

Missouri Department of Social Services, Children's Division



TITLE IV-B

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

State of Missouri
Department of Social Services
Children's Division

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Link to 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 Program, and Foster Care. 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 six 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 six regions are St. Louis, Kansas City, the Southwest Region, the Southeast Region, and the Northwest Region and the Northeast Region.

Collaboration

CFSR Advisory Committee

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

The CFSR Advisory Committee's centralized focus is to build an advisory resource infrastructure to result in positive outcomes for children, youth, and families. A broader collaboration of this kind benefits families in improved access and service availability, and a reduction of services and funding fragmentation. 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, Court Appointed Special

Advocate (CASA), the health care community, private child welfare agencies, as well as a foster/relative parent, foster youth, and parent with lived experience. An assessment of the functionality and membership of this group has been completed with the assistance from the Capacity Building Center for States. As a result of that assessment, membership has been right-sized, with ongoing recruitment for additional stakeholder groups.

The CFSR 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 Child and Family Service Plan. Portions of the Annual Progress and Service Report (APSR) are reviewed by this committee each year.

The Children's Division continues to collaborate with the courts through a variety of mechanisms. Two members of the Children's Division's management team as well as the CFSR Coordinator attends the Juvenile Court Improvement Project Steering Committee meetings and regularly share relevant data. There are 19 Fostering Court Improvement (FCI) sites in the state. Fostering Court Improvement is a collaborative effort to use agency and court data systems to improve case handling, and outcomes through intensive data focused interaction and training for personnel in selected project judicial circuits.

Following is information on the various groups and committees with whom the Children's Division collaborates on a regular basis. Their input is valued and necessary for the continued improvement of Children's Division practice and outcomes and for improvements to the child welfare system as a whole.

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.

CTF currently works with the Missouri Children's Division at the state level through collaborative efforts related to Family First Act planning and prevention planning.

Background Information

For the first twenty years as the CBCAP lead, CTF primarily used CBCAP funding to partner with 18 communities to implement a coordinated service delivery/collaborative model to prevent child abuse and neglect. These efforts centered on overcoming challenges that 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 programs and initiatives related to home visiting and parent leadership, adding child sexual abuse prevention and community norms work in FY2024.

Home Visiting

CTF currently uses CBCAP funds to fund four direct service home visiting programs, including Whole Kids Outreach (southeast Missouri), Family Forward (St. Louis area), Nurses for Newborns (St. Louis area), and Promise 1000 (which supports 5 HV programs in the Kansas City area). Between all of the funded home visiting programs supported with CBCAP dollars, several models are utilized including Healthy Families America, Parents as Teachers National Model, Nurses for Newborns, and Nurturing Parenting. At the state level, CTF's Executive Director is working with the Department of Elementary and Secondary Education - Office of Childhood 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 Maternal, Infant and Early Childhood Home Visiting (MIECHV) program administered by the Missouri Department of Elementary and Secondary Education (DESE), including assessing for the MIECHV performance indicators. CTF has contracted with DESE to collect and analyze data from CTF-funded home visiting programs.

Parent Leadership

CBCAP funds also currently support a Family Leadership Circle fellowship program developed and run by Kids Win Missouri. The content of the fellowship is related to Kids Win's Early Childhood and Education Initiative, and has focused on building parents' leadership, policy, and advocacy skills through monthly virtual learning and engagement sessions and hands-on practice advocating both at the Capitol and in their communities. The initiative operates in 7 regions throughout the state (St. Louis, Kansas City, Northwest, Northeast, Mid-Missouri, Southwest and Southeast), and core partners/parents in these regions have all hosted events to engage other parents and legislators about their challenges and experiences with childcare, preschool and home visiting. Core partners include a mix of community partnerships, community action agencies, and other community-based organizations that are already doing some level of parent engagement in their communities.

Child Sexual Abuse Prevention

Beginning in FY24, CTF awarded funding to five organizations around the state to take a community approach to the prevention of child sexual abuse utilizing multiple strategies across different domains that address both victimization and perpetration prevention. CTF uses CBCAP dollars to fund four of the five organizations, including the Child Advocacy Center-

Springfield (South Central Missouri), Dunklin County Caring Council, Jewish Family Services (St. Louis area), and the Missouri Network Against Child Abuse (statewide).

Public Education/Community Norms Work

Beginning in FY24, CTF began using CBCAP dollars to fund a community norms prevention campaign. This campaign promotes non-physical responses to challenging behaviors while supporting and strengthening families parenting young children. CTF is contracted with Bucket Media to develop assets and marketing strategies. All marketing materials can be found on CTF's website at <https://somethingweagreeon.org/responding-to-difficult-behaviors/>.

State Youth Advisory Board

The Children's Division recognizes the importance of, and remains committed to, youth involvement, development, and empowerment.

Through the State Youth Advisory Board (SYAB), youth have an opportunity to give policy and procedural input to CD administrative staff/Juvenile Court and provide meaningful leadership training and experiences for board members. Youth are invited to participate on panels, to facilitate and lead workshops, to assist with training, and to participate in workgroups.

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 a youth with leadership capabilities in foster care or who obtained adoption or guardianship after the age of sixteen. 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 Local Youth Advisory Board (LYAB).

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. This allows them to 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 LYAB meetings, school, work, etc. The SYAB has a Chair, Co-Chair, Scribe, Co-Scribe, Censor, and Media Specialist. 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. There was one Ex-Officio member on the board in SFY23; however, she is no longer an active member as of March 2024. Ex-Officio members must apply each year

and can serve no more than two years upon recommendation of the Independent Living Coordinator (ILC) and approval of the Children's Division Director.

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 in attendance per meeting.

In SFY24 to date, the SYAB has had the following community members:

March 2024 Mary Chant, with the Missouri Coalition for Children, helped to prepare youth for their Child Advocacy Day presentation with Legislators. There was also discussion about the creation of a Youth Congress.

March 2024 Faith Sharp, the Child and Youth Engagement Coordinator with the QIC-EY pilot project, spoke about a foster care orientation for youth 14+ upon entry into foster care.

In November 2023 Mary Chant, with the Missouri Coalition for Children, helped SYAB members create their talking points and brochure for Child Advocacy Day.

September 2023, Mary Chant, with the Missouri Coalition for Children, discussed Child Advocacy Day, what happens, the purpose, advocacy efforts, and the development of talking points.

In September 2023 Eugenia Wallace, Ms. Black Missouri, presented on her time in foster care and overcoming obstacles.

Guests are welcome as long as there is space to accommodate them, 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.

Recruitment and Retention:

Contractually, each region is required to have three representatives on the board. However, this requirement is being amended to require representation from each region. Total membership, overall, is kept under 40 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 representatives, particularly in the more rural regions. 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.

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 2024, there are 25 members on the SYAB.

Although members have busy and sometimes unpredictable lives, commitment to the SYAB is vital for its success. 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. All youth on the board, regardless of if they serve in the role of an officer, become natural leaders of the group.

The Local Youth Advisory Boards have increased in size in SFY24 and more locations have been added to reach youth. Continuing efforts are being made to provide training and manuals so LYAB meetings can be replicated in additional areas. A meeting will be held in 2024 to discuss plans and timeframes for LYAB development in all areas of the state.

Board Policy and Written Guidance:

The SYAB revised its handbook in June 2021. The SYAB handbook includes clear expectations, eligibility, and purpose of SYAB. No changes were made in SFY23. Youth have plans to revise the manual in 2024. The board uses a creed to assist with expectations of how members will conduct themselves 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 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 SFY24. This will be evaluated as needed in SFY25.

Youth Representation and Activities:

Child Advocacy Day

Each year the SYAB participates in Missouri's Child Advocacy Day which serves as 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. With increased virtual opportunities, at least, one youth attended sessions offered the prior weeks before the in-person event at the Missouri Capitol Building. SYAB developed talking points to share with legislators from their area to talk about issues important to the youth. Youth participated in the Child Advocacy Day rally at the Capital, three SYAB members were introduced on the House Floor, youth met with Legislators, and lunch was hosted by Kids Win Missouri. The incentive was offered in SFY24 and a letter to support a school absence was provided.

Youth and Adult Leadership and Empowerment Conference:

The SYAB hosts an Adult and Youth Leadership and Empowerment conference every 2 years; the last conference occurred at the end of SFY22; the next conference will occur in June 2024.

The SYAB feels it is 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.

FosterClub All-Star Program:

Children's Division has invested in the FosterClub All-Star Program. Missouri sent two youth in SFY23 and plans to send two youth in SFY24. Through the program, youth are provided with intensive leadership and public speaking training. In addition to motivating, educating, and empowering foster youth across America, the FosterClub All-Stars raise awareness about foster care. Upon his or her return from the program, they teach others, particularly SYAB members, leadership, and advocacy skills as well as how 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. Youth selected for FosterClub All-Star are expected to participate in Children's Division workgroups, state agency advisory boards, and various speaking engagements.

Workgroups, Speaking Engagements, and Input:

The SYAB, as well as other foster youth and alumni youth, are active in participating in speaking engagements and workgroups to promote the needs of youth in foster care. The following are activities which occurred in SFY24.

- Youth are on the Youth Homeless Demonstration Project (YHDP) Committee
- Youth are part of the CFSR Committee
- Youth were involved in the Team Decision Making workgroup
- Youth were involved in the Social Service Plan revision listening sessions
- Youth participate on the Psychotropic Medication Advisory Committee
- Youth participated in court engagement meetings

The activities represented in this section are at the state or regional level. 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, and GroupMe chat; this will continue in SFY25.

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 events if they are responsible for transportation. Youth attending leadership events via SYAB are reimbursed \$25 for meetings less than 3 hours and \$50 for meetings over 3 hours.

Missouri Youth Leadership Academy (MYLA)

In 2023, the Children's Division (CD) created the Missouri Youth Leadership Academy (MYLA). MYLA is designed to be an interactive, curriculum-based program to help youth learn about life skills, leadership, and opportunities for activities, employment, and community involvement. The goal of MYLA is to increase youth confidence, connection, and contribution. There are two cohorts of MYLA per year. Once both cohorts are completed, youth are able to attend a group graduation celebration. The Department of Natural Resources and The Department of Conservation partner with CD to provide a two-day camp and graduation ceremony. Since its development in 2023, MYLA has been contained within the ROYALS (Regional Older Youth Advancement of Life Skills) unit. In SFY25, CD would like to incorporate more youth across the state, including those who are not in the ROYALS unit.

Missouri State Foster Care and Adoption 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. During the 2012 legislative session a new statute was adopted, 210.617 RSMo. This statute 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.

4. 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; and

(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.

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.

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 that face families to a higher level to improve access to services and family engagement within programs. The State PAC was an entity designed to bring the parent voice to state systems that serve children and families.

The PAC was implemented with support from a collaboration of agencies, which includes 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. In 2021, the Office of Childhood, located within The Department of Elementary and Secondary Education, was developed and continues support efforts for the PAC.

There are now Four Regional PACs. The Regional PACs serve to expand the parent voice further across the state and engage families who want to be involved but can't be away from work, family, etc. Regional PACs provide opportunity for two-way communication between parents in

local communities and child-serving state departments/organizations. There will continue to be a State PAC. Regional PAC sites will use the World Café model to ask questions at the regional meetings, compile feedback, and a State PAC representative will act as a liaison between state and local groups. Regional PACs and the State PAC will each meet twice per year.

Further collaboration has occurred to obtain parental feedback regarding practices and procedures having significant impact to parents. Draft updates have been sent to the State PAC, when applicable, to obtain parental feedback. Providing feedback to organizations was a large goal of the PAC, so they were honored to be approached to do this. During a timing of redesign and roll out of the Regional PACs, this method of information sharing and obtaining of feedback was put on hold but has been identified within conversations about the State PAC to begin again. In addition, having the voice of those who have interacted with child welfare systems is vital for amplifying the parent voice and informing better practice. The Children's Division has previously assisted in recruiting new parents interested in leadership opportunities to apply for membership with the State PAC.

Task Force on Children's Justice (CJA Task Force)

The Missouri Task Force on Children's Justice (CJA) 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. CJA 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 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 addition to meeting virtually and in person on a quarterly basis in 2023, CJA via the use of subcommittees, held web-based virtual meetings and conference calls, reviewed policy, tracked and evaluated proposed legislation, 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. CJA 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.

Recruitment Committee

The Recruitment Committee is responsible for monitoring the Children's Justice Act's (CJA) membership to ensure it consists of a minimum of twenty-one members and represents the required disciplines as specified in Section 107(c)(1) of the Act. The Missouri Task Force

(MTF) achieved full membership in 2023. There were a number of retirements and job duty changes at the end of 2022, so four new members were recruited and were approved for membership in March 2023. There were three members that termed out in March 2024 and two new members have been approved and one spot is actively seeking a candidate to fill the position.

Applications for membership will continue to be accepted and reviewed on an ongoing basis with the membership application posted on the CJA website. Interested parties may attend all open meetings in advance of selection.

Goal Committee

The committee was formed to assist CJA in maintaining focus on the goals identified through last year's Three-Year Assessment, as well as reviewing the annual report to ensure that the MTF is aligning grant funding and efforts with statutory requirements.

In 2021-22, the Task Force partnered with the consulting firm WithInsight to conduct a three-year assessment. The process allowed us to identify the most pressing needs in our state. The report included both internal and external recommendations. The internal recommendations focused on internal processes related to grant making and its communication with grantees. The external recommendations captured the needs identified statewide to ensure an effective response to child abuse and neglect.

The following external recommendations were generated from the assessment and have been guiding the grant making:

1. Seek out and fund opportunities that address the most requested content outlined in the three-year assessment (e.g., Problematic Sexual Behaviors, Secondary Trauma, Human Trafficking, Local Team Building, and MDT Facilitation).
2. Work with grantees to improve communication efforts to increase reach across the state and disciplines.
3. Partner with state and local law enforcement leaders to learn how to better engage law enforcement professionals.
4. Work with grantees and partner organizations to better understand why participation is lower in rural counties and how it could be bolstered. Explore the ideas generated in the assessment, including additional scholarships and virtual opportunities.

The assessment included the following internal recommendations to improve grant administration and evaluation:

1. Review the grant application and process and ensure the expectations are clear.
2. Develop a shared survey tool that grantees can implement to measure training outcomes.
3. Request that grantees report on a common set of outputs and outcomes that will allow the Task Force to better answer its evaluation questions.

Finance Committee

The Finance Committee held discussions and scoring via e-mail on grant applications and presented recommendations for funding to the full MTF at the quarterly meetings. The primary focus is to support trainings and conferences that can enhance the collaborations and knowledge of the numerous Multi-Disciplinary Teams (MDTs) across the state. The Finance Committee will continue to work with the Goal Committee to enhance the grant application and process in 2024.

Critical Events Committee

The Critical Events Committee did not meet in 2023. There was anticipation of a larger role for the MTF in a more state-wide critical event review. We are currently in contract negotiations to have a contracted agency assist in developing a critical event tool that would then be used in collaboration with the Child Fatality Review Panel and Children's Division Critical Event Review process. The hope is to build a standardized tool that will allow the larger group of reviewers to aggregate data and support recommendations to legislators as well as agency entities. MTF will oversee the logistical coordination of the reviews as well as have members participate in the reviews.

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 19th year of a performance-based case management contract, time continues to be set aside at the CQI meetings for quality assurance/best practice discussions.

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, and improvement to performance measures.

Joint Quality Assurance (QA) initiatives at the state level include federal reviews such as worker visits with children and CFSR and AFCARS/data integrity. Contracted QA staff have been 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 are 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 regularly in the fall of 2023. In the late fall of 2023, 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 from the summer of 2023.

Beginning in April 2023 FCCM QA staff, CD QA staff, CD Oversight Specialists, and CD and FCCM leadership meet on a quarterly basis. The purpose of these meetings are to discuss ongoing implementation to consistently review and improve data across the Child Welfare system.

In January of 2024 FCCM representatives, along with CD staff, attended a two-day training on the revised CFSR case review tool. FCCM QA staff continue to collaborate with CD as case reviewers in the quarterly CFSR case review process.

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 (GAL), Court Appointed Special Advocate (CASA), foster parent, tribal community representative, and child welfare agency staff. The steering committee is in the approval process of expanding the membership to include a representative from the state education department and community-based child abuse prevention

program. JCIP encompasses all of the Court Improvement Project activities, and the majority of services are offered statewide.

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 management flow 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 staff assist circuit court staff in identifying trends and developing plans for improvement.

Currently, 19 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. Additional circuits have shown interest in joining as FCI sites recently. CIP staff is working on updates to the training materials. Additional CIP staff have been hired to allow for program expansion.

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 represent 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. As a result of these data 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 multidisciplinary training. Older youth are becoming more involved in their own decision-making by participating in Family Support Team meetings and attending court hearings.

Court and agency practices have changed to serve children better. Guardians 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 they serve. These include topics such as parenting programs, older youth resources, 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. Sites have 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 and provide meals; this allows staff to attend without taking time from daily activities and assists them in their ability to implement strategies to improve services and outcomes for children and families.

