the college or university, and working with students to develop a community service action plan.

MDHE has established the following types of community service and public internships in which youth may participate to meet this requirement:

- Volunteering with a non-profit community service organization
- Community service club activities (not meetings)
- Campus coordinated community service projects include unpaid practicum and internships as well as philanthropic activities conducted by student service organizations
- Institutional and community sustainability projects
- Volunteering at a hospital, convalescent home, or group home for youth in foster care
- Unpaid peer mentoring or tutoring programs, both on- and off-campus
- Weekend campus clean-up, beautification activities
- Helping with a community team such as AYSO soccer or Little League (helping with sports events of younger children, refereeing, etc.)
- Volunteering for Habitat for Humanity, locally or abroad
- Unpaid internships with local, state or federal agencies

The following are not considered appropriate for community service:

- Work often done by office, teacher or library student aides
- Service performed for a profit-making organization
- Service accomplished without obtaining prior approval
- Activities usually considered normal extracurricular (or co-curricular) activities,
- Service performed by a student for a family member or in instances where the family member supervises the service
- Service related to a class, credit for a class or the making of profit, defraying costs of trips, etc.
- Pay is received for the service rendered

Institutions of Higher Education the youth attends are to monitor compliance and report it to MDHE per the statute, but Foster Care 2 Success also assists with the monitoring. Once a youth is approved for the tuition waiver, continued participation in the program will be determined by academic standing, community service participation, and funding of the program.

Missouri has utilized the funding since the inception of the program and will continue to do so. It is anticipated that the number of students funded will remain relatively the same.

Missouri Reach CCE:

In SFY17, additional funding was provided as a line item in the budget to assist youth in obtaining postsecondary education. With the additional funding of \$450,000, the Missouri Reach Credential Completion and Employment Financial Assistance Program (CCE) was developed and implemented. The program was designed in coordination with the expertise of FC2S. Based on national statistics of time it takes for foster care youth to earn a degree or certificate after first enrolling, and through monitoring of enrollment and completion of degree obtainment for Missouri ETV recipients through the National Student Clearinghouse, in Missouri, 16-20% of youth who receive funding from the ETV Program or MO Reach Tuition Waiver will earn a degree.

With the CCE, Missouri is committing to helping all youth earn a credential by age 26 to increase the number of completers who experienced foster care. Based on brain development and the unique social-emotional challenges associated with exposure to trauma, it was thought that a new approach would benefit former foster youths' transitions into adulthood.

The program complements but does not duplicate existing education and training funding and assistance. The funding fills the gap between the more traditional funding available for youth enrolling in higher education after high school and the reality that many young people are not on a linear path and do not earn a credential within the current thought that college is the only path for youth after high school to obtain employment.

The CCE is a program to help youth successfully pursue an education or training pathway that leads to a recognized credential and entry into the workforce.

Missouri Reach CCE Requirements:

- Eligible youth are currently in care, exited care after age 18, or obtained legal guardianship or adoption after age 14.
- Youth ages 19 – 25 are eligible (the credential must be earned by 26th birthday).
- Program participation is limited to 12 months, including pre- and post-training time, of comprehensive support and funding leading to credential completion.
- The credential must be earned in less than 9 months.
- The maximum award amount is \$8,000 over a 12-month period.
- CCE participants **are not simultaneously** receiving:
 - postsecondary funding from ETV or Missouri Reach Tuition Waiver, or
 - other (specific) public education and training funding (i.e. workforce stipend).
Exceptions may be approved by the Older Youth Program Development Specialist or Older Youth Transition Specialist in cases of documented need or extenuating circumstances.

- Participants may be in a no-cost Workforce Program but need living assistance – 3rd party rent payments, gas cards, etc. (less than 25% of funding will be given to program participants.)
- If a youth needs 15 credits or less to earn a Bachelors or Associates degree and has expended all federal and state higher education funding (such as PELL & ETV) MO CCE funds may be used to pay tuition, fees and buy books.
- Participants must complete a skills and abilities aptitude test, phone/meet weekly with their FC2S navigator and build an online success profile (record personal and training goals and accomplishments).
- All applicants are screened to determine if they are in default of federal student loans and coached to enter into a loan repayment plan. This is a program requirement for participants.