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. FCI continues to be a topic 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 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 designed 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 develop CASA programs and engage in advocacy efforts for children in Missouri who have experienced abuse or neglect. Currently, the Missouri CASA Association provides support and funding to 24 local CASA programs that serve 28 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 children who have been abused and neglected. The Missouri CASA Association is working to expand the number of local CASA programs in the 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 the shared goal to ensure the safety, permanency and well-being of Missouri's children who have experienced abuse and neglect. 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 Well-Being

The purpose of the Partnership for Child Safety and Well-being (PCSW) is to bring together a multi-disciplinary team to include the judiciary, juvenile office, child welfare agencies, advocates, and stakeholders to build effective and respectful working relationships that ensure children are safe, healthy, and thriving.

The PCSW is chaired by Missouri Supreme Court Judge Robin Ransom and organized and facilitated by the Office of the State Courts Administrator (OSCA).

The Children’s Division is represented by the Director, Deputy Director of Permanency, state level manager of foster care services and court engagement, and the Division of Legal Services. OSCA is represented by State Courts Administrator Kathy Lloyd and Program Administrator Kim Abbott. Additional members include: Judge Stacey Lett (17th Circuit), Chief JO Linda Meyer (5th Circuit); Court Administrator Bev Newman (16th Circuit), Judge Robin Sage (retired) with Casey Family Programs, and topical guests as needed.

In 2022, the PCSW met five (5) times: March, July, September, October, and December. The priorities of the group included 1) meeting the residential requirements related to Independent Assessments and the development of Qualified Residential Treatment Programs (QRTP); 2) improving initial case assessment activities; 3) updating judicial education materials; and 4) creating better practices with law enforcement who are conducting investigations of juveniles.

Leadership changes in OSCA and Children’s Division occurred at the end of 2022. The State Court Administrator, Supreme Court Judge, and Director of Children’s Division made arrangements for new leaders to join the PCSW.

In 2023, the PCSW met six (6) times: March, April, May, August, October, and December. The priorities of the group included 1) supporting the CD Director’s plan for rebuilding and reforming the agency; 2) supporting the JO/Court priorities related to detention standards, JO performance standards, data monitoring, and risk/needs assessment; and 3) holding regional summits to strengthen relationships and practice. The regional summits were a highlight of the year with four sites hosting summits, attended by multiple jurisdictions, in September. The agenda included:

- Focus on Prevention – Keeping Families Together

- Giving Voice to Those with Lived Experience (State Youth Advisory Board)
- CFSR/PIP
- Legal Sufficiency and Permanency Strategies
- Sequential Intercept Mapping Overview
- Working as a Team to Produce Results
- Data Review, Problem Solving, and Team Planning

In 2024, the PCSW continues to meet regularly and to work on ongoing goals from the prior year as well as how to use Title IV-E to increase quality legal representation for parents.

Adoption Resource Centers

Missouri adoptive parents have had the benefit of having Family Resource Centers (FRC), previously known as Adoption Resource Centers (ARC), services available since House Bill 11 (2007) providing funding for centers located in St. Louis, Kansas City, Springfield, Chillicothe, Poplar Bluff, and Jefferson City. Within the last 5 years, funding has expanded for FRC's to open centers in Hannibal, Macon, Mountain Grove, Joplin, Osage Beach, Rolla, and Columbia. 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 began serving the eastern, western, central and southwest portions of Missouri and now serve every Missouri county. They were awarded funding in the SFY24 budget totaling \$26,363,848.00, which is a \$19,000,000.00 increase over the last 5 years.

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 through the Kansas City and Springfield centers.

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

- Information Dissemination
- Training
- Peer Support Groups
- Social and Community Activities
- Financial or Material Supports
- Respite

- Advocacy, Navigation, and Support
- In-Home Therapeutic Services

The following services are tracked under other categories for reporting purposes:

- Crisis Responses
- Mental Health Supports
- Maintaining Family Connections

In addition to post-adoption supports being provided by the Adoption Resource Centers, centers were awarded funding 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, who mines the records of waiting children and identifies and then locates relatives and kin to be explored for potential placement. In addition to ER, some parts of the state are using 30 Days Family™, which focuses on family search, engagement, and placement efforts for youth entering out-of-home care.

Faith-Based Initiative

George W. Bush's first executive order as president created the Office of Faith-Based and Community Initiatives in the White House in 2002. The initiative sought to strengthen faith-based and community organizations and expand their capacity to provide federally funded social services, with the idea having been that these groups were well-situated to meet the needs of local individuals.

In 2007, Gov. Blunt signed the “Faith-Based Organization Liaison Act” (SB 46) to strengthen existing partnerships with faith-based groups. The law called on the Department of Social Services to designate one CD regional liaison staff to faith-based organizations. The Liaison’s primary functions are to communicate with and promote faith-based organizations as a means of providing community resources to our families in need. Through time, the regional liaisons found that there was a huge interest from the faith-based community to partner with CD. Circuit liaisons were then appointed to make sure the needs of the children and families were met in a timely manner.

Within the last 5 years, many circuits not only found more interest by CD staff wanting to participate in the initiative but recognized the benefit to develop regional meetings with the faith-based partners. Some circuits have a more active partnership, but every circuit has worked hard to connect with their faith base partners to help meet the needs of children and families. CD connects the more active circuits with the circuits that are just beginning to develop a stronger partnership. The liaisons come from a variety of positions and were selected due to their interest in the position and connection to faith and not just appointed. With that said, every one of them

has assisted with moving our goals forward by having regular local meetings with their faith-based partners, the active circuits mentoring to the circuits that want to become more active and sharing resources with each other.

As the relationships began to build between CD and the faith-based partners, it is the hope that they begin to see change, growth, and respect. It is also the hope that the number of foster and adoptive parents began to increase, the needs of families begin to be met sooner, and people begin to understand the role of CD in a better light.

CarePortal

Children's Division strives to meet the needs of children and their families to keep children safe. One way in which Children's Division has worked to meet the needs of children and families is through collaboration with CarePortal. CarePortal assists with meeting physical needs of children and families by providing resources to bring stability to the child's environment. CarePortal is connected to churches and the church engagement component of the organization provides the additional opportunity to address needs across the child welfare spectrum, including relational needs (e.g., supporting children and families in time to build relationships together) and building networks to find individuals who may be available to provide natural supports.

There are 31 counties in Missouri that are a part of the CarePortal Network, with expansion efforts occurring in several other counties. The Children's Division submits a de-identified request, including information free from names or addresses, to CarePortal to assist in connecting families to resources. CarePortal notifies local churches and community members of the need, giving the local community a real-time opportunity to respond and catalyze a connection between church and government to the benefit of children and families. CarePortal has helped to connect children and families with resources in their community outside of government involvement to meet the current needs of the family. CarePortal provides access, training and support to child-serving agencies and churches, so that the children and families they both serve can benefit in many ways. Partnership assists to keep children safe by providing concrete goods, services (such as professional services like exterminator, financial services, home repair) and support to families to prevent removals and strengthen families; assist relative, foster, and adoptive families; and assist youth aging out of care. In addition, the partnership helps children achieve timely and sustained permanency by supporting caseworkers; supporting families to prevent removals and in reunification efforts; and supporting relative, foster and adoptive families. Providing relational and community support and providing goods and services can improve well-being for children and families. CarePortal also aims to reduce or avoid costs to child-serving agencies by providing goods, services, and support to children, families, and youth aging out of care; helping to prevent children from entering or re-entering foster care; and helping children to reach sustained permanency more quickly.

The first county in Missouri became active with CarePortal in 2015. CarePortal maintains a live impact report on their website. To date, 30,157 children have been served in Missouri thus far, with 21,980 children being specific DSS referral. Specific areas of impact for categorization of the request include help improve a child's wellbeing; strengthen a biological family; support a youth aging out of foster care; help prevent a child from entering care; help preserve foster/kinship (relative) placement; help preserve an adoptive placement; help reunify a biological family help place a child in foster/kinship (relative) care; and help making an adoptive placement.

Impacts to families include maintaining stability and providing supports within the child's family home often avoiding removal to foster care. Support provided to relative placements to allow children to reside in familiar surroundings with people with whom they have an existing relationship and support of the relative/kin placements results in fewer placements for children and more rapid time to permanency through reunification or adoption/guardianship.

In addition, the number of children served identified through the live impact report on their website, CarePortal also reflects the economic impact to the state, with a current economic impact identified as \$9,020,843 total. Their total economic impact is identified as the total volunteer hours and tangible resources that were provided through CarePortal to meet the critical needs of children and families in Missouri, as well as the avoided public spending cost for foster care services and interventions.

Beginning in 2021 and continuing in subsequent years thus far, General Revenue funds have been included in the State Fiscal Budget by the Legislature and approved by the Governor. The purpose of funding is to continue support of existing locations with CarePortal and to support expansion of CarePortal in Missouri.

State Technical Assistance Team

The State Technical Assistance Team (STAT) is a support division under the direction of the Department of Social Services (DSS) Director's Office. STAT consists of state level law enforcement officers who assists in child abuse/neglect, child sexual abuse, child exploitation and pornography, child fatality and other child-related criminal investigations at the request of local, state, and federal law enforcement agencies, prosecutor's offices, coroners, juvenile offices, Children's Division, or other child protection agencies. STAT, per statute, is also responsible for managing Missouri's Child Fatality Review Program (CFRP) which includes training and support for the 115 local county based multidisciplinary CFRP panels. CFRP also collects statistical data of all child fatalities in the state to identify trends, patterns, and spikes in the number of child fatalities in order to support and facilitate the development and implementation of prevention strategies to the child protection constituency across the state.

STAT is managed by a DSS Deputy Director and has criminal investigative staff located across the state in satellite offices available 24 hours a day to respond to requests for assistance anywhere within the state. STAT's investigative responsibilities are considerably different than those of the Children's Division. STAT is a specialized law enforcement agency that averages approximately 200 criminal investigations annually which directly result in the arrest and prosecution of individuals who prey upon children. STAT also facilitates digital forensic examinations for local, state, and federal law enforcement investigations along with its own endeavors as a result of its partnership with the Missouri State Highway Patrol in the creation of the Missouri Digital Forensic Center. Internet and computer facilitated crimes against children continue to expand every year and with the prevalence of personal electronic devices, the number of these crimes continues to increase exponentially. STAT facilitates examination, review, and collection of data that can represent evidence of criminal acts from such devices and provides expert testimony in court proceedings.

This multidisciplinary approach has proven to be a key link in the successful "child victim" centered investigation and the continued evaluation of child fatalities ultimately leading to meaningful prevention strategies across the state. The Missouri 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 endorse and recommend prevention efforts related to child deaths from same surface sleeping, unsafe bedding, and abusive head trauma involving infants, along with a variety of other types of child fatalities. The Children's Division and STAT continue to promote safe sleep for infants with the use of brochures and other materials provided by the Missouri Children's Trust Fund and the Department of Health and Senior Services. The CFRP Annual Reports are available on the DSS website. Additional prevention efforts in the form of PowerPoint presentations and information fact sheets are routinely presented to the various stakeholders in child protection and safety arena throughout the state.

As a result of the reviews of individual child fatality cases, local CFRP panels make other specific recommendations for prevention. 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 often communicates with Central Office policy staff with identified trends, patterns, and spikes of risk to children. Several Practice Alerts have been sent to CD staff addressing safety issues involving children, infants, and toddlers. Practice Alerts remind staff of important policies and practices and help ensure best efforts continue to occur. The CAN hotline number is

available on the website accessible by the public and information about the 1-800 hotline number is routinely provided during public STAT training and presentations. Additionally, the various mandated reporters throughout the state are routinely provided specialized training by STAT on the investigation of child fatalities, reports of physical and sexual abuse of children, and the collection of digital evidence in child exploitation investigations. STAT is also an affiliated member agency of the statewide Internet Crimes Against Children (ICAC) task force. STAT criminal investigators are embedded with task force assignments along with federal and state law enforcement partners. STAT criminal investigators are present in the MSHP Digital Forensic Investigations Unit/Special Victims Unit as well as the FBI's Violent Crimes Against Children task force. STAT investigators are presently entering into a task force agreement with the US Department of Homeland Security in the formation of a joint jurisdiction task force to address child exploitation and child sex trafficking. STAT possesses a specialized police K9, Ike, who is specifically trained with his human partner to detect electronic storage devices that are often secreted by purveyors of the illicit material that is often encountered in the STAT criminal investigations. Ike, a yellow Labrador Retriever, is one of only a very small number of such animals in the United States and one of only two in Missouri. STAT, via Ike, routinely assists local, state, and federal law enforcement partners in the execution of searches for digital child exploitation materials across the state.

STAT has taken on an important role in the location and return of Missouri missing children. STAT liaises with Children's Division regarding children that had been placed into state care but have gone missing from the state placement. STAT provides a vital role in "bridging communication gaps" between local law enforcement agencies and CD staff. Over the last two years STAT and its constituent partners can account for over 1200 incidents where children missing from state care were returned to care in safe environments.

Missouri Community Partnerships

For thirty years, 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, cross-sector, relationships to address them. The manner in which the 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 ten state department heads and eleven 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 [Missouri FACT - Family and Community Trust \(mofact.org\)](http://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 200,000 hours of volunteer service to their respective communities. In addition to the many service hours generated by the partnerships, they leveraged over \$20.00 for every \$1 of state funding provided them in FY23. 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.

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

Missouri Network Against Child Abuse

Missouri Network Against Child Abuse (MO-NACA, formerly Missouri KidsFirst) is a statewide not for profit organization located in Jefferson City, Missouri. MO-NACA's 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 and their mission is to empower adults with solutions to support the safety of children. The mission points to some of MO-NACA'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. MO-NACA's work falls into roughly three broad categories: education, advocacy, and prevention.

MO-NACA is an accredited chapter of the National Children's Alliance, serving as the official membership association of the Missouri Network of Child Advocacy Centers. The Network operates with program guidelines developed by the Child Advocacy Center 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 26 locations, serving each of Missouri's 114 counties and the City of St. Louis. MO-NACA works with the Network Directors in achieving the goals of the Network and works with all the CACs coordinating service delivery, providing support, advocacy, training, and technical assistance.

While the work of MO-NACA extends beyond CACs, their core activities remain dedicated to members' needs and their success in serving children victimized by abusers. Examples of training provided to CACs and their Multidisciplinary Team (MDT) members include:

- ***ChildFirst*[®] Missouri**-MO-NACA trains forensic interviewers and members of multi-disciplinary teams to conduct child abuse cases 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.

MO-NACA manages the Sexual Assault Forensic Examination-Child Abuse Resource and Education (SAFE-CARE) network. SAFE-CARE is Missouri's medical response to child abuse. MO-NACA handles the SAFE-CARE network's logistics, facilitates monthly case reviews and provider update sessions, and gathers SAFE-CARE data. MO-NACA 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. MO-NACA and the SAFE-CARE network provide in-person and web-based training about medical forensics for Children's Division staff.

Prevent Child Abuse Missouri, a program of MO-NACA, 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, two supervisors from the Child Abuse and Neglect Hotline Unit, one supervisor from the Central Consult Unit, and one supervisor from the Out-of-Home Investigation Unit. Additionally serving on the committee are the Children's Division Quality Improvement statewide lead, member of the Training Unit, 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. Notable guests from the Department of Social Services, Children's Division, and Community Partners are invited to each meeting to discuss current projects within Children's Division; giving SAC an opportunity to give a different point of view from the front line.

During each quarterly meeting, the SAC reviews the strategic plan and determines which goals and objectives to focus on over the next quarter. Through 2023, the committee met in person to review the strategic plan. 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 and to improve overall training of supervisors. The benchmarks include developing annual supervisor conferences, addressing needs for mentoring and shadowing veteran supervisors, effectively responding to conflict at all levels (internally and externally), advanced training on data, establishing effective boundaries with staff, peer to peer meetings for supervisors, addressing continued education, advanced training on data, and program improvement plans. This sub-group is working on a supervisor conference for 2024.

Strategic Goal 2: Recruitment and Retention

This goal focuses on increasing the recruitment and retention of agency employees. The benchmarks include boosting morale for frontline staff and reviewing retention practices, improving recruitment, and creating a sense of belonging in the agency by celebrating our successes and building mentorship programs.

Strategic Goal 3: Practice Enhancement

This goal focuses on improving the performance of frontline staff and supervisors in order to serve families more effectively. The benchmarks include enhancing how the agency engages parents from the onset of a case and enhancing risk and safety assessments knowledge and

practice. This sub-group has worked on developing a new staffing tool for supervisors to guide them for monthly consults on alternative care cases. This benchmark changed in August of 2023 and will be the vision for the next year.

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, and case planning.

Regional Collaborations

Northeast Region:

- Prevention Team Members have begun working with local and regional hospitals in providing preventative services to families in order for them to overcome situations and circumstances that may lead to a future need of CD intervention.
- Prevention Team Members have begun working with many schools throughout the region in providing preventative services to families in order for them to overcome situations and circumstances that may lead to a future need of CD intervention.
- Prevention Team Members are involving themselves in local meetings with child welfare partners in an effort to obtain, create, and build services that can be put into place for families during times of need. This may be transportation services, childcare, therapeutic services, parent education courses, and a host of other possibilities as we continue to work locally with these teams.
- Circuit Based Prevention Meetings with Director Missey have occurred in the 2nd, 10th, 14th, and soon to be the 20th and 13th circuits. These meetings bring together the entire child welfare community including hospitals, therapists, schools, law enforcement, judges, attorneys, juvenile officers, and a host of other team members. The purpose of the meetings is to fill the bucket of prevention services so that the needs of children and families can be addressed as locally as possible.
- All circuits in the Northeast Region are expected to ensure that schools and other requesting agencies receive training on mandated reporting for child abuse/neglect reporting. This is accomplished in a variety of ways to include, but not limited to, in-person trainings and virtual presentations. To the greatest extent possible, there are individually assigned staff that school districts can reach out to with questions or concerns regarding children/families.
- 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, and 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.
- The 13th Circuit Children's Division has been working with the Child Advocacy Center, Rainbow House, in Columbia, for the past few 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.
- Many circuits have a supply closet for families and children in Alternative Care, which is supplied by local churches and organizations. Staff are 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 children who need items when entering or residing in foster care.
- There are several free clothing and supplies options for resource parents. Macon, Audrain, St. Charles, and Lincoln County all have resources for these parents. Angels Wings is one of the larger providers and serves several Northeast circuits.
- Every Circuit in the Northeast Region has multiple organizations, volunteers and businesses that assist with Christmas and Birthday gifts for youth. The youth are given the opportunity to ask for what they want, and foster parents are asked what the youth needs. These organizations include Elk's, Lions Clubs, Rotary, Birthday Blessings, local churches, and many student lead school organizations.
- Many Circuits host back to school fairs and foster parent appreciation banquets where community partners offer goods, services, school supplies (back-packs/all of the basics), haircuts, and other personal items.

Northwest Region:

3rd Circuit:

- Children's Division and the Juvenile Office attend monthly Systems of Care Meetings with each school district in all four counties.
- Children's Division attends quarterly Human Service Meetings in Grundy, Harrison, and Putnam County to share new resources available or recent changes with established service providers.
- Local Churches in each county provides donations to include clothes closet for foster care children, monetary assistance, gas vouchers, hygiene/cleaning products, transportation, mentoring, and other assistance to families.
- Grundy County CD has the Support of Church Women United who provides assistance much like a Care Portal, but is centered on families and children in Grundy County.
- Harrison County has created a local Care Portal called Helping Hands to assist in local service providers in meeting the needs of families/children.
- Putnam County families and children benefit greatly from support of several local churches who have joined together to meet their community's needs.
- Children's Division host quarterly Cornerstones of Care meetings on recruitment and retention of foster parents, as well as meetings with Intensive In-home Services, Family Reunification Services providers, and DESC's Home Visiting Program.

4th Circuit:

- The Children's Division works with the Voices of Courage Child Advocacy Center and meet every 2 months with the Juvenile Office, Law Enforcement, Prosecutor, and Physician from Children's Mercy.
- Mandated reporter training with schools or other agencies are provided yearly or as needed.
- The Children's Division works with Community Services in October to November to help people wanting to adopt foster children for Christmas.
- The Children's Division Supervisor and Prevention worker have a Faith Base Initiative meeting monthly with stakeholders in the community.

5th Circuit:

- The 5th Circuit meets with local stakeholders to provide an annual mandated reporter training and follows up with a general question and answer session.
- The Children's Division works with the Voices of Courage Child Advocacy Center on developing protocols for child abuse investigations.

- The 5th Circuit partners with local law enforcement, medical providers, and Juvenile Office, meeting monthly to discuss cases in the area and to try and work as a team to provide the best possible outcomes for children and families.
- Children's Division meets with members of the Juvenile Office, Law enforcement, Department of Mental Health, Easter Seals, Foster Parents, CASA, and Court Clerk's office to discuss better outcomes for children in foster care as ways to help improve processes and communication between agencies.

6th Circuit:

- The 6th circuit has a Birthday Closet for children in alternative care. This is sponsored by a few different community groups including Daughters of the American Revolution and First Baptist Church in Platte City. When a child in care has a birthday, the case manager can select a gift for them along with a cake mix and tub of icing.
- A pastor from The Calling Church comes to the office the first Thursday of every month to provide support to staff members. He sits in a private room and any staff member may choose to speak with him while he is here.
- The Assistance League of Kansas City frequently provides gift cards to Aldi for families and will provide vouchers to stores if a child on an assessment or investigation is in need of clothing.
- CD meets with the local juvenile office at least once a month to go over cases and updates.
- CD attends Systems of Care Meetings in the school district along with many other stakeholders.
- Platte County participates in one of the trainings each class for upcoming foster parents before they become licensed.
- Platte County Sheriffs came to the office to do a Fentanyl training with CD and the juvenile Office.
- CD volunteers and participates in the Platte County Children's Trust Charity Golf Tournament.
- CD participates in the MO/KS Collaboration meetings quarterly.
- Circuit leadership met with the Kansas State Licensure workers to discuss barriers, their criteria, and time frames to try and collaborate.
- CD meets 4-6 times a year with Beacon Mental Health to give updates and talk about community resources.
- Meetings with the PCPD occur quarterly to do a juvenile review. CD provided them with some CS-33 training and discussion.
- CD meets with Synergy to do case reviews quarterly.
- CD meets with the Synergy DV shelter staff for a Community Response Team meeting for training and updates 3-4 times a year.

- CD attends the KC Roundtable (soon there will be a new name) group to talk about trends and concerns that we can work together on.
- CD meets with West Platte School District every other month to give updates and talk about concerns.
- Easter Seals has done a parenting training with staff.
- CD attends Community Alliance for Youth (CAFY) meetings with the Parkville School District six times a year.
- There is an annual check in with the Children's Mercy Hospital Foster Care Liaison.

7th Circuit:

- Clay County Children's Division remains very involved in the community. The Children's Division regularly participates in Systems of Care Meetings with the Juvenile Office and local Mental Health Providers and other stakeholders. This is a collaborative meeting to problem solve and work together to meet the needs of children suffering from mental health issues.
- Clay County Children's Division participates in quarterly Child Fatality Review Meetings with several community partners including the Prosecutors Office, Juvenile Court, Mental Health Providers, Medical Providers, Health Department, and Law Enforcement. Child fatality trends are reviewed and discussed on a regular basis.
- Clay County Investigation Supervisors participate in monthly CAC case reviews along with representatives from CAC, Prosecuting Attorney, Law Enforcement, Medical Providers, and the Juvenile Office. Cases where children have been seen and interviewed at the CAC are reviewed and discussed as to what actions are still needed by each agency.
- Clay County Management Staff meet quarterly with the local Juvenile Office to share updates, concerns and to maintain a collaborative relationship. Juvenile Office staff include the GAL, CASA Director, Chief Juvenile Officer, the Juvenile Office Supervisor over Child Abuse and Neglect and the Juvenile Office Supervisor over Delinquency.
- Clay County Circuit Manager is a board member of the Child Advocacy Board. She attends quarterly meetings to discuss community needs and trends within the agencies to better serve children and families.
- Clay County Circuit Manager also attends and participates in the KC Roundtable. This group meets every quarter and consists of Clay, Platte, and Jackson County Children's Division, numerous community social service agencies, hospitals, legislators, BACA, and other local agencies. The focus is on child welfare, legislative and budget updates, and sharing of information and resources.
- Clay County Circuit Manager participates in regular meetings and quarterly Active Community Meetings with Faith-Based Partners and the Care Portal. Children's Division

gives an update on the local office and works with faith-based leaders on how to support families in the community.

- Clay County management Team meets every other month with Synergy Services and their Permanency Advocate Program to ensure services are being provided to families in need. This position was a collaboration between Synergy, the Juvenile Court, and Clay County Children's Division to provide an advocate to parents working with the court in Clay County.
- Clay County Circuit Manager attends and participates in quarterly Community Response Team Meetings. These are facilitated by Synergy Services. The purpose of this group is to keep other community members updated on changes within local agencies, discuss trends and needs in the community, and work collaboratively towards solutions. Clay County, Ray County, and Platte County Children's Division, Tri-County Mental Health, Probation and Parole, Juvenile Office, Easter Seals, and other social service agencies all participate in this meeting.

8th Circuit:

- Ray County Coalition—serve on the board and attend monthly coalition meetings to build capacity and develop strategies to help Ray County youth reach their full potential in safe, healthy, and drug-free communities by reducing substance use among youth;
- Vocational Rehabilitation Peer Mentoring—bi-monthly meeting with Vocational Rehabilitation, local school districts, Access II, IMPACT, and Full Employment Council to review process to make referrals and discuss progress toward expanding their program for 14-15 year old youth with an Individualized Educational Plan or in the foster care system to give additional job training, placement and mentoring;
- Community Response Team—meet with Domestic Violence Shelter, Batterer's Intervention Program, Child Advocacy Center, Probation and Parole, Law Enforcement, Legal Aid, Easter Seals, and Juvenile Officers in the three county (Clay, Platte, and Ray) area to enhance awareness of programs and keep up on current trends;
- Missouri River Crisis Intervention Team—prepare partner agencies in Carroll, Saline, and Lafayette counties, including Law Enforcement, Mental Health Providers, Hospitals, Department of Health and Senior Services, and Children's Division to address barriers and advocate for policies and changes to support wellness and health within the established agencies and associations;
- Tri-CIT Crisis Intervention Team—partner with Clay, Platte, and Ray counties with Law Enforcement, Mental Health Providers, Hospitals, and Department of Health and Senior Services to address barriers and advocate for policies to support wellness and health within the established agencies and associations;
- Hardin Central Pre-school Oversight Committee—partner with Hardin Central School district to plan and guide policies for pre-school curriculum, attendance, and out-reach;

- Health Care Collaborative of Rural America and Live Well Clinics—help to advance health care and social care in the rural communities of Carrollton, Lexington, Waverly, Concordia, and Buckner as a member of the network to promote and educate health screenings, trainings, health management, low-cost medication, chronic disease prevention, health care advocacy, case management, and access to numerous other programs and connections through outreach and clinics;
- Good Samaritan Round Table—meet with other Social Service Agencies in the Clay and rural Ray County area every other month for sharing information and resources for help with budgeting, medication, infant supplies, and life skills to prevent homelessness and hunger;
- Cornerstones of Care—meet with contracted agency quarterly to discuss placement of children in alternative care, foster and relative homes, and recruitment and retention of resource homes;
- Connections with Excelsior Springs School District—meet to discuss high risk pupils within the district to eliminate gaps in services and make sure needs of the children are met;
- Richmond R-XVI Parents as Teachers—attend planning meetings and provide guidance on policy and needs;
- Hardin Central Parents as Teachers—attend planning meetings and provide guidance on policy and needs;
- Special Needs Services of Ray County—assess individual situations of youth with unique needs in Ray County and support and enhance new initiatives, including a facility to meet the needs of the community;
- Child Advocacy Center—meet individually and quarterly with Synergy Services, Child Safe, and Children’s Advocacy Center as well as law enforcement, prosecuting attorney, and juvenile officer to determine the best course of action on cases referred for forensic interviews;
- Kiwanis Mother’s Day Baby Shower—assist and distribute diapers and baby items collected through donations from the Richmond, Ray County Kiwanis Club;
- Easter Seals Midwest—serve as board liaison for Ray and Carroll counties to promote and implement advocacy, support, and training to help children and adults learn basic functions and master skills needed to develop and thrive in all stages of life.
- ToRCH (Transformation of Rural Community Health)/Project Guardian—serve on the Ray County Hospital and Health Care Regional Community Leadership Board to develop and implement the MO Health Net ToRCH model, which is a Primary Care Case Management model focusing on addressing Social Determinants of Health at the community level by expanding assets available to community-based partners and better coordinate availability of primary health care along with transportation, food insecurity, legal services and housing to address the root causes of poor health.

9th Circuit:

- Children's Division works in collaboration with community partners, stakeholders, and mental health providers to share and develop resources to meet the needs of children and families in our community.
- There are monthly school meetings with several schools in the Circuit. Children's Division, Juvenile Office, and school personnel participate together.
- Presentations at Churches and with community organizations to discuss the need for foster parents and how they can work collaboratively to meet the needs of families and children.
- Participation in the local hospital's community assessment of needs. Once the hospital completes their assessment, Children's Division, Health Department, and Community Mental Health providers meet to discuss and plan how to address community needs.
- Children's Division staff participates in community activities to engage with the community and to recruit and promote the need for foster parents.
- Children's Division is working in collaboration with community partners, including the Health Department, hospital, church, and community member representatives to meet the needs of the youth and families that are served and to connect them to community resources. These partners worked together on a collaborative goal to have a Healthy Child and Families Summit last summer where families and children can connect with multiple resources in one event. A second event is planned for this summer.

15th Circuit:

- Monthly school meetings are held to discuss families.
- Mandated reporter training with schools or other agencies are provided upon request.
- Numerous people in the community reach out in the beginning of November wanting to adopt foster children for Christmas.
- Children's Division attends Child Safe meetings, which collaborate with law enforcement and prosecutor to discuss cases.
- A local church in the circuit donates back packs full of school supplies for kids in care or those involved in Family-Centered Services.
- A previous foster parent donated pillows and homemade pillowcases for foster kids for our circuit.
- Local church that donates quilts for foster kids
- Probation and Parole allow their clients to "pay restitution or community hours" by purchasing items for foster kids, such as clothing or other needs they may have.
- Local churches that donate birthday gifts for our children in foster care.
- CD has meetings with Burrell to have more community involvement and easier access to mental health services.

- Churches open their clothes closet when there is a need for a family in the community.
- Local foster and adopt organization help fulfill needs for families in the community. They have provided mattress, sheets, dressers, etc. for many families in the circuit.
- CD invites community members such as SMHK, HeadStart, and community mental health services to Family Support Team meeting to support families.

17th Circuit:

- The Mobile Crisis Project: this assures that all youth entering into foster care in 17th Circuit and surrounding counties are referred for mental health services and supports for the foster parents.
- Baby Grace: this is a community run organization that provides free diapers for members of the community. Diapers and wipes are kept in the office so when children come into care, baby supplies are on hand.
- Staff from the 17th Circuit in collaboration with Cornerstones of Care (COC) provide and give a brief orientation of what foster families can expect when children come into care and they are being called for placement. It also gives new foster families a point of contact within Children's Division to ask questions. Working with COC on Foster Family appreciation picnic.
- Presentations to schools or other organizations are provided when requested, especially around mandated reporting.
- Investigative Supervisor attends regular CCART and CAC reviews along with other multidisciplinary members, to include law enforcement, prosecuting attorney, and juvenile officer to determine the best course of action on cases referred for forensic interviews.
- Children's Division is working in collaboration with community partners to meet the needs of the youth and families that are served and help connect them to community resources. Participation with partners such as school meetings with schools in the Circuit. Children's Division, Juvenile Office, and school personnel participate together.
- Local churches provide Christmas gifts to youth in care as well as Teamsters 41 and the Swift Trucking Company. This group has been providing Christmas gifts to the 17th Circuit for several years.
- Management from Children's Division meets quarterly with the management of the Juvenile Office to work in collaboration for best interest of the children to move to permanency.
- Children's Division is working in collaboration with Whitman Air Force Base/Family Advocacy and other community partners for the coordination of services, support, and referrals for victims of child abuse and neglect.
- Children's Division attends quarterly Cornerstones of Care meetings on recruitment and retention of foster parents, as well as meetings with Intensive In-home Services and

Family Reunification Services providers. Circuit Manager is the coordinator for IIS/FRS services in the sub-region.

- Children's Division attends quarterly meetings with Easter Seals for the area to discuss any changes or upcoming programs for families in the community or families we work with
- Children's Division collaborates with Foster Adopt Connect for additional resources, services, and advocacy that may be needed for families who have open cases or families in the community who need additional support.
- Children's Division investigators collaborate and communicate with Prevention Specialists to brainstorm areas of service needs to provide to families.

18th Circuit:

- Children's Division attends the Pettis County Mental Health Coalition.
- Presentations to schools or other organizations are provided when requested.
- The circuit has a clothing closet for foster parents to utilize, with bedding, etc. for other needs.
- Groups donate "hygiene" bags for foster children for the first night in foster care. It consists of a bag, blanket, tee shirt, socks, underwear, shower gel, deodorant, and feminine hygiene products as appropriate.
- Monthly meetings with the Juvenile Officer are held to discuss improvements to court processes, Family Support Teams (FST), etc.
- Participate in monthly board meetings at the Child Advocacy Center, Child Safe, in Sedalia.
- The Circuit Manager attends child fatality meetings.
- Investigative Supervisor attends regular CAC reviews along with other multidisciplinary members.
- Birthday Blessings provides birthday gifts for foster children. They also provide graduation presents and next steps baskets for youth moving to independence. They provide a few baskets each quarter for children who do not have visiting resources or family involvement.
- The Children's Division works with Central Missouri Foster Adopt for a variety of resources for foster and bio families and for the 30 Days to Family program. This helps locate a family member for placement within 30 days of entry into foster care.
- Two organizations in the community provide Christmas to all foster children.
- The Circuit has partnered with the ministerial alliance to get lodging for some homeless families. Circuit Manager has presented to them regarding Birthday Blessings and for other needs foster children may have (hygiene bags, more foster parents).
- Quarterly meetings are held with the foster care licensing agent (Cornerstones of Care) to discuss any concerns and successes.