Barriers CCE applicants face:

- Balances owed to community colleges
- Transportation
- Unplanned pregnancy
- Scheduling conflicts
- Federal student loan debt

Because of the expanded eligibility for ETV due to H.R. 253, and the underutilization of CCE, Missouri is using some of the CCE money to offset the additional youth. Missouri requires the use of CCE funding to be expended first as Missouri is not currently using all of this funding but is utilizing all of the ETV funding. CCE participants are not simultaneously receiving postsecondary funding from ETV or Missouri Reach Tuition Waiver. The requirement to utilize CCE funds is if a youth needs 15 credits or less to earn a Bachelors or Associates degree, and has expended all federal and state higher education funding (such as PELL & ETV), MO CCE funds may be used to pay tuition, fees and buy books.

Outreach:

A brochure for ETV/Missouri Reach is on the CD Internet and Intranet. A description of the ETV/Missouri Reach program is on the internet. The brochures have also been provided to the local CD field offices and providers via the Older Youth Transition Specialists. Information is included in “What’s It All About? A Guide for Youth in Out-of-Home Care”. Information regarding FAFSA, PowerPoint presentations on ETV/Missouri Reach, and other educational resources is on the website as well as. Information regarding ETV is also in the Child Welfare Manual. The brochures are included in the exit packet information. The Independent Living Coordinator also shares information on Facebook on “Missouri’s Older Youth Program.”

Children’s Division has a newsletter for Older Youth “The Connection” issued bi-annually in which Post-Secondary informational articles are included regularly. The Department of Elementary and Secondary Education has also provided links for ETV/Missouri Reach on their agency’s website. FAFSA has the Independent Living Coordinator’s contact information available to individuals who apply and the ILC responds to these inquiries. Most of these inquiries are not eligible but it is an added measure of outreach and assurance. The ILC receives an average of two inquires a week. Missouri CD has a scholarship listing for youth and this handout is shared with all inquirers.

Information on the CCE was shared with staff via memorandum. Information is on the Children’s Division website and has been posted on the Older Youth Program’s Facebook page. Policy includes information on the CCE as part of the exit packet information. “What’s It All About – A Guidebook for Youth in Care” includes information on the program. Foster Care 2 Success has a postcard for distribution and has information on their website. The CCE has been slow to take hold, particularly with moving from the inquiry stage to enrollment. Foster Care 2 Success has been working diligently to reach out to youth for participation.

In addition to financial assistance, FC2S has been able to offer academic success coaching and two care packages a year to eligible youth. Scholarships and internships are also provided through Foster Care 2 Success. Although Foster Care 2 Success is not headquartered in Missouri and the work with students is completed through technology, the employees have established good working relationships with foster care case management staff and youth.

Foster Care 2 Success has developed a portal for Missouri Public Colleges and Universities to make the process for school reporting on financial aid for ETV and MO Reach students easier. The process allows for reporting online versus faxing paperwork, as soon as the student applies. The student’s digital signature meets the FERPA requirement that the student authorizes the school to release data to FC2S and then the financial aid office is able to print a PDF copy of the digital signature for school records. The financial aid office is able to download a single report for the semester, listing all students and award amounts for both programs. Foster Care 2 Success continually trains/retrains the colleges on the technicalities such as updating records when youth declines/accepts a student loan, or drops to part-time. Prior to the start of new semesters, registered users are invited to a brief discussion on trends. It is reiterated that the timely entering of correct information is critical to students’ success – reducing their stress, needed for CD to educate youth on financial literacy, etc. Foster Care 2 Success answers any questions and asks for feedback on form recommendations, etc.

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

For SFY21, Missouri plans to continue providing ETV and Missouri Reach services and to continue education and outreach efforts to youth and stakeholders regarding the program. The program structure will remain in place as funding is able to be utilized to meet the needs of Missouri youth.

Consultation and Coordination between States and Tribes

As of January 1, 2019, there were 89 foster children in Missouri who were identified as American Indian/Alaska Native or who have AI/AN heritage, per DSS Research and Evaluation. This information comes from the Case Member screen in FACES, which requires the case manager to select a “yes” or “no” as to whether the child has Native American Heritage. This information may come from self-disclosure by parents, family members, or, if appropriate, the child. It is also obtained based on the race code provided by the caregiver or child when a Departmental Client Number (DCN) is assigned to a child.