- Circuit Manager attends yearly meetings at State Fair Community College to discuss hiring trends and needs from the community college for employees.
- Circuit Manager presents to a criminal justice class regarding Children's Division.
- Alternative care Supervisor maintains contact with various service providers to discuss concerns/updates.
- Circuit Manager has presented to University of Central Missouri Master's students working towards Child and Family Development degrees.
- Investigative supervisor and Circuit Manager attend a yearly Sedalia 200 Social Worker meeting along with many contacts with them throughout the school year.
- 18th Circuit has a collaboration with Early Head Start for a home visitor to meet with up to six children who have an open case with Children's Division or are in alternative care. They meet with the biological parent and/or foster parent at least weekly. This person is also a liaison with Children's Division and Early Head Start and is located in the CD office.
- Meet monthly with Burrell Behavioral Health staff.

43rd Circuit:

- Regular meetings are held with the larger school districts in the circuit. Some are monthly and some are bi-monthly. The smaller schools are targeted during Educational Stability Meetings.
- There are several fundraising and recruitment events that Foster Adopt Connect schedules. They have created new programs to provide services within the community.
- There are monthly and/or bi-monthly meetings with Trenton and St. Joseph Child Advocacy Centers in all five counties in the circuit to review the ongoing cases that have Children's Division and Law Enforcement are co-investigating.
- Children's Division participates in fatality review meetings in all five counties within the circuit.
- The Circuit Manager attends an annual school counselor advisory board for the Hamilton school district. This is a community-based meeting to discuss what topics the school counselors will be covering with their students throughout the year. They cover abuse and neglect, suicide and mental health, bullying, communication/decision making, appropriate peer relationships, etc.
- A community organization in Lathrop makes quilts and hygiene bags for foster children and donate to Children's Division multiple times a year in exchange for Children's Division speaking at their community event.
- Prevention Workers are meeting with schools, law enforcement, and other community organizations to recognize needs with the community and develop strategies to reach families in need before they are in crisis.

Southeast Region:

23rd 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.
- 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 Children's Division has a representative that sits on the monthly Child Fatality Review Panel. All fatality cases of children (0 - 17) in Jefferson County are reviewed. The cases remain on the review list until the medical examiner has determined 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 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 in, or have recently left, the foster care system.
- 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.

24th Circuit:

- Children’s Division in the 24th Circuit works closely with the Faith-Based partners in each of the four counties. Liaisons in all four counties reach out to many of the churches in the circuit to assist with resources for families as well as building support networks. The Faith-Based partners also work with the Children’s Division throughout the year to plan and coordinate a Christmas party and provide presents for the children in alternative care. Other events include CD and Faith-Based partners coming together for recruitment activities within the community to build the pool of available resource parents.
- Children’s Division staff have also been directly involved in development of the newly implemented Family Treatment Court in the 24th Circuit. Quarterly meetings of the Steering Committee are attended. The committee is apprised of Juvenile Court Officers, local attorneys, Circuit Court Judge, Circuit Commissioner, County Health Department Director, representative of Department of Mental Health administrative agent, law enforcement, a community member, and a school representative. This team assists the Treatment Court team with implementation and development of protocols to design a program that is beneficial and productive for clientele. There are two dedicated Children’s Division workers and one supervisor who work directly with the team to

provide the participants and families with services that promote successful intervention. This has been a huge impact to circuit success in reunifying families involved with substance abuse issues.

- Two circuit supervisors attend monthly meetings for Child Advocacy Center multi-disciplinary team staffing. This is to identify needs in the cases that will move toward prosecution through criminal charges. These meetings are to enhance practice as a multi-disciplinary team following and advocating for victims of abuse.
- At least one Children's Division representative attends monthly Systems of Care meetings in the 24th Circuit. These are in collaboration with school personnel, DMH administrative agents, and other community stakeholders. These meetings are very successful in integrating services and best practice to those families in the community who are involved with several different agencies.
- Children's Division has representation with the Washington County Health Coalition. These meetings are quarterly and the group collaborates on health issues impacting the county. These concerns may include COVID-19 issues as well as Opiate use in the community. Membership of this coalition is comprised of school personnel, health department, other members of the medical field, community members, law enforcement, and other agencies.
- 24th Circuit also works locally with Juvenile Court Judges, attorneys, and Juvenile Court staff yearly to exchange feedback to best serve families. Training needs for Children's Division workers and Juvenile Office staff are also discussed.
- 24th Circuit also represents Children's Division in the community based Well of Hope organization in Washington County. This group meets quarterly to educate the community and assist with resources.
- Staff continue to work towards community collaboration throughout the year by giving presentations at various teacher workshops, health fair events, and other community events within the four counties of Washington, St. Francois, Ste. Genevieve, and Madison.

25th Circuit:

- Children's Division works with The Community Partnership (TCP) in Rolla in a number of ways:
 - Contractor for the Chafee Independent Living program
 - Contractor for the Personal Responsibility Education Program for foster youth (sex education classes)
 - Co-Host and sponsor of the Annual Linking Hearts Adoption Event
 - Partnership staff serve as a regular community member for adoption staffing

- Serves as an information and referral network to connect Children’s Division workers and their clients to various resources in the 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. The Children’s Division is also a part of the Case Review Committee (CRC) team. This is a multi-disciplinary 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 and 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 multi-systemic 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 multi-systemic strategies to reduce youth opioid abuse and opioid-related deaths.

- Meramec Regional Planning Commission has also implemented Seeking Safety: a coping skills approach to help people attain safety from trauma and/or addiction from opioid use disorder or other substances. It is present-focused and designed to be safe, optimistic, and engaging. The treatment is highly flexible and can be conducted in group or individual format; open or closed groups; with any gender; adults and adolescents; any length of time available (using all 25 topics or fewer); any treatment setting (e.g., outpatient, inpatient, residential); and any type of trauma and/or addiction. The program can be used from the start of treatment as it is stabilization oriented. Seeking Safety has been implemented for over 20 years in diverse types of programs, including community-based, mental health, addiction, criminal justice, veteran/military, adolescent, school, and medical settings.

Throughout the program, participants will learn the following skills:

- coping skills,
- how to set and stick to boundaries, and
- grounding techniques (which will be practiced on site.)

Those who have an Opioid Use Disorder (OUD) and/or a Substance Use Disorders (SUD) will benefit from the lessons taught during this program by learning to identify triggers and how to positively cope with them and learning about community resources that will be individualized to fit their specific needs.

Classes will last approximately one hour for both the male and female participants and will be taught over the course of 10 weeks. Participants that complete at least six of the 10 classes will receive a certificate of completion.

- 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 Circuit 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.
- System of Care with OZH Behavioral Health Center is composed of community members, families, youth, and others from a variety of backgrounds and organizations to share available resources and brainstorm solutions for families, youth, and clients in the community. Similar meetings are held with the Rolla Public School district.
- Pulaski County Community Network meets once a month with multiple agencies, religious organizations, etc., working on homelessness in the Pulaski County area.

- Phelps County Missouri State Representatives are currently in the process of setting up a community collaboration meeting that will take place in Rolla Mo. The goal of this meeting is to approach child welfare as a community partnership.

32nd Circuit:

- Children’s Division is working with Community Partnership of Southeast Missouri. Community Partnership offers the following services for families;
 - *Every Day Dad – working with fathers to strengthen families
 - *Missouri Mentoring – designed to help young mothers and fathers up to age 26 who are pregnant and/or parenting
 - *Community Health Care Worker – works with families to help understand and manage health needs.
 - *South Side Village – uses affordable housing as an anchor for childcare employment opportunities, education, and job opportunities.
 - *Cape Afterschool program – Helps to support families and children by providing high-quality, researched-based academic and enrichment activities.
 - *RISE – a program to help individuals overcome challenges of living paycheck to paycheck. This program entails members attending classes and work with a coach for life skills and self-sufficiency.
 - *Re-entry program – Assists adult offenders in re-entering society.
 - *There is also a program to assist with barriers in obtaining and maintain stable housing.
- Children’s Division is also linked with Foster, Adopt/Connect which offers support and training to foster parents in the Southeast.

We are currently working a pilot program through Foster, Adopt/Connect with the Hope House. This is a program whereby we can place children who come into state’s custody on an emergency basis where no fit and/or willing relatives have been initially located. Staff at the Hope House will complete extreme recruitment in searching for family members to potentially place the children when CD cannot easily locate extended family. The Hope House will take placement up to 30 days and possibly as much as 60 days while trying to locate other placement options.
- The 32nd Circuit partners with the Early Prevention Impacts Community (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. EPIC and CD staff have worked to promote activities and provide support for children and families. Recently EPIC has added parenting classes and parent aides for families in the 32nd Circuit.
- The 32nd Circuit staff are also able to refer to Parents as Teachers program as well as Educare services. This also includes Home Visiting and the ability for parents to attend a Parent Café for extra support.

- The 32nd Circuit has Fatality Panel meetings to look at ways to possibly reduce fatalities, look for trends, and possible risk factors, and quarterly meetings with Safe/Care providers.
- In an effort to help parents, the Children's Division partners with One City, which is a program to help adults find gainful employment in the Cape Girardeau area. One City provides support through education and employment assistance with interviews, resumes, and connections in the community.

33rd Circuit:

- 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, Boothell 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.
- Multi-disciplinary team meetings are held quarterly. Law Enforcement, Prosecuting Attorney, CAN Supervisor, and the Juvenile Office meet and speak about how the process is going, pending cases, and discuss any concerns as they arise.
- In an effort to help parents, the Children's Division partner with One City, which is a program to help adults find gainful employment in the Sikeston area. One City provides support through educational assistance with interviews, resumes, and connections to the community.
- Children's Division collaborates with Care Portal which helps supports meeting physical needs for our families. Care Portal has provided many families with meeting needs to repair homes, transportation, clothing, food, household items, and much more.
- The 33rd Circuit is able to refer to Parent as Teachers Program as well as Educare services.
- The 33rd Circuit is involved in Family Treatment Drug Court which is partnered with the Juvenile Office and Department of Mental Health through Boothell, who have now created a drug treatment program our families attend. There is a dedicated Children's Division worker and supervisor who work directly with the team to provide families with services that promote successful intervention.
- The 33rd Circuit Children's Division has also partnered with two local churches who help support the recruitment of Foster Parents, activities for our foster children, and activities for staff members in the 33rd Circuit.

34th Circuit:

- The Pemiscot County Initiative Network (PIN), based in Caruthersville, has been able to obtain some funding to assist with the needs of children in foster care. This very generous resource has been able to assist with the purchase of activity fees for children as well as instruments, sports equipment, camp fees, uniforms, etc.
- Children’s Division collaborates with the Salvation Army in the Bell Ringing for both counties. In 2022, bell ringing occurred at Hayes’ Supermarket in Caruthersville as well as Walmart in Sikeston. In turn, Salvation Army assists CD with requests for funds for families throughout the year. Salvation Army also assists CD with the annual foster care Christmas party.
- The First Baptist Church in Caruthersville assists with an annual donation of Easter baskets for foster care youth, and another church donated white boards for both offices to be used in meetings. In addition, several foster parents are members of various churches which have resulted in donations of needed items as well as one church donating the use of their church property last Christmas for the annual party for youth in foster care.
- CD staff participates in the monthly Resource Council meeting at the Family Resource Center in New Madrid. Monthly Resource Council meetings involve many participants and represents various agencies in the circuit including hospitals, Administrative Agents, service organizations, emergency management, etc. Each agency provides a summary of their services or any special events that are planned. These services are then brought back to CD staff who make referrals to various programs as needed.
- Both counties in the circuit also participate in Multi-Disciplinary Team Meetings during which the CAC, law enforcement jurisdictions, and Prosecuting Attorney’s offices review all referrals to the CAC for outcome data from CD and law enforcement and to track court cases resulting from CD involvement.
- Pemiscot County Children’s Division staff continues to participate in the Family Support Provider’s Coalition which is a team of community representatives who meet monthly to discuss community activities, events, agency offerings, etc.
- Although the Jurist in Residence program has ended, CASA has begun to accept referrals from the Juvenile Office and at least one child has been matched with a CASA worker. The program manager is in the process of contacting local churches and other community organizations in order to develop a volunteer base to build the program.

35th Circuit:

- Systems of Care Stoddard County meets 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 wrap around services for families with children with severe mental health and other issues.

- Stoddard County Resource Council meets monthly and 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 are not limited to MERS Goodwill, Bootheel Counseling, MPACT, Parents as Teachers, and Stoddard County Case Management through the Department of Mental Health.
- Parents as Teachers hosts a semi-annual meeting and is attended 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 youth in college, planned parenting, and working for investments in the future.
- Infant Mortality Board through Bootheel Consortium-Dunklin and Stoddard meets quarterly to focus on exploring strategic ways to prevent child deaths, targeting pre/post-natal women and families struggling with mental health issues.
- Child Fatality Review Boards-Stoddard and Dunklin have periodic meetings to review deaths of children age 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, procedures, legislation, and how all agencies can work more congruently together.
- Multi-Disciplinary Reviews-Stoddard and Dunklin meets quarterly with Child Advocacy Centers, Prosecutors, and Law Enforcement. The meeting serves to advise all parties the status of pending CAN and criminal investigations in regards to children that have completed SAFE exams.
- Children's Home board meetings are held 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 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 businesses 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:

- 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, and 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, Department of Health Senior Services, 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 FCC 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.
- 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 and 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, and 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 and 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 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 and the training team in the 36th Circuit often partner to provide resource parent pre-service and in-service training on a monthly basis. FAC manages a number of resource homes within the Circuit which is a support to the local resource team. The FAC licensing worker also attends the monthly unit meetings with CD resource unit to assure more consistent service delivery for resource families.
- 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 meetings, 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 – Children’s Division, 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 children 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 when needed. Great Circle is also a Level II CQI participant.
- Butler County Truancy Court - Children’s Division, the school attendance officer and Juvenile Office have developed a very good system of collaboration on truancy cases. A lead worker in 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.

- Quarterly Collaboration Meetings - CD, Family Counseling Center, and Juvenile Office meets for breakfast to discuss service delivery issues, improve interagency protocols, and address concerns.

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 provides 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 circuit also partners with the Diaper Resource Center, which provides diapers to those in the 37th Circuit with need. They also work with foster parents who may have children with special needs that require additional diapers that the Children's Division diaper allowance or Missouri Health Net does not cover.
- The 37th is also fortunate to partner with The Chaos Closet. This is a new not-for-profit organization that helps provide necessities for children who are in care. They help provide clothing, beds, or any necessities that children may need.

42nd Circuit:

- The 42nd Circuit has Systems of Care Meetings in Wayne County and Reynolds County. These monthly meetings coordinate services and care for families in need in the community.
- Quarterly Multi-Disciplinary meetings are held in Crawford, Dent, Iron, Reynolds, and Wayne counties with Child Advocacy Centers that service the area. A representative

from CD in the Circuit, typically the CAN supervisor, attends these meetings to provide updates and needs on cases.

- Circuit staff participate in meetings with CASA to collaborate on any case issues or concerns.
- Iron County Health Coalition meets monthly to discuss needs in the community. This coalition includes members from all of the large community organizations including CD, the schools, the health department, juvenile office, etc.
- In Dent County, Birthday Blessings provides birthday presents for all children who are in care in the county.

Southwest Region:

26th Circuit:

- The 26th Circuit currently has collaboration with area schools in five counties including monthly meetings with the Lebanon School District and quarterly visits with Eldon School District. The Camdenton School District holds an event twice a year to discuss Children's Division's mission, new policies and changes as well as any struggles or concerns the school may have.
- 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 meets with the Chief Juvenile Officer periodically to discuss concerns and new ideas for the Circuit. We have also started Fostering Court Improvement activities and meetings.
- All Counties have MDT meetings and Leadership meetings are held with Law Enforcement, Kids Harbor, Prosecutor, Juvenile Office, and Children's Division.
- Fostering Hope – Living 2 Give 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. Fostering Hope facilitates many activities for families and children in the 26th Circuit.
- Preferred Families received the Regional Partnership Grant (RPG) and partners with the 26th Circuit Children's Division to provide services to provide families with services to decrease substance abuse, increase safety and well-being, and achieve permanency.
- Circuit Manager meets with Kids Harbor Leadership to facilitate resources for families and training for staff.
- Laclede County Collaboration meets monthly to provide community training, collaboration for services, prevention, and resources to all community partners.
- Camden County Community Responders meeting occurs monthly with hospital staff, Law Enforcement, Fire Department, Prosecuting Attorney and other community partners meet to discuss concerns, resources and prevention.

- Central Missouri Foster Care and Adoption Association is a non-profit agency that educates, supports, and advocates for foster and adoptive children, youth, and families in central Missouri by offering services and partnering with community and the 26th Circuit Children’s Division to develop healthy and self-sufficient individuals and families.

Services include:

- Community Connections Youth Project-provides tools and skills for transition to adulthood (social support, housing, education, employment, and physical and mental health)
- 30 Days to Family- locates relatives for placement
- Kinship Navigator-provides support to relative caregivers
- Family Development- Supports to foster parents
- Begin Again Backpacks- provides items to kids entering foster care
- Odyssey- Fun events and activities for foster youth

27th Circuit:

- The 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 cases, attend home visits with Children’s Division staff, etc. Children’s Division holds monthly court staffing meetings between the Juvenile Office, GAL, and Children’s Division staff for all four counties to better prepare for each month’s juvenile court hearings. Normally, these court staffing meetings are held the Monday prior to the scheduled Juvenile Law Day. These court staffing meetings 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. 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 thriving, successful, contributing adults. 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, include

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 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.
- All counties have MDT meetings held with Law Enforcement, Prosecutor, Juvenile Office, Children's Division, and Children's Center (Bates/Henry/St. Clair) or Child Safe (Benton).
- Zoe's Home- Zoe's Home is a maternity and parenting home in Clinton, MO.
- The 27th Circuit currently has collaboration with area schools in four counties including monthly meetings with ten school districts in the Circuit. Participation in these meetings consist of Children's Division, Juvenile Office, Compass Health, and school officials. These meetings are held to discuss at-risk children that can be referred to necessary resources/services.

28th Circuit:

- 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 backpack 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 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.
- Collaboration occurs with The Child Advocacy Council which 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 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.
- The 28th circuit works with the 27th circuit each year and an organization called Area 4C that puts on a one-day youth camp for the 27th and 28th as well as an older youth camp for three days and two nights.

29th Circuit:

- The 29th Circuit has been working closely with community partners to establish a Family Drug Treatment Court. This was envisioned and has been in the works for years, but finally got off the ground and we are building up the number of families involved currently. This partnership is pulling together the court, mental health, substance abuse professionals, CD, and other partners to address this identified need and get at one of the root causes of child abuse and neglect and substance abuse.
- Camp Soroptimist was restarted last year after a few years being paused because of the COVID-19 pandemic. This weeklong overnight camp is for children in foster care and is put on with numerous partners who bring money, volunteers, food, crafts, and activities to the table. There are too many community partners to list but this 30 plus year long-standing tradition will continue and planning has already started for camp this summer.
- 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. 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 host the 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.

- There is a local monthly provider network meeting comprised of many non-profit (and some for-profit) agencies working with children and families. Our CD Director came and spoke to the group at the most recent meeting in April.

30th Circuit:

Dallas

- 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 the schools, Department of Mental Health, 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.
- Grace Community Church has collaborated with Children's Division to supervise visits, help with the CD "closet," started a Foster Parent Support Group, and been a panel member for STRONG class.
- The Haven provides diapers/Parenting supplies for CD referred clients.
- DIVAS, which is a ladies group in Dallas County, is a CD support.
- Market 116 is a local retailer who put an Angel Tree up at Christmas to sponsor the children of Dallas County for Christmas.
- Missouri Extension Center/4H continues to partner with CD to do trainings for Foster Parent Support Group.
- Buffalo School (FBLA) provides stockings for children at Christmas time.

Webster

- The Webster County Children's Division Supervisor sits on the Parents as Teachers Advisory Board in partnership with the Marshfield R-1 School District.
- There are collaborative meetings between the Webster Co. Health Unit and numerous partner agencies to further provide resources and education to Webster County.
- Every year, Webster Co. partners with the Marshfield Police Department and Walmart to provide foster children gifts through the Shop with a Cop program.
- A Webster County Children's Division representative participates in drug court twice a month as an advisory member.
- Webster CD also partners with The Forgotten Initiative, or TFI, a ministry focused on supporting the people who support children in foster care (foster parents and social workers alike). They provide a clothing closet, visit room, beds, food for workers at long court hearings, special events for foster parent and social worker recognition, and numerous other services that are a huge benefit to the local office.

- Specialist meets with the Marshfield R-I panel and works on trends/issues/collaboration around policy and procedure with the schools.

Hickory

- Hickory County has a new program through OCHC called Ozarks Community Health Center Foster Care Initiative. They help foster families, foster children and youth transitioning to independent living.
- OCHC partnered with CD to provide, “Could you survive a month in Foster Care? A Foster Care simulation” Set for 5/5/23.
- Each year individual schools have events they hold in order to assist the Hickory County foster children with backpacks, school supplies, personal hygiene items and blankets.
- Eagles/Shriners/Churches: Each year these organizations assist with the foster children Christmas by providing gifts and/or needed items. They also recognize the foster parents’ needs at this time of year and acknowledge them as well.
- Local law enforcement has Shop with a Cop program and will make sure foster children are included in the program. They also do the “Angel Tree” where community members choose a star off the tree and purchase items for families and children in need.
- Hickory County Cares has a local second hand clothing shop that is available to CD at any time to get emergency clothing, shoes, etc., for children who come into care. All these supports work closely with the local CD on these projects.
- Skyline schools’ FBLA club-Toy drive, quilts, stuffed animals for foster children.
- Hickory County Quilters at Hermitage First Baptist Church-pillows, pillow cases, duffle bags and quilts for foster children.

Polk

- Polk County Children’s Division is a member of the Community Connections Team 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 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.
- The Polk County Children’s Division attends meeting with the Keeling Foundation/Polk County Cares as well as being a member of the Bolivar Area Chamber of Commerce.
- CD also collaborate with CMH on their NAS/SUD Addiction Recovery Program.

31st Circuit:

- The Child Abuse and Neglect Collaborative has been meeting regularly since January 2013. Membership includes representatives from many areas, including mental health, schools, child advocacy, childcare, victim's services, health/medical services, and public and private child welfare agencies. Members partner together to prevent child abuse and neglect through the following priorities:
 - Prevent child abuse and neglect through strengthening families.
 - 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.
 - All businesses, civic, and faith-based organizations in Greene County that work with children will support families through positive parenting practices.
 - Develop a state of the art child welfare system in Greene County, ensuring all children, families, and caseworkers will have the necessary training, support, and services needed for successful outcomes.
 - All suspected child abuse and neglect will be reported to the Missouri Child Abuse and Neglect Hotline
- Greene County Children's Division also has representation on the following workgroups/ advisory groups/boards that meet regularly: 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, Drug Poisoning Task Force, EPICC, Faith Based, High Risk Victims Task Force, Regional Early Childhood Hub, Building Resilience, and The Family Justice Center. There are regular meetings with the court, such as Fostering Court Improvement, Family Dependency Treatment Court, and bi-monthly meetings with the Juvenile Judge.

38th Circuit:

- The 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 nonprofit organization based in Ozark, Missouri at James River Church. Cherish Kids helps with the recruitment of foster families, with locating families for children who need placement, and with special requests for a foster child such as sports equipment, band instruments, and other requests. In addition to this, they

hold numerous events throughout the year to support foster families and children in their home.

- Abundant Blessings is a faith-based nonprofit organization located in the Circuit. Abundant Blessing is a clothing bank which provides used clothing and shoes to foster children as well as other needy families in the Ozark and Nixa school districts.
- Another community partner in the Circuit is the Nixa Christian Church. They help with needs of Intact Families who have Family-Centered Services through the agency. This partner provides items such as beds, mattresses, Christmas gifts, Easter baskets, as well as other various requested items needed by families.
- The Circuit attends various community-based meetings, including meetings with the Ozark School District and Nixa School District to discuss students for whom the school has concerns and locate services outside of the school's scope of service.
- Children's Division attends Christian County Homeless Alliance meetings focusing on homeless youth in Christian County and working toward solutions for these youth.
- The Circuit is part of a Sex Crimes and Child Abuse Task Force consisting of the Child Advocacy Center, Prosecuting Attorney's office, Emergency Management, Law Enforcement agencies, School Resource Officers, and Children's Division in training for/and identifying crimes for those involved in above cases to ensure consistency across the board.
- A quarterly meeting is held with the Court partners (Judge, Juvenile Officers, GAL), CD, FCCM and CASA to discuss best practice and any strengths, kudos or concerns an agency may have. Quality changes and improved partnerships have occurred through this process.

39th Circuit:

- The Circuit 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 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, RPG, Juvenile Officers, medical facilities, Law Enforcement, Vocational Rehab and Division of Youth Services. Through this meeting, leaders problem solve together and often discuss individual cases to ensure the system surrounding a family is functioning well.
- The Circuit has developed a partnership with Local Churches (Eagle Rock Methodist and Kimberling City Seventh-day Adventist Church) who provide blankets; "love Bags" for

children entering foster care that contain personal hygiene items, a stuffed animal, pajamas, and socks/underwear; and clothing for children under 6 years old.

- The Circuit partners with Family Advocacy Solutions and Life 360 in Monett to provide support and training options to foster parents. FAS hosts “block parties”, game nights, food truck events, and adds a training component so that the foster families are having fun day/nights out while also meeting training requirements. CD staff attend and spend time with the kids and provide supervision for the foster kids while the training is occurring.

40th Circuit:

- 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 Exchange Club also now oversees the funds previously managed by The Friends of Newton and McDonald Co. These funds can be used for children in foster care for such things as Christmas gifts and celebrations, prom expenses and other needs not met by the State.
- The Circuit also partners with Freedom Church in Neosho. This community partner has supported such activities as providing their facility and volunteers for the Christmas party for foster youth ages 12 and under. Freedom Church has developed a volunteer program that recruits and trains people to provide supervision for visits between parents and children in the foster care system.
- Fostering Hope assists graduating students with their senior portraits and invites the Resource and Adoptive parents in the 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 as well as Easter Baskets, birthday cards, and any other items needed for foster children.
- Ignite Church, The Neosho United Methodist Church, Griffith Motor in Neosho and Freedom church in Neosho sponsor all the kids in foster care that are case managed by Children’s Division at Christmas time with Angel Trees. This is a tremendous support and help to the resource parents. They also helped us along with Domino’s Pizza sponsor Christmas parties for our kids.
- Newell Co (formerly known as Sunbeam) has partnered with the Children’s Division for several years at Christmas time to provide gifts for kids who are residing with their families but need a little extra support.
- The Lutheran Women’s Missionary League from the First Lutheran Church in Neosho is has monthly item they collect. These items have included backpacks and duffel bags for kids, pajamas and socks, underwear and diapers. They plan to collect cleaning items and child-friendly food baskets.

- Shoe Sensation in Neosho sponsored a shoe and school supply drive for our kids and helped with Christmas presents.
- West 60 Cycle holds 2 poker runs that take donations for toys and gift cards for us.
- The United Methodist Women’s Group in Anderson just partnered with us to appreciate foster parents and staff and help with needs.
- Foster Closet just opened up in McDonald County to help families in that county get clothes and items for children in foster care. They are hoping to expand to holding classes, groups, and therapy in their office.
- Access Family Care has provided our office with covid supplies and resources. They now have a dedicated liaison for us to help get clients connected to medical and mental health services quickly.

44th Circuit:

- 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 Circuit works 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 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 continues to work closely with the Children’s Division to meet the needs of youth and families in the area.
- The 44th Circuit has a Foster-Adopt Connect branch based in Mountain Grove. We partner with this agency to help provide training, resources, and support to foster-adopt families, as well as providing a family advocate for all types of families.
- The 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, and adoption and graduation acknowledgements.
- Each county in the circuit has a multi-disciplinary team that looks at child/abuse concerns with law enforcement, CAC, prosecuting attorneys, and victim advocates.
- To raise awareness for prevention of child abuse and neglect, Douglas County partners with the Chart Go Blue committee to plan committees and activities that raise community awareness in this area.
- The schools host “at risk” meetings, allowing the schools to discuss concerns and team members can share resources for family in need.

- Children’s Division has participated in Opioid/Substance abuse task force in each county which resulted in a grant that now employs community navigators who help those with addiction issues navigate the system and have meaningful access to resources. Most recently, Children’s Division and the task force members are working on a mentoring activity called Empower Youth that provides individual mentors as well as group activities focused on hands-on life skills.

46th Circuit:

- The Circuit collaborates with Bloom Church to provide Christmas gifts to children in protective custody as well as to recruit foster homes.
- The Circuit collaborates with Ambassador’s For Children to provide clothing and other items for children experiencing foster care. AFC provides a mobile clothing closet two times per year to reduce the need to travel to Springfield for resources. Referrals for other special items can also be referred to AFC by the case managers.
- FosterAdoptConnect has begun providing mobile services through Sammy’s Window to support foster families in Taney County.
- The Circuit has relationships with My Very Own, Suitcases for new beginnings, and Branson United Methodist Church to provide a duffel bag with comfort and hygiene items to every child that enters custody in Taney County.
- The Circuit collaborates with Women On Mission from Forsyth Baptist Church to provide children’s books, games/activities, snacks and socks/underwear, and support for special activities.
- The Circuit participates in the Community Health Assessment conducted by the Taney County Health Department to determine service and initiative needs in the community.
- The Circuit has joined the Ozark Wellness Network which meets monthly to support collaboration, share resources, and educate members on topics important to our community.
- A representative from the Circuit attends a monthly agency luncheon hosted by Ozark Mountain Country Cares to provide an opportunity for collaboration between community support agencies.
- The Circuit collaborates with the Taney County Health Department to provide specialized training opportunities for staff such as car seat safety and QPR Suicide prevention. We also participate in referring or distributing grant based items including lock boxes for safe medication storage and safe sleep environments for infants.

Jackson County:

- 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.

Assessment of Performance

Case Review Tool and Process

When the 2020-2024 CFSP was written, the Children's Division's case review tool was housed in the agency's case management system (FACES). Case sampling was completed using a sampling tool within the system. The internal case review tool was designed to mirror the On-Site Review Instrument (ORSI) in all aspects, to include the formatting of the questions and rating logic. With the development of CFSR Round 4 site in the Online Monitoring System (OMS), Missouri made the decision to begin using the OMS to store case review data.

Safety Outcomes 1 & 2

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

Missouri's CFSR Round 3 Statewide Data Indicator dated January 2019 indicated the Children's Division successfully met both safety indicators. For Maltreatment in Care, Missouri's Risk Standardized Performance (RSP) was 6.89 victimizations per 100,000 days in foster care. This was below the then national standard of 9.67. And, for Recurrence of Maltreatment within 12 months, Missouri's RSP was 5.4% which was below the then national standard of 9.5%.

The most recent CFSR Round 4 Statewide Data Indicator dated February 2024 indicates that Missouri continues to fall below the national performance. For Maltreatment in Foster Care, Missouri's performance is 6.71 while the national performance is 9.07. For Recurrence of Maltreatment, Missouri's RSP is 4.0% which is significantly lower than the national performance of 9.7%.

Missouri state statute requires all hotline reports to be initiated within 24 hours of receipt. The timeframe requirement for initial safety contact is based on the priority level assigned at the time

the hotline is accepted. State policy allows multi-disciplinary team (MDT) members to make the initial face-to-face contact for safety assurance. The MDT member may include law enforcement, local public school liaisons, juvenile officers, juvenile court officials, or other service agencies. If a multi-disciplinary team member assures safety, Children’s Division staff must see all children within 72 hours of the report date and time.

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

According to the Round 3 CFSR Final Report, Missouri was found to have a 93% (28/30) substantial conformity rating for Item 1. Despite this, Children’s Division included timely initial contact of children following a hotline report as a goal on the 2020-2024 CFSP as the administrative data supported a decline in performance. The Round 4 CFSR Final Report noted a 72% (18/25) substantial conformity rating for Item 1. Further information on activities taken throughout the 2020-2024 CFSP can be found in the Plan to Enact the State’s Vision section of this report.

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

For Safety Outcome 2, 58% of cases reviewed during CFSR Round 3 were found to be substantially achieved. This performance was consistent with CFSR Round 4, with 57% of cases determined to be substantially achieved.

Item 2, Services provided to the children to remain safely in their homes, was rated as an area needing improvement during Missouri’s Round 3 CFSR, with 52% (12/23) of cases receiving strengths ratings. For CFSR Round 4, 71% (22/31) of cases reviewed received strength ratings.

A significant policy development occurred with the passage of House Bill 1414 in August 2020. The legislation increased focus on Temporary Alternative Placement Arrangements (TAPA) and services to support families and safely keep children out of foster care. Policy was released in July 2021 which requires Team Decision Making (TDM) meetings with any temporary, voluntary placement arrangement. The law also requires a Family-Centered Services case be opened with families who voluntarily place their children outside of the home and these placements last more than ten days. Tools have been created to assist staff with documentation of immediate safety concerns and identification of the services that will be offered to the family to address the safety concerns.