Out of those 89 children mentioned above, 40 are from southwest Missouri, 25 are from southeast Missouri, eight are from northeast Missouri, nine are from northwest Missouri, six are from Kansas City, Missouri, and one is from St. Louis, Missouri. As of July 1, 2010, Quick Facts Missouri (United States Census Bureau), the population was 6,137,428 with 0.6% being AI/AN. Southwest Missouri continues to have the highest documented population of AI/AN children.

Although Tribes in Oklahoma are often those with whom Missouri works, staff report working with Tribes in Kansas, Arizona, and South Dakota.

Children’s Division is fortunate to have American Indian foster parents who are willing to help facilitate communication between the Children’s Division and Tribes as well as partnerships developed in the community with other native people. The southwest region uses the Southwest Missouri Indian Center, located in Springfield, the Kansas City Indian Center and the American Indian Council, both located in Kansas City, for consultation and mediation services.

Coordination and consultation continues to be maintained with in-person meetings, phone and email conversations. Another partnership the Division has is with Dr. Bob Prue through UMKC, School of Social Work. He assists with partnerships with other universities and professional Native Americans who are available to help identify resources for families.

To more thoroughly capture the AI/AN population who are served by the Child Welfare system, beginning in 2018, the Child Abuse and Neglect Hotline Unit added the question in the intake process to ask the reporter if a child identified as an American Indian/Alaska Native or who has AI/AN heritage. Early identification allows culturally competent services to be provided throughout the Children’s Division involvement and be compliant with the Indian Child Welfare Act (ICWA).

When a referral for protective custody is made for a child, contact is made with the parent or custodian of the child by the Children's Division to inquire if the child and/or family is enrolled or eligible to be enrolled in a Tribe, or if they have any American Indian/Alaska Native (AI/AN) heritage. This inquiry is made again when the child is placed in out-of-home care by the Children's Service Worker at the 24-hour meeting with the family. During this meeting, the Children's Service Worker gives the family the Indian Ancestry Questionnaire, CD-116, to document if the child does or does not have American Indian/Alaska Native heritage. The worker also completes the ICWA Checklist, CD-123, to ensure ICWA compliance throughout the life of the case.

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

Children's Division ensures notification is provided to the parents, custodian, Tribe and BIA Regional Director by certified mail with return receipt requested of the pending proceedings and their right to intervention, either through direct notification or by providing information for the notification to the juvenile court.

Missouri continues to receive Technical Assistance from the Capacity Building Center for States to work on enhancing the Children's Division's identification of ICWA eligible youth as well as coordination with Tribes. Missouri will begin working with them to link some of their on line training modules to the Employee Learning Center system so staff will be able to received training credit and supervisors will be able to track this training for their staff.

Missouri has begun to meet with the Kansas City region Field Support Manager, the American Indian Center, the Kansas City Indian Center, Dr. Bob Prue, ACYF Children's Bureau Region 7, and Michelle Levy, Research Project Director from The University of Kansas School of Social Welfare to begin to provide families free training through the Kansas Services Native American Families initiative.

Beginning in 2018, quarterly Roundtable meetings were formed with participation from the Children's Division staff, contracted agencies, and Native American partners to increase the communication, partnership, and planning efforts to expand the knowledge of services available to AI/AN families and children. This has been a successful endeavor and is expected to gain more awareness and resources. This is another way the Children's Division consults with tribal representatives to coordinate services for children and families in Missouri.

In November 2017, the Capacity Building Center for States provided an ICWA Learning Experience starting in Joplin, Missouri. Additional Learning Experiences continued in Jackson County in 2018 and was rolled-out in the Southeast region in 2019. This two-day training provides child welfare staff with the knowledge to help them understand, engage with, and support children and families who are AI/AN through their work. The training provides an

historical view of State-Tribal relations, history of ICWA, and historical trauma. The training helps staff understand the culturally responsive engagement with AI/AN children, youth, families, and Tribes. Discussions are held on establishing a State-Tribal partnership protocol, how to work effectively with Tribal government and principles that guide good working relationships. This training provides resources for staff to help when questions arise regarding ICWA or Tribal law policy.