Item 3, Risk and Safety Assessment and Management, was rated as an area needing improvement during CFRS Round 3, with 60% (39/65) of cases rated as strengths. The CFRS Round 4 Final Report notes 58% (38/65) of cases received strength ratings.

The Structured Decision Making (SDM) Safety Assessment was introduced by policy in December 2021. An initial safety assessment is required to be completed for all investigations, assessments, Newborn Crisis Assessments and Out-of-Home investigation reports. If the initial safety determination was “unsafe” or “safe with plan”, a review or update of the safety assessment is required prior to case closure. Children’s Division is currently working with consultant partners to enhance the Risk Assessment tool to lead to the utilization of a SDM validated process to assess risk and drive prevention practice.

Because Safety Outcome 2 was not found to be in substantial conformity in CFRS Round 4, Items 2 and 3 will be addressed in the Program Improvement Plan.

Permanency Outcomes 1 & 2

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

Missouri’s CFRS Round 3 Statewide Data Indicator dated January 2019 indicated the Children’s Division successfully met three of the five permanency indicators. The most recent Statewide Data Indicator for CFRS Round 4, dated February 2024, indicates Missouri continues to meet the same three measures.

In Round 3, performance for permanency within 12 months of entering custody did not meet the then national performance of 42.7%. The Risk Standardized Performance noted in the data profile was 31.6%. For Round 4, Missouri’s risk standard performance is 26.7% as of February 2024 which is well below the national performance of 35.2%. Since Missouri does not meet or exceed national performance, this measure will be addressed in the Round 4 Program Improvement Plan. Missouri’s baseline performance has been identified as 29.6%. The observed performance goal for Round 4 is 31.5%.

In Round 3, performance for permanency within 12 months for children in custody between 12-23 months met the then national performance percentage. Missouri’s RSP was 49.7%, while the national standard was 45.9%. In Round 4, Missouri’s risk standard performance is 47.3% as of February 2024, which exceeds the national performance of 43.8%.

In Round 3, Missouri also met the national performance for permanency within 12 months for children in custody for more than 24 months. The national performance was 31.8%, and the RSP for the Children’s Division was 34.3%. According to the Round 4 Statewide Data Indicator dated February 2024, Missouri is no different than national performance. Missouri’s RSP is 37.5% and the national performance is 37.3%.

In Round 3, the national performance for re-entry into foster care was 8.1% or less. This measure was met as the RSP for Missouri was 5.0%. Missouri continues to perform better than the national percentage according to the Statewide Data Indicator dated February 2024. Missouri's RSP for re-entry into foster care is 3.8% while the national performance is 5.6%.

The final permanency indicator is placement stability. The national performance for Round 3 was 4.44 or fewer placement moves per 1,000 days in care. According to the 2019 data profile, Missouri's performance was 5.94, above the national performance for a measure in which a lower rate is preferred. Placement stability continues to be a measure that Missouri does not meet. The national performance in Round 4 is 4.48 and Missouri's performance as of February 2024 is 6.23. Since Missouri is performing worse than the national placement rate, placement stability will be addressed in the Round 4 Program Improvement Plan. Missouri's baseline performance has been identified as 6.54. The observed performance goal for Round 4 is 5.87 placement moves per 1,000 days in care.

Permanency Outcome 1 was not in substantial conformity during CFSR Round 3, as the outcome was found to be substantially achieved for only 23% (9/40) of the cases reviewed. In CFSR Round 4, Permanency Outcome 1 was substantially achieved in 10% (4/40) of cases reviewed.

Item 4, Stability of Placement, was rated as an area needing improvement during CFSR Round 3, with 88% (35/40) of cases receiving strength ratings. Missouri was unable to reach the Program Improvement Plan monitoring goal established for Round 3, resulting in the assessment of federal penalties. Eighty percent (32/40) of the cases reviewed in CFSR Round 4 were rated as strengths.

Item 5, Permanency Goal for the Child, was rated as an area needing improvement in CFSR Round 3, with 55% (22/40) of cases receiving strength ratings. Missouri was unable to reach the Program Improvement Plan monitoring goal established for Round 3, resulting in the assessment of federal penalties. In Round 4, 53% of the cases reviewed received strength ratings.

The use of concurrent planning in Missouri's child welfare system was addressed in the 2020-2024 Child and Family Services Plan. There was confusion among field staff about the required establishment of a concurrent goal. Concurrent planning policy was reviewed and revised to clarify that a concurrent goal is not required if the primary goal is something other than reunification. Additional steps taken during the 2020-2024 CFSP are outlined in the Plan to Enact the State's Vision section of this report.

Item 6, Achieving Reunification, Guardianship, Adoption, or Another Planned Permanent Living Arrangement (APPLA), was determined to be an area needing improvement in CFSR Round 3. Ten of the 40 cases (25%) received strength ratings. In CFSR Round 4, 27.5% (11/40) of the cases reviewed received strength ratings.

The Program Improvement Plan from CFSR Round 3 contained several strategies to help address timely permanency for children in Missouri's child welfare system. The first was the Permanency Attorney Initiative (PAI). Prior to CFSR Round 3, there were very limited attorney resources to represent agency staff in court. Attorneys within the Department of Social Service's Division of Legal Services were available on a referral basis but did not have capacity to support Children's Division staff in the vast majority of scheduled court hearings. The PAI identified new full-time attorneys dedicated to representing Children's Division both in court and in the provision of legal advice as permanency recommendations were being discussed. Another PIP strategy from CFSR Round 3 included the development of the Partnership for Child Safety and Wellbeing (PCSW), a collaborative group between the state agency and court partners. The PCSW continues to meet and discuss efforts to improve the timeliness of permanency for children in Missouri.

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

Item 7, Placement with Siblings, received an overall rating of strength during the Round 3 CFSR, with 97% of the cases receiving positive ratings. During Round 4 of the CFSR, Item 7 was rated as a strength in 89% (25/28) of the cases. This was the highest performing item in Round 4.

Item 8, Visiting with Parents and Siblings in Foster Care, was identified as strengths for 71% of the cases reviewed during Round 3 CFSR. Both frequency and quality of sibling visitation was rated as strength for 100% of the cases. Visitation between the child and father was not significantly different than visitation between the child and mother. The percentage of strength ratings for Round 4 CFSR fell to 59% (19/32). The frequency and quality of visitation with mothers was found to be sufficient for 64% (18/28) of cases and found to be sufficient for 62% (8/13) of fathers. For cases in which sibling visitation was required, 37.5% (3/8) were found to be of sufficient frequency and quality.

Item 9, Preserving Connections, was found to be strengths in 70% of cases during Round 3 CFSR. This performance was similar in Round 4 CFSR with 72.5% of cases found to be strengths.

During the CFSR in Round 3, 79% of applicable cases were rated as strength for Item 10, Relative Placements. The performance was also found to be strengths in 79% (31/39) of cases in Round 4 CFSR.

Item 11, Relationship of Child in Care with Parents, was identified as strengths in 58% of the cases in Round 3 CFSR. This item was rated as strengths in 38% (11/29) of cases in CFSR Round 4.

Well-being Outcomes 1, 2 and 3

Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs

Item 12, Needs Assessment and Services of Child, Parents, and Foster Parents, was overall rated as an overall area needing improvement, with 37% of the cases receiving strength ratings in Round 3 CFSR. In Round 4 of the CFSR, Item 12 received overall strength ratings for 38% of cases (25/65).

Sixty-two percent (62%) of cases reviewed were strengths in the identification of needs and provision of services to children in Round 3, compared to 66% (43/65) of cases in Round 4 CFSR.

Parents' needs were identified and services provided for 42% of the cases in Round 3 CFSR. There was a significant difference between mothers and fathers, with 58% strengths for mothers and 37% strengths for fathers. For Round 4 CFSR, Item 12B was rated as 40% (24/60) strengths, with 52% (30/58) of cases exhibiting concerted efforts to assess and address the needs of mothers. Concerted efforts to assess and address the needs of fathers was seen in 36% (14/29) of cases.

Foster parents' needs were identified, and services provided for 68% of the applicable cases in Round 3 CFSR and 67% of applicable cases in Round 4.

Item 13, Child and Family Involvement in Case Planning, was determined to be a strength during the CFSR in 48% of the cases reviewed with more efforts noted to involve mothers (68%) than fathers (45%). In Round 4 CFSR, Item 13 was rated as strengths in 39% (25/64) of the cases reviewed. Concerted efforts to involve children in case planning was determined to be rated as strengths in 65% (24/37) of the applicable cases. Concerted efforts were made to involve mothers in 59% (32/52) of the cases and 33% (25/64) of cases that were applicable for fathers.

Item 14, Caseworker Visits with Child, from the Round 3 CFSR was rated as strengths in 60% of cases. While the quantity of visitation between the case manager and the child was strong in foster cases, the quantity of visitation with all children of in-home cases was identified an area of concern. The quality of visitation with children was also an area of needing improvement. In Round 4 CFSR, Item 14 was rated as strengths in 68% (44/65) of cases. Foster care cases were rated as strengths in 65% (26/40) of cases while in-home cases received strength ratings 72% (18/25) of the time. Frequency for foster care cases was determined to be sufficient in 36 of the 40 records reviewed (90%) and frequency was determined to be sufficient in 20 of the 25 in-

home cases reviewed (80%). Quality of visitation was sufficient in 67.5% of foster care cases and 72% of in-home cases.

Item 15, Caseworker Visits with Parents, in Round 3 CFSR indicated 43% of cases reviewed received strength ratings. A substantial difference between the visitation with mothers (58%) and fathers (38%) was seen. In Round 4 of the CFSR, 38% (22/58) of cases reviewed received strength ratings. Consistent with Round 3, visitation was found to be of sufficient frequency and quality for mothers in 57% (31/54) of cases and for fathers in 33% (12/36) of cases.

Well-Being Outcome 2: Children receive appropriate services to meet their educational needs

Item 16, Educational Needs of the Child, was found to be strengths in 83% of the cases reviewed in Round 3 of the CFSR. In Round 4, 74% (29/39) of cases reviewed were determined to be strengths. Foster care cases were determined to be strength ratings in 73.5% (25/34) of the cases, while 80% (4/5) of the in-home cases applicable for Item 16 received strength ratings.

Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs

Item 17, Physical Health of the Child, was determined to be strengths in sixty-six percent (66%) of cases reviewed during the Round 3 CFSR. In Round 4, 48% (24/50) of cases received strength ratings. There was a significant difference between the foster care case outcomes (40%, 16/40) and the in-home case outcomes (80%, 8/10).

Item 18, Mental/Behavioral Health of the Child, was assessed to be strengths in 72% of the cases reviewed during Round 3 of the CFSR. Forty-seven percent (47%, 18/38) of cases reviewed in Round 4 received strength ratings. Foster care cases were determined to be strengths in 41% (9/22) cases, while in-home cases were determined to be strength in 56% (9/16) of cases.

Statewide Information System – Item 19

How well is the statewide information system functioning statewide to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?

The Statewide Information System was found to be in substantial conformity with federal requirements during CFSR Round 4 conducted in July 2023. Missouri believes that this item continues to be in substantial conformity.

The state operates a statewide information system known as the Family and Children's Electronic System (FACES). The system allows for family and children to be tracked from the moment of intake (hotline report) through the life of the case to permanency.

The system is utilized for all children in foster care; child abuse and neglect reports; and families enrolled in preventive services. FACES identifies the status, demographic characteristics, location of the child's placement, and permanency goals of every child in foster care. Staff update the electronic case record in FACES to capture the required information for federal reporting and best practice. Policy states that the case manager should record any placement change in FACES within 24 hours of the placement. All other foster care activities should be recorded at least every 30 days. Supervisory staff are responsible for monitoring the timeliness of data entry.

The custody status of every child in foster care is recorded on the Court Information and Legal Status Information screens in FACES. This includes the child's foster care begin date and the date the child achieves permanency, if no longer in foster care. As children leave foster care, the FACES system identifies their exit status. If children proceed to final adoption or legal guardianship arrangements that include subsidy, the case remains open, but the change in legal status and the date of the change is clearly identified. For children who exit foster care and custody is returned to the parent, or the youth reaches independence, the case is closed in the system and the exit date is recorded. For all children exiting foster care, their legal status history is maintained in the FACES system to provide a historical picture of all foster care stays.

When a child is placed in foster care, edits in FACES require the worker to enter demographic information and placement location. A case cannot be opened without this information, and policy requires the case to be opened in the system within 24 hours of the child's removal from the home.

All foster care placements entered into FACES are tied to the financial and licensing portions of the system. This ensures placements are valid and licensed, and that appropriate payments are issued. FACES also allows for temporary placements to be identified, capturing short-term placements, such as hospitalizations, when it is anticipated that the child will return to the original placement.

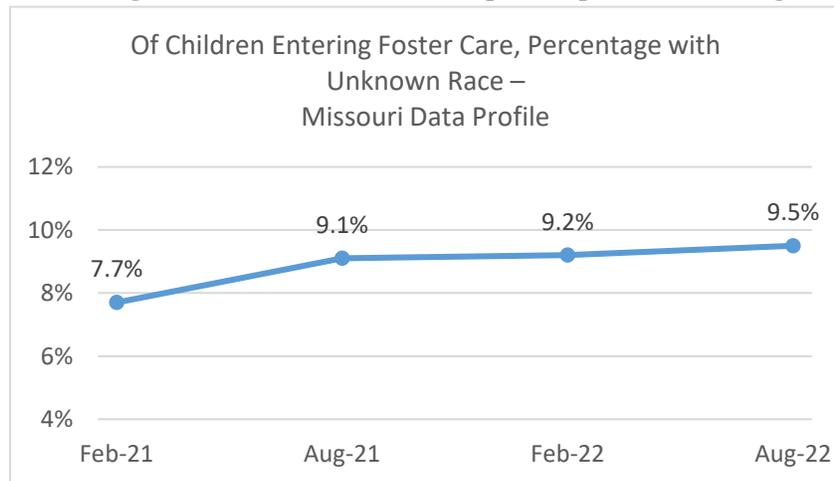
Permanency goals for every child in foster care are captured on the Family Support Team Screen in FACES. This screen allows a primary and a concurrent goal to be identified. The reunification and/or permanency resource can also be named on this screen.

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 (DSS), 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. In addition, FACES allows a client to decline to report their race if they wish to do so.

As noted in the chart below, the percentage of children entering foster care with race documented as unknown has increased over the past four reporting periods but remains below 10%.

According to Missouri’s federal data profile provided in August 2022, 9.5% (607/6,380) of

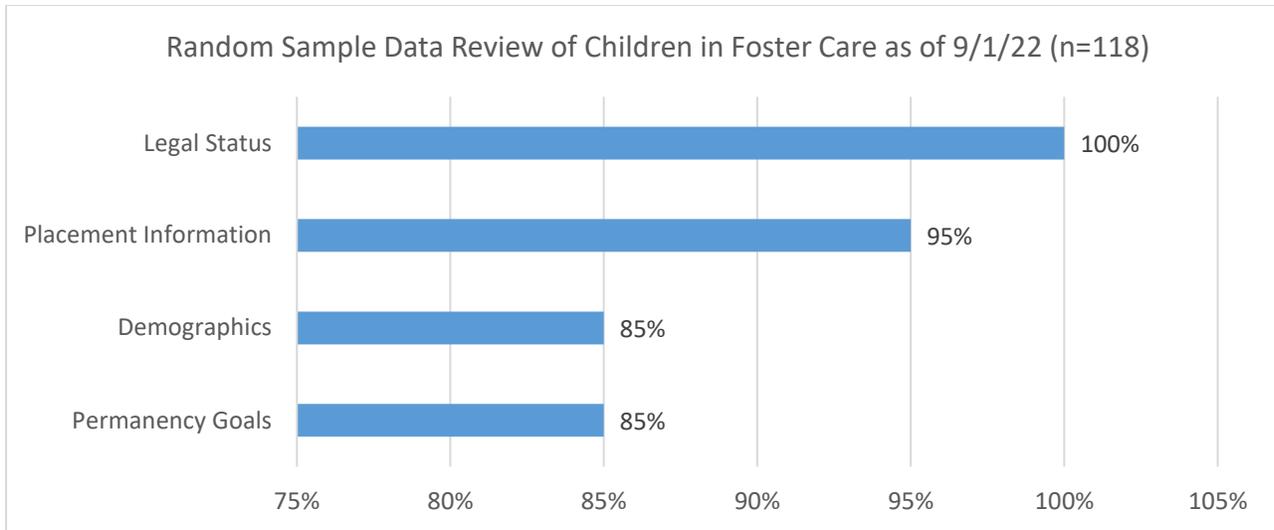


children entering foster care were recorded as unknown race. This percentage remains consistent in the data profile dated February 2023. When a child is born in Missouri, a DCN is assigned at the time the birth certificate is filed. The child’s race is also identified at DCN assignment. As noted above, the DCN is stored in an area

common to all divisions of the Department of Social Services. The FACES system was changed several years ago to allow race to be multi-selected, encouraging more data specificity. This change removed the “two or more races” option. However, the common area was not updated to accommodate the change. As a result, if a child is identified as “multi-racial” in the common area, the system mapping does not communicate with the FACES changes and the child’s race is captured as “unable to determine”. System changes are in process within the DSS common area to resolve the issue.

Additional data sources were utilized to further evaluate the functioning of this item. Specifically, a random sample of 118 cases was selected to determine if legal status, placement information, demographic information, and permanency goals were accurate in comparison to foster parent and case manager report. A survey among case managers was also used to determine whether they agree with the statement that information is current and accurate in FACES.

In September of 2022, members of the QAPI staff completed a data accuracy review of a random sample of children in foster care on September 1, 2022 (118/13,659). Cases were selected for review using a randomization feature within the FACES system. This feature was created in FACES, and subsequently approved by the Children’s Bureau, to aid in case sampling for CFSR Round 3 case reviews. Data elements reviewed by QAPI staff included the child’s legal status, date of birth, race, Hispanic heritage, gender, placement information, and permanency goal. QAPI staff spoke with foster parents and/or case managers to verify the information recorded in FACES was accurate as of September 1, 2022.



The legal status of all children reviewed was recorded correctly in the FACES system (118/118 – 100%).

Placement information was accurate for 95% of children reviewed. The placement for one child was not recorded correctly (117/118 – 99%). For two children, the address of the placement was not correct (116/118 – 98%). And for four children, the phone number for the placement provider had not been updated (114/118 – 97%).

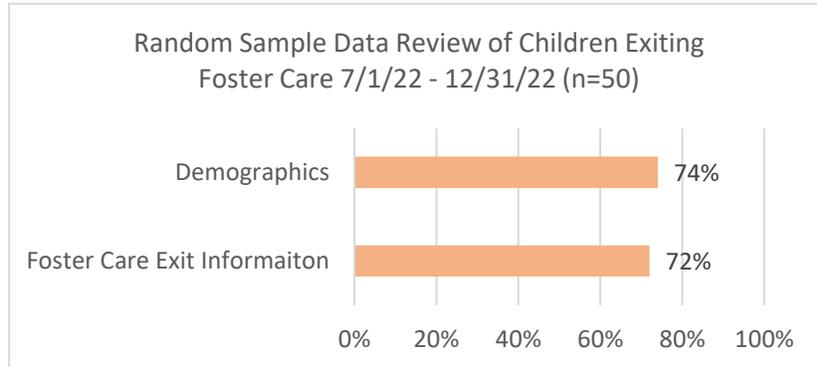
Demographic information was accurate for 85% of children reviewed (100/118). Gender and date of birth were correctly identified in the system for all children (118/118 – 100%). Race was captured accurately for 89% of children (105/118). Seven children were categorized as unable to determine race and another six children were identified as white but should have been identified as two or more races. Five of the seven children categorized as unable to determine race were ages three or younger at the time of the review. They were young enough that their racial information would have been impacted by the DCN common area issues previously described. Hispanic heritage was accurate for 91% of children reviewed (107/118). Of the 18 children whose demographic information was inaccurate, six overlapped and were inaccurate for both race and Hispanic heritage.

Permanency goals were correctly identified for 85% of children reviewed, as well (100/118). The child’s primary goal was correct for 91% of cases reviewed (107/118). The concurrent goal was accurate for 88% of children reviewed (104/118). Of the 18 children whose permanency goals were inaccurate, six overlapped and were inaccurate for both the primary goal and the concurrent goal.

Likewise, a random sample of children who exited foster care between July 1, 2022, and December 31, 2022 was selected for a similar review during the month of April 2023 (50/3,279). Children were randomly selected using the RAND formula in Excel. Data elements reviewed by QAPI staff included the child’s date of birth, race, Hispanic heritage, gender, and exit date and

type. QAPI staff spoke with foster parents and/or case managers to verify the demographic information recorded in FACES was accurate and referenced court orders to verify exit date and type.

For the exit cohort of children, demographic information was accurate for 74% of children reviewed (37/50). Gender and date of birth were correctly identified in the system for all children (100%, 50/50). Race was captured



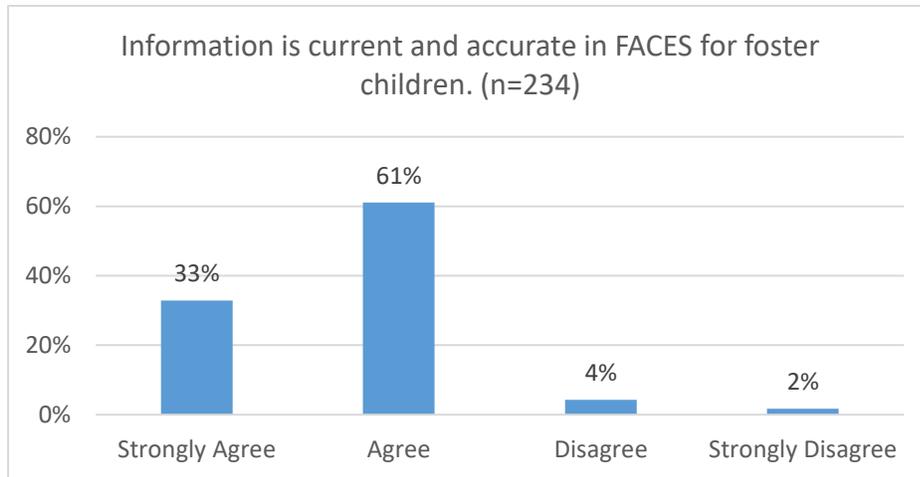
accurately for 78% of children (39/50). Six children were categorized as unable to determine race and another five children were identified as a single race but should have been identified as two or more races. Hispanic heritage was accurate for 82% of children reviewed (41/50). Of the 13 children whose demographic information was inaccurate, six overlapped and were inaccurate for both race and Hispanic heritage.

The foster care exit information was accurate for 72% (36/50) children reviewed. The exit type was correct for all children (100%, 50/50). The exit date matched the court ordered date for 72% of children (36/50). The following table describes the date inaccuracies in greater detail.

| Date Discrepancy | Number of Children |
|------------------------|--------------------|
| Less than 8 days | 6 |
| Between 8 and 15 days | 5 |
| Between 16 and 30 days | 0 |
| Between 31 and 60 days | 2 |
| More than 60 days | 1 |

Children’s Division plans to continue these types of data accuracy reviews on an annual basis moving forward.

Another avenue for data collection that informs Item 19 was through survey information from case managers and specialists who work in the field. For a description of the survey distribution process, please refer to the “Description of Stakeholder Involvement in the Statewide Assessment Process” section of this report. Two hundred thirty-four (234) responded to this survey question: “The following pieces of information are current and accurate in FACES for the foster children that I case manage: demographic information (date of birth, race, sex, ethnicity), placement information, and permanency goals”.



Ninety-four percent (94%) of the respondents indicated that they strongly agreed or agreed with the statement (220/234).

During the CFSR Statewide Assessment Event session covering the Statewide Information System, attendees were asked to rank the following options in order from greatest impact (1) on data accuracy to least impact (8) on data accuracy. Thirteen people attended this session and included Children’s Division front line staff, staff from the Quality Assurance Practice Improvement and FACES Units, and Foster Care Case Management staff and supervisors. The results of the poll are as follows:

1. I don’t have enough time to complete data entry.
2. Case information is lost due to case transfers/worker turnover.
3. There are specific ways data must be entered to “count”.
4. Navigation within FACES can be complicated and/or is not intuitive.
5. FACES isn’t easy to use when working in the field.
6. I have difficulties signing into FACES while working remotely.
7. There is not enough time to verify the information is accurate.
8. FACES is not available when I need it (it is off-line).

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. For each of the past four federal data profile reporting periods, there have been no data quality concerns with the AFCARS information as provided.

Data mining and data clean-up efforts are routinely conducted through oversight and follow up by members of the Quality Assurance Practice Improvement (QAPI) unit. The need for data clean-up can be brought to the attention of the QAPI staff in multiple ways. Prior to each six-month AFCARS submission, the data are reviewed and if inaccuracies are noted, there is a request for follow-up. The DSS Research and Evaluation Unit is responsible for data extraction from FACES. If members of that unit notice oddities in the data, they will refer questions to the QAPI staff for research of the issue. In addition, the QAPI unit is provided a variety of reports

from the Research and Evaluation Unit on a monthly basis. These reports are reviewed for consistency at least quarterly, as well. Recent examples of data clean-up resulting from the data quality checks just described, include identification and correction of foster care children who do not have an established permanency goal and have been in foster care for more than 30 days. Youth under age 16 with a permanency goal of Another Planned Permanent Living Arrangement (APPLA) is another example of a data clean-up effort that has occurred. Children on trial home visits lasting longer than 180 days are also routinely flagged for follow-up.

Furthermore, QAPI staff use a monthly data file received from the DSS Research and Evaluation Unit that includes child legal status, demographics, placement location, and goals. This data is shared with supervisory staff on a monthly basis, and an area for data review is highlighted each month. Some examples include ensuring current educational information is added at the beginning of each school year and that court information is entered on a consistent basis. If there is missing information, it can be highlighted for further review and discussion.

As CFSR case reviews are completed, if data accuracy issues are noted by the reviewer, they have permission to inform the case manager and/or supervisor of the inaccuracy. Foster Care Case Management (FCCM) agency staff also complete data accuracy reviews at case closure, or prior to the case being returned to the Children's Division, to ensure the child's record is up to date following their involvement with the child and family. The Children's Division staff who oversee the FCCM contract also complete a data accuracy review in FACES prior to case transfers between the Children's Division and FCCM agency.

Based on the information presented above, Missouri asserts that Item 19, Statewide Information System, is in substantial conformity with federal regulations. The review of system accuracy and worker/specialist survey results indicate that the vast majority of children in foster care, or who have left foster care in the past 12 months, have accurate demographic information, placement information, and permanency goals. The statewide information system has capacity to track foster care begin and end dates, as well as the legal status of all foster care children, as well.

Case Review System

Item 20 – Written Case Plan

How well is the case review system functioning statewide to ensure that each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions?

During CFSR Round 3, Missouri asserted that this item was an area needing improvement. The statewide assessment showed that efforts were needed to ensure that all children had written case plans that contained all required elements. Parent engagement in case planning was also found to be a need.

As a result of the CFSR Round 3 findings, Missouri underwent a complete redesign of information gathering, engagement, and planning with families, including how safety threats are identified and verbalized to families, the family support team, and the courts. This model, called the Alternative Care Missouri Model, included a suite of tools and was introduced to staff statewide in August 2021.

The model, and effectiveness of accompanying tools, was re-evaluated in 2022 and 2023 after receiving user feedback indicating it was not functioning efficiently and would not be accepted by some courts. Additionally, during the CFSR Round 4, Item 20 Written Case Plan was again noted as an area needing improvement. The review found that not all children in care had both documents (SSP and CS-1) that comprise the overall case plan. The final report stated, “In a cohort of children who entered foster care during a sample period (and who remained in foster care at least 60 days), less than one half of the children had both required written case plan documents.” There were also concerns noted for meaningfully and authentically engaging parents in the case planning process.

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

Family Assessment

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

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

Social Service Plan

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

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

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

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

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

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

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

The SSP will enter a pilot phase in 5 circuits in the southwest region in April/May 2024.

The Social Service Plan captures the following information:

- Reason(s)/circumstances that caused the child(ren) to enter Alternative Care
- Adverse impact of harm on the child
- Goals to identify specific positive changes in behavior which need to be observed to ensure that the parent has remedied that particular concern.

- Descriptive action items, services or supports identified to help the family successfully reach their goal(s)
- Successful completion of each goal or step, so the document reflects all reasonable efforts made on behalf of the team to support a successful outcome for the child and family.
- Progress, or lack thereof, in pursuit of the positive behavioral changes resulting from any services or supports put in place for the family.
- Critical decisions made throughout the case and why those decisions were made.
- Reasonable efforts and decisions made throughout the case by the team, including permanency plans, concurrent plans, the family's level of involvement, and paternity efforts.
- Each child's individual status, how needs were met, and what needs remain.
- The family's natural supports who can be used to create ongoing safety and accountability.

Child Assessment and Services Plan (CS-1)

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

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

Family Support Teams (FST)

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

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

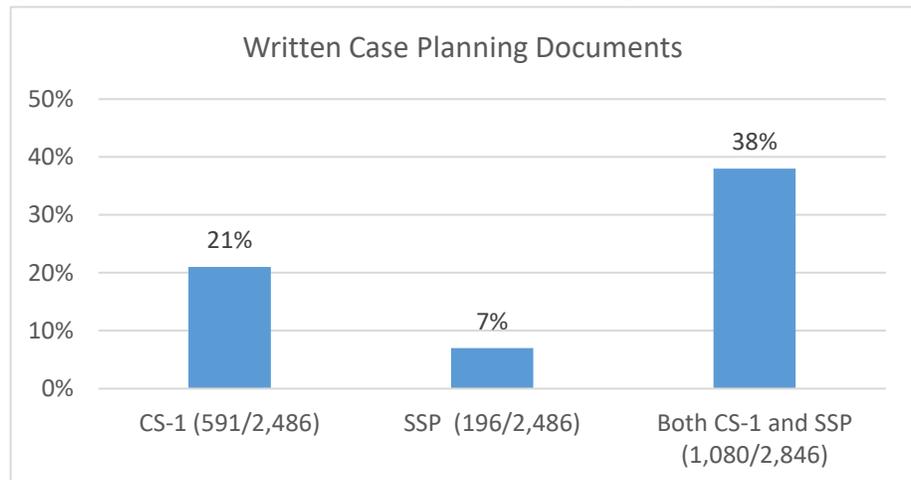
- 72-hour meeting (preliminary case plan and concurrent plan established)
- 30-day FST meeting (case plan and concurrent plan established)
- 60-day FST meeting (review of case progress)
- 90-day FST meeting (review of case progress)

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

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

Administrative data was gathered for children who entered foster care between January 1 and June 30, 2022, and remained in custody for at least 60 days to determine the percentage of children with a written case plan. In total, 3,065 children entered care during that time period.

Of those, 219 were excluded from the analysis as they were in Children’s Division’s custody for less than 60 days. Of the remaining children, 66% had a written case plan (1,867/2,846). The following chart outlines which planning documents were used at what frequency.

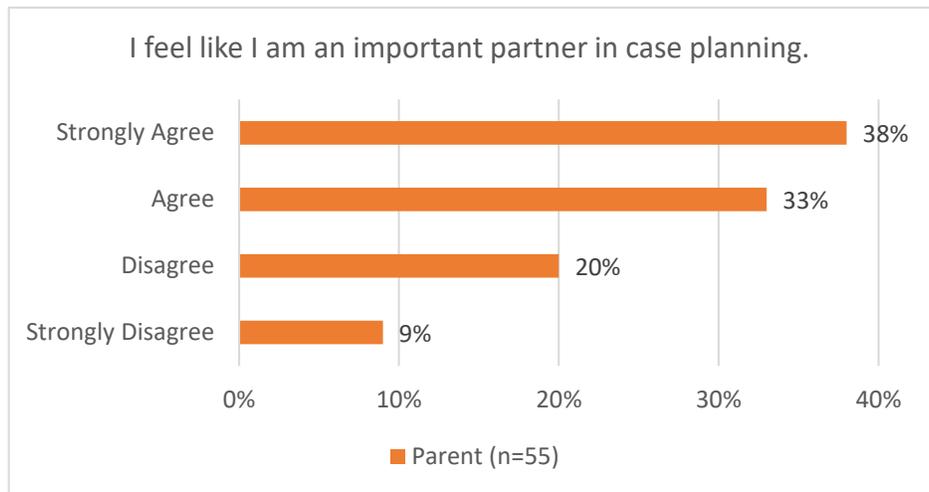


During Round 4

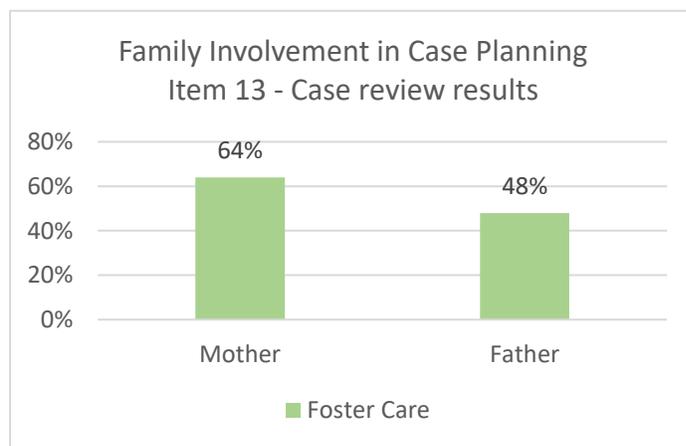
CFSR participants at the Statewide Assessment Event were asked to respond to the following question by utilizing an online poll. Twelve participants, who included members of the legal and judicial community in Missouri and Children’s Division leadership, answered the question “How is the information that is required in written case plans for children in foster care documented in your circuit?” Four of the 12 respondents (33%) indicated that written case plans were documented in the Children’s Division case file via the Child Assessment and Service Plan and/or the Social Service Plan. Three of the 12 session participants indicated that written case plans were documented within court reports provided by the Children’s Division (25%). The remaining five responded that they were not sure where case plans were documented (42%).