One of many goals of this experience is to develop at least one staff from every region of the state as a trainer in the ICWA Learning Experience. Using the same curriculum and materials, staff with help from an AI/AN co-trainer would be able to present to field staff on an as-needed basis. Training objectives include:

- Expand the knowledge of AI/AN children and families
- Know the requirements for serving AI/AN
- Help community partners understand their role in serving AI/AN
- Ensure staff understand the importance of AI/AN and ICWA
- Engage the courts, provide knowledge to courts
- Locate and provide resources for AI/AN families
- Remove the “fear” staff sometimes have when they hear ICWA

Other goals from work already underway include:

- Gather information from all families with children in care who do not already have the ICWA forms in their file
- As best practice, ask grandparents and any family historian if the family has any Indian heritage when the child is first removed from the home
- Strengthen relationships with the Indian Centers and Tribes by inviting them to be monthly or quarterly meetings
- Update the ICWA forms, notification letter, flow chart, and brochure create a cultural agreement form
- Plan ICWA training for all staff across the state to encompass the culture of AI/AN, the history of ICWA and the importance of this work
- Have foster/adoptive parent recruitment events in combination with Tribal events
- Identify AI/AN homes among existing resource homes

Consistent with the federal On-Site Review Instrument, a new case review tool has been developed in FACES which captures the following for children in alternative care:

- Was a sufficient inquiry conducted with the parent, child, custodian, or other interested party to determine whether the child may be a member of, or eligible for membership in, a federally recognized Indian Tribe?

- If the child may be a member of, or eligible for membership in, a federally recognized Indian Tribe, during the period under review, was the Tribe provided timely notification of its right to intervene in any state court proceedings seeking an involuntary foster care placement or termination of parental rights?
- If the child is a member of, or eligible for membership in, a federally recognized Indian Tribe, was the child placed in foster care in accordance with the Indian Child Welfare Act placement preferences or were concerted efforts made to place the child in accordance with the Act's placement preferences?

Practice improvements are also addressed through on-going CQI processes at the local circuit level.

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. As of February 29, 2020, there were 45 older youth with AI/AN heritage. Of these 45 youth, two were designated as incapacitated and will not be referred for services. Of the remaining 43, 40 have been referred for Chafee/Transitional Living Program Services or have not yet been in care long enough to be referred (less than 60 days - 2 meet this criteria). Three youth have not yet been referred. For additional information, please refer to the Chafee Foster Care Program for Successful Transition to Adulthood section of this report.

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

Targeted Plans

As specified in ACYF-CB-PI-20-02, the following plans are being submitted as discreet sections:

- Health Care Oversight and Coordination Plan (Attachment A)
- Foster and Adoptive Parent Diligent Recruitment Plan (Attachment B)
- Disaster Plans
 - CD Emergency Operations Plan (Attachment F)
 - CAN Emergency Plan (Attachment G)
 - Out-of-Home Care Emergency Plan (Attachment H)
- Training Plan (Attachment I) and Training Plan Matrix (Attachment J)

Disaster Planning

When disaster or emergency events occur in Missouri, such as tornadoes, damaging winds, flooding and power outages, and local assistance such as shelters and feeding operations or Multi Agency Resource Centers (MARC)s need to be opened, Department of Social Services (DSS) Central Office Emergency Management staff report to the Missouri State Emergency Management Agency (SEMA) State Emergency Operations Center (SEOC). At the SEOC, they staff the Emergency Support Function (ESF) desk along with SEMA Emergency Human Services staff and partner organizations. If the scope of the event does not require SEOC activation, Central Office staff responds to the event remotely. DSS staff working in a response role, whether at the SEOC or remotely, provides information to Children's Division staff regarding mass care activities, including situational information throughout the event. This allows Children's Division staff to be aware of the area(s) of the state affected and the seriousness of the event.

Children's Division staff follow pre-established disaster response procedures, pursuant to the Division's Emergency Plans, to begin assessing the well-being and potential needs of children, families, and resource providers. Activities include making contact with all resource providers caring for children in Children's Division custody to assess needs and provide assistance. Initiating contact with resource providers to ensure that they, along with the child(ren) in their care, are safe and do not have unmet needs related to the disaster is an expectation of field staff for all disaster and emergency events.

Resource providers and residential care facilities that serve children under state care or supervision are required to have an emergency plan. Resource providers' plans are to address various disasters and include a plan for what will happen if disaster strikes when the resource provider is away from the child. The plan is to display contact telephone numbers, including a number for local and regional Children's Division staff and a toll free number to contact Children's Division administration if other communication channels are not available. The family disaster plan, which is documented in the resource provider's record, is to be reviewed with foster youth in the home every six months.

The Children's Division has a statewide Emergency Operations Plan. The Children's Division Emergency Operations Plan includes direction and considerations in the accounting for, and responding to the needs of, children under state care or supervision. In addition, plans to continue essential agency functions, such as responding to new reports of child abuse or neglect and providing services, are incorporated into the statewide plan. During Calendar Year 2019, there were no disasters that required implementation of the Children's Division's Emergency Operations Plan. There are no known required changes or additions to the plan.

The Children's Division Emergency Operations Plan recognizes that following a disaster, it is likely children under the care or supervision of the agency may be relocated out of state. If the child remains out of state longer than twenty-eight days, Interstate Compact for the Placement of

Children (ICPC) protocols should be followed. Missouri Children's Division ICPC staff members have an established relationship with ICPC staff in other states throughout the country.

Each Children's Division office is required to have a local emergency plan that is regularly reviewed with staff and can be shared with stakeholders. The local emergency plan is an all-hazards plan that describes the local response with considerations for agency and community resources. Quality Improvement staff review the plan annually with each circuit to ensure the plan is updated and to make appropriate changes. Each circuit maintains emergency contact information for staff and managers, so essential Children's Division personnel are able to be located following a disaster. The Child Abuse and Neglect Hotline Unit also maintains contact information for staff and managers.

Essential program records are maintained electronically in Missouri's Family and Children Electronic System (FACES.) The records are accessible to Children's Division staff throughout the state. The records are backed up and efforts are made to ensure they would continue to be accessible immediately following a disaster. The Information and Technology Services Division (ITSD) maintains and provides technical support for FACES and has an established disaster recovery plan. In addition, ITSD staff members are to have a presence at the State Emergency Management Agency if needed following a disaster to help maintain essential operations.

An alert in FACES is available for Children's Division central office staff to be notified of disaster-related reports or calls made to the Child Abuse and Neglect Hotline. This notification system can be used as needed following a disaster. It provides a systematic way of sharing disaster information, and tracking disaster-related calls, received by the Child Abuse and Neglect Hotline Unit. During Calendar Year 2019, there were no disasters that required the use of this alert.

Children's Division employees are assigned required and/or recommended emergency management training through online courses accessible through the Employee Learning Center (ELC). The required training curriculum is reviewed annually and varies based on the employee's role within the agency and their role in disaster response. The recommended and required trainings equip employees with basic information about the needs of children in disaster and disaster response, so they are better able to respond when a disaster occurs. The availability of training through the ELC has proven to be a useful tool for our agency and is readily available for staff at their convenience.

In March 2019, moderate to major flood levels occurred on the Missouri and Mississippi Rivers. On March 21, 2019, Missouri Governor Mike Parson declared a state of emergency in Missouri in response to worsening conditions along the Missouri and Mississippi River systems. On April 24, 2019, Governor Parson requested a federal disaster declaration, and President Donald Trump approved Missouri's request for a major disaster declaration on May 20, 2019.

The 4th Circuit Children's Division identified two families, one that was receiving services through Family Centered Services and a parent of a child in Children's Division custody, who were impacted by this flooding. Children's Division staff coordinated services for these families. Multi-Agency Resource Centers (MARC) were held on April 8th, 9th and 10th in Atchison, Buchanan, and Holt Counties. Department of Social Services staff were present during the MARC to provide service and resource information to MARC attendees.

In May 2019, multiple areas of the state were impacted by flooding and severe weather resulting in shelters being opened in some communities. Arrangements were made for Children's Division staff to work from alternate locations when needed due to flooding or when a Children's Division office building was impacted by severe weather. When necessary, calls regarding suspected child abuse or neglect were routed to another location to provide adequate coverage and timely response.

On May 22, 2019, tornadoes hit Eldon and Jefferson City, Missouri. The Cole County Children's Division Office located in Jefferson City was destroyed. Department of Social Services staff responded to the building to secure records, equipment, furniture, and other salvageable items from the Children's Division workspace. Children's Division and Foster Care Case Management staff made contact with resource providers and families who received services to ensure safety of children and to offer support. Cole County Children's Division staff began working from a temporary location co-located with the Child Abuse and Neglect Hotline. Agency contact information was provided to families and stakeholders and disseminated via social media.

Following the tornado, Cole County Children's Division staff worked closely with community partners and stakeholders who provided additional space for meetings. Additionally, supervised parent-child visits took place at community locations. Children's Division managers provided support for staff, many of whom were impacted personally as well as professionally by this event. A new location has been secured, and it is expected that Cole County Children's Division staff will move to this location during Calendar Year 2020.

On May 21, 2019, Missouri Governor Mike Parson declared a state of emergency due to severe weather and ongoing flooding in Missouri, and a federal disaster declaration was requested on June 24, 2019. In response to severe storms, tornadoes, and flooding that occurred in the state between April 29, 2019 and July 5, 2019, a Major Disaster Declaration (DR-4451) was issued on July 9, 2019. Twenty-six Missouri counties were approved for Individual Assistance.

In response to severe weather events, Multi-Agency Resource Centers were held in Jefferson City (Cole County) on 05/30/19 and 05/31/19, Eldon (Miller County) on 06/01/2019, and Carl Junction (Jasper County) on 06/04/2019. Multi-Agency Resource Centers were also held in Independence, Missouri on 06/25/2019, serving households from Buchanan, Platte, Jackson,

Ray, Lafayette, Carroll, and Saline Counties; Brunswick, Missouri on 06/26/2019, serving households from Carroll, Chariton, and Saline Counties; Boonville, Missouri on 06/28/2019, serving households from Cooper, Howard, and Moniteau Counties; St. Charles, Missouri on 06/29/2019, serving households from Jefferson, Pike, St. Charles, and St. Louis Counties; and in Winfield, Missouri on 07/01/2019 and 07/02/2019, serving households from Lincoln, Montgomery, Pike, St. Charles, and St. Louis Counties. Department of Social Services staff, along with other government and non-governmental organizations, were present at each MARC to provide service and resource information to MARC attendees.

In June 2019, flash flooding in Southwest Missouri impacted households in Newton and McDonald Counties. Multi-Agency Resource Centers were held on 07/31/2019 in Neosho, Missouri, and on 08/01/2019 in Anderson, Missouri. Department of Social Services staff were present during the MARC to provide service and resource information to MARC attendees.

In early September 2019, the Missouri Children's Division identified twenty-one children and youth in Missouri Children's Division custody who were placed in states that may be impacted by Hurricane Dorian. Missouri Children's Division staff initiated contact with placement providers to ensure child safety, identify needs, and to offer assistance or support.

Preparedness Activities

Department of Social Services staff, including Children's Division staff, participate in preparedness activities throughout the year that include training, exercises, and planning. The Governor's Faith Based and Community Service Partnership for Disaster Recovery (The Partnership) and the Missouri Voluntary Agencies Active in Disaster (MOVOAD) regularly engage in response activities within local communities. The Department of Social Services is represented in these groups by the Department's Emergency Management Director and/or the Children's Division Manager responsible for Children's Division emergency planning and response. They meet regularly with The Partnership and the MOVOAD to plan for disaster preparedness, response, and recovery. Children's Division staff serves on multiple committees and sub-committees of The Partnership and MOVOAD, often as committee co-chairs including:

- Access and Functional Needs Committee
- Children and Youth in Disasters Sub-committee
- Children in State Custody and Congregate Care Work Group
- State Mass Care Committee

Local Children's Division staff regularly partner, and collaborate with, emergency managers in their community to provide information about the role of the Children's Division and the population the agency serves. Additionally, Children's Division staff assist with planning efforts to gain an increased understanding of how children, families, and operations may be impacted during various types of disaster events.

In Jackson County, the Children’s Division has been involved with the Community Disaster Resilience Network, which is part of Mid-America Regional Council. The Community Disaster Resilience Network has a Children and Youth in Disasters group that includes Children’s Mercy Hospital, the public library, and Emergency Management Directors in the area. This group is developing a community plan with sections related to child care, reunification, transportation, sheltering, and creating safe environments.

Throughout 2019, the Missouri Department of Social Services continued collaboration with state and federal partners regarding the State of Missouri Repatriation Plan. The State of Missouri has an identified primary Port of Entry to provide Emergency Repatriation Center support in an emergency repatriation. The Children’s Division actively participated in planning efforts with state and federal partners related to emergency repatriation, and court partners in St. Louis County were engaged in the planning process. An Emergency Repatriation Center exercise was held in St. Charles, Missouri on November 13, 2019, in which central and regional Children’s Division staff and court partners participated.

The Statewide Tornado Drill was held on March 5, 2019, during Severe Weather Awareness Week. The Great Central U.S. “ShakeOut” was held on October 17, 2019. Preparedness information was distributed to Children’s Division staff prior to both events. In April 2019, information was distributed to Children’s Division staff regarding storm safety and to increase awareness of flash flooding, which included the National Weather Service “Turn Around, Don’t Drown PSA.”

A guidebook to facilitate discussion and support local planning efforts for children in state custody was distributed statewide to Children’s Division managers in January 2019. This document is available on the Missouri Department of Social Services Children’s Division website at <https://dss.mo.gov/cd/pdf/Preparing-Your-Community-9-24-18.pdf>. The Children and Youth in Disasters State Custody and Congregate Care workgroup continues efforts to identify opportunities to share this information with a broader audience and support communities in preparing for the disaster-related needs of children in state custody.

Statistical and Supporting Information

CAPTA Data Items – Please refer to the Annual CAPTA Report Update

Education and Training Voucher

In 2017-2018, there were 229 youth funded from ETV. Of those 229, 124 (54%) were first time funded.

In 2018-2019, there were 248 youth funded from ETV. Of those 248, 120 (48%) were first time funded.

Final information for 2019-2020 is not available at this time. As of February 4, 2020 Missouri's totals based on the information available at Foster Care to Success's web portal are:

Total Applications	Apps In Progress	Total Funded Students	Total Funding	Unable to Fund
391	50	230	\$ 834, 840.00	111

Unable to Fund

These are students who:

- Are ineligible according to state eligibility criteria, or
- Do not submit the required paperwork within five weeks of applying.

In most cases, "unable to fund" are those who do not enroll in school or who have adequate funding from other sources and choose not to participate in ETV. Other reasons included in this number are applicants who did not attend school or were not making progress, previous recipients who are older than 23/26 (age change due to H.R. 253), youth adopted prior to age 16, and exit from foster care prior to age 17.5/18 (age change due to H.R. 253).

Missouri will continue to monitor fluctuation in funded youth numbers. If there is a significant change, CD will evaluate with service providers. There is a small increase in the numbers but it is not considered significant. With the passage of H.R. 253 – Family First Prevention Services Act of 2017, Missouri anticipated fluctuation in SFY20 as youth remain eligible for 3 years longer and some youth not previously eligible due to age became eligible.

Inter-Country Adoptions

The Children's Division is the licensing body for all child-placing agencies in Missouri. Many of these agencies conduct international adoptions. The rules for licensing child-placing agencies require that such agencies conduct a variety of adoption services. The adoption services provided to families adopting internationally include pre-placement planning, and post-adoptive services, placement supervision, assessment of the child's adjustment into the home, and support services. Adoption disruptions are also assessed by the child-placing agency. For the calendar year 2019, the Missouri Child Placing agencies reported no international adoption dissolutions or disruptions that resulted in children adopted internationally entering state custody. Missouri was however involved with two international adoptions of two children each which disrupted. One was a Russian adoption completed by an out of state agency for a family who later moved to Missouri and disrupted as a result of a child abuse and neglect investigation. The second was an international adoption that was completed by an out of state agency and the family subsequently disrupted the adoption placing the children with another family without custody being assumed by the Children's Division. Each of these adoption disruptions was overseen by the State

Department and the respective agencies with referral and supports for the second and foster care for the first.

Montly Caseworker Visit Data – Please refer to the Caseworker Visit Formula Grants and Standards for Caseworker Visits section of this report for details of the FFY19 submission. Data for FFY20 will be submitted by December 15, 2020.

Financial Information

Please see the following attachments:

Attachment K - FY20 Financial Information

Attachment L - Missouri FY20 CFS-101