In preparation for the Statewide Assessment Event, parents were provided the opportunity to participate in a survey to gain their perspectives on a number of child welfare topics. For a description of the survey distribution process, please refer to the “Description of Stakeholder Involvement in the Statewide Assessment” section of this document.

One of the questions posed to parents asked them to react to the statement “I feel like I am an important partner in case planning.” Fifty-five (55) parents participated in the survey. Among these participants, 71% of parents responded that they strongly agreed or agreed that they feel like important partners in case planning (39/55). Parents disagreed or strongly disagreed with the statement 29% of the time (16/55).



A similar data element can be found in case review results. Item 13 of the On-Site Review Instrument (OSRI) assesses whether concerted efforts were made to actively involve the mother and the father in the case planning process. A total of 28 foster care cases were reviewed between September 2022 and January, 2023. Three of the mothers and seven of the fathers were not applicable for this item, due to termination of parental rights being completed prior to the period under review, failure of the agency to attempt to locate the parents, or the parents indicating they did not want to be involved in case planning.

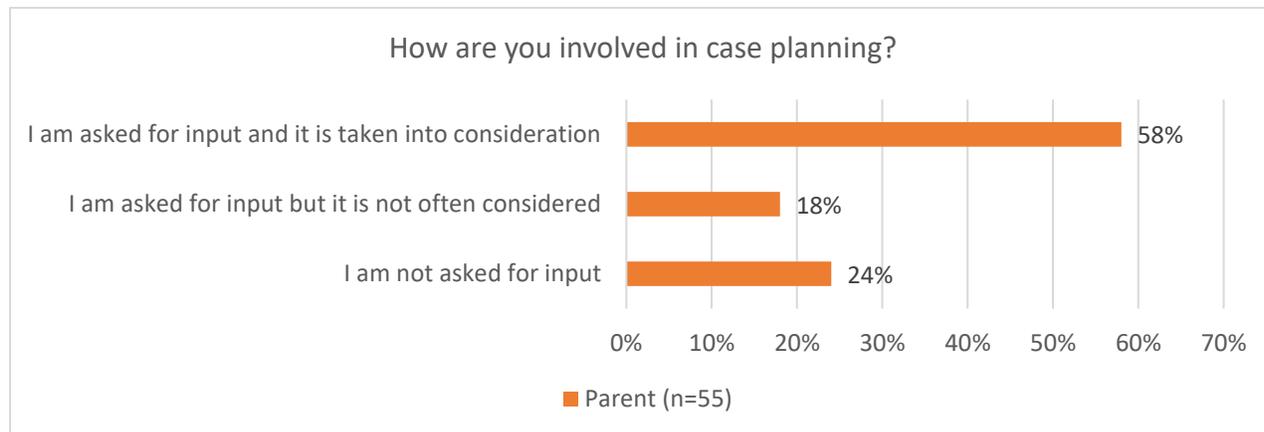


Of the 25 remaining mothers, concerted efforts were made to involve them in 64% (16/25) of the cases reviewed. For the 21 remaining fathers, 10 cases showed concerted efforts were made to actively

involve them in case planning (48% - 10/21).

For the case reviews receiving strength ratings for family involvement in case planning, the majority of engagement efforts occurred during Family Support Team meetings, court hearings, and ongoing visitation between the case manager and the parent.

Another survey question asked parents to identify what case planning looks like for them. The following chart details the responses to the question “How are you involved in case planning?” More than half of the parents who responded to the survey indicated that they are asked for input, and it is taken into consideration (58%, 32/55).



Based on the data provided, there are noticeable areas in which practice needs to be strengthened. While 66% of children who entered foster care in the first half of 2022 have a written case plan in the FACES system, consistent documentation across all areas of Missouri is not evident. Just over half of parents who responded to the survey reported that they were given the opportunity to be involved in case planning decisions for their families.

The CFSR Round 4 final report noted “...the procedures for establishing permanency goals and concurrent goals during the Family Support Team meetings appeared effective at setting goals that were both timely and appropriate.”

Item 21: Periodic Hearings

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 6 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.

Data provided by the Office of Courts Administrator (OSCA) indicate the 6 month hearing was held timely 98.2% of the time during FFY18 (8,434/8,574).

Item 21 was found to be a strength for Missouri during the Round 3 CFSR.

Data for Round 4 of the CFSR was provided by OSCA and indicated that 95% of children who entered foster care between January 1, 2022 and June 30, 2022 had at least one court hearing or review within six months of their entry date (2,645/2,797). For children who were in foster care as of December 31, 2022, 98% had a periodic review within the previous six months (10,323/10,488). Court activities included in this data are dispositional hearings, dispositional review hearings, permanency hearings, and permanency review hearings.

Item 21 was determined to be a strength for Missouri during the Round 4 CFSR.

Item 22: Permanency Hearings

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

Item 22 was found to be a strength for Missouri during CFSR Round 3. For all permanency hearings and permanency review hearings held in FY18, 96.4% (19178/19895) were held within 12 months of the custody date or within 12 months of the previous permanency hearing.

According to data provided from OSCA, for all children who entered care between July 1, 2021 and December 31, 2021, 93% had a permanency hearing held within the first 12 months of custody (2,338/2,521). For all children whose most recent permanency hearing occurred between July 1, 2021 and December 31, 2021, 97% had a subsequent permanency hearing within 12 months of their last permanency review (3,337/3,341).

Item 22 was determined to be a strength for Missouri during CFSR Round 4.

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.

Item 23 was determined to be an area needing improvement during Round 3 of the CFSR. Following those findings, several strategies within the Program Improvement Plan were identified to improve Item 23. Within the Permanency Attorney Initiative (PAI), attorneys were hired in select areas of the state to represent the Children’s Division staff in court. Before these positions, all legal support was provided by the DSS Division of Legal Services (DLS) in 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 were also implemented in Missouri and provide opportunities for circuit court and Children’s Division staff to meet regularly to discuss data and identify processes that will strengthen permanency. A statewide advisory group that supports the local teams also created 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 for frontline staff, creating delays.

Despite these initiatives, timely filing of termination of parental rights petitions remains a challenge in Missouri. Item 23 was determined to be an area needing improvement in Round 4 of the CFSR.

Item 24: Notice of Hearings and Reviews to Caregivers

How well is the case review system functioning statewide to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care (1) are receiving notification of any review or hearing held with respect to the child and (2) have a right to be heard in any review or hearing held with respect to the child?

The case review system is functioning to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child. • Missouri received an overall rating of Area Needing Improvement for Item 24 based on information from the Statewide Assessment and stakeholder interviews. •

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

all hearings and reviews. For caregivers, if, when, and from whom they receive notification of upcoming hearings widely varies by the judicial circuit with jurisdiction over the case.

Missouri ensures caregivers are aware of their right to be notified of and heard in court hearings through a variety of mechanisms. Caregivers are provided a copy of the Missouri Resource Parent Handbook at initial licensure. With each license renewal, the foster parents are reminded of the handbook and that it is also available on the internet at <https://dss.mo.gov/cd/foster-care/pdf/fcresource.pdf>. The handbook informs the caregiver they are part of a team, including when in court, and that their opinions matter. The handbook also provides information about the process and purpose of court (pages 29-30). The information included in this section informs the caregiver about the Caregiver Court Information Form and about their right to be heard. Resource parents are provided a copy of the Foster Parent Bill of Rights at the time of placement of a child in their home. The Foster Parent Bill of Rights (RSMo 210.566) states, “Foster parents shall be informed by the court no later than two weeks prior to all court hearings pertaining to a child in their care, and informed of their right to attend and participate, consistent with section 211.464, RSMo”. <https://revisor.mo.gov/main/OneSection.aspx?section=210.566>

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

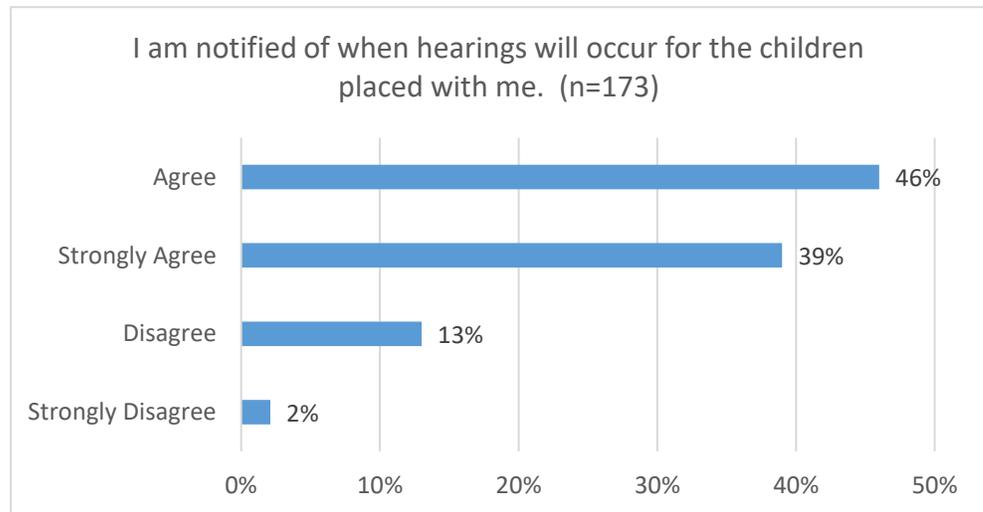
The current version of the Caregiver Court Information Form was created jointly by the Missouri Office of State Courts Administrator (OSCA) and the Children’s Division. It is posted on the Children’s Division internet page along with instructions for completing the form and where to send it once completed.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

The juvenile court is responsible for notifying caregivers about court hearings per Missouri Statutes 211.171, 211.464 and 210.566. Written notification of the upcoming hearing is mailed to the resource parent by the juvenile court prior to upcoming hearings. Information about their right to be heard in court is included in the document provided by the court. If caregivers are present in court, any subsequent hearing dates and times are verbally shared, as well. As

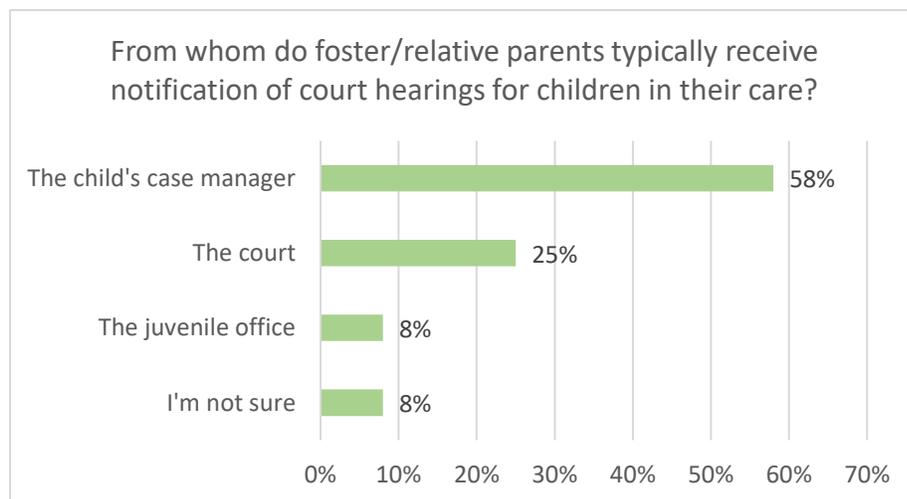
placement changes occur, this can pose challenges if the court is not notified of the name and address of the new caregiver. As such, case managers also notify caregivers of upcoming court hearings and their right to be heard in court through their ongoing contact with foster/relative parents. While notification may come from different or multiple sources, the majority of caregivers receive notification of when court hearings are scheduled to occur as supported by the following information.

In preparation for the CFSR Statewide Assessment, all foster and relative caregivers were provided an opportunity to participate in a survey to gather information throughout the month of January 2023. For a description of the survey distribution process, please refer to the “Description of Stakeholder Involvement in the Statewide Assessment Process” section of this report. Survey responses were received from 191 foster/relative parents.

In the survey, caregivers were asked to respond to the statement “I am notified of when hearings will occur for the children placed with me”. Eighty-five percent (85%) of respondents strongly agreed or agreed with that statement



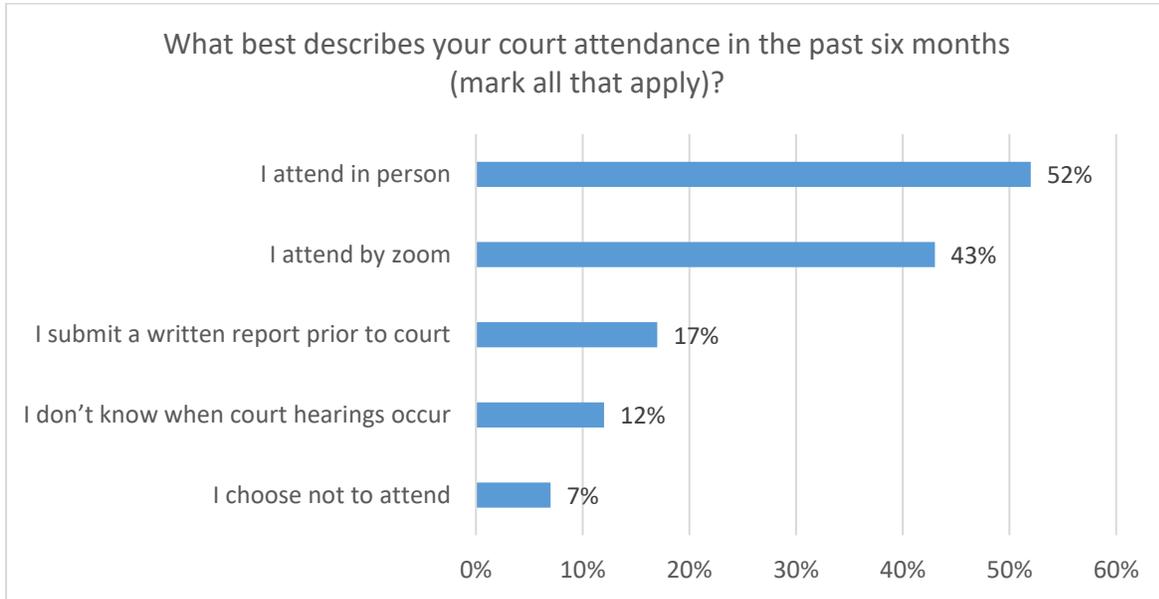
(147/173). The remaining 18 survey responses were not applicable for this question, as they had no foster care placements in the previous six months.



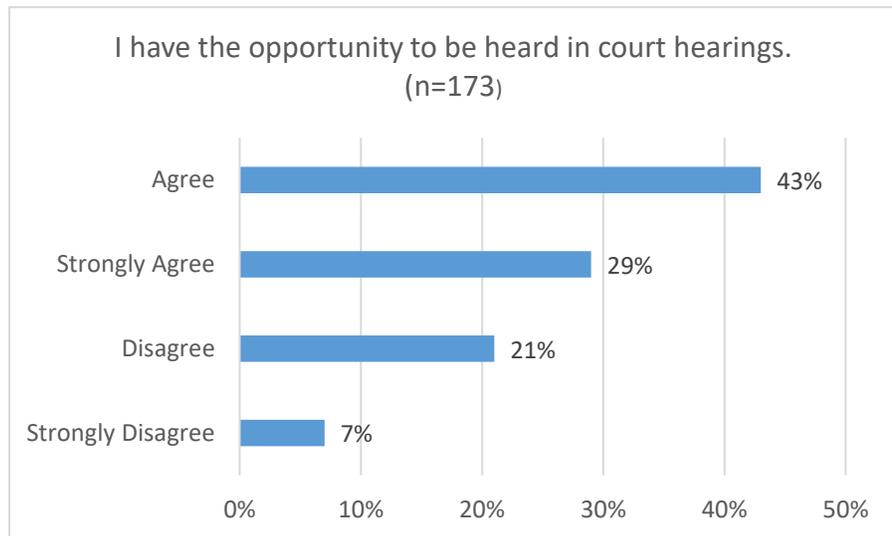
During the CFSR Statewide Assessment Event, participants were also asked to indicate from whom notification of court hearings typically come. There were 12 participants who responded to this poll. Participants included foster and relative parents, Children’s Division,

and contracted staff with licensing responsibilities, juvenile office representatives, and agency leadership. The majority of event participants felt that the case manager typically provides notification of court hearings.

Survey respondents were also asked to multi-select all responses that described their court attendance in the past six months. One hundred seventy (170) caregivers responded to the question. Only 12% (20/170) indicated that they did not know when court hearings occurred. Seven percent (7%) indicated that they chose not to attend (12/170).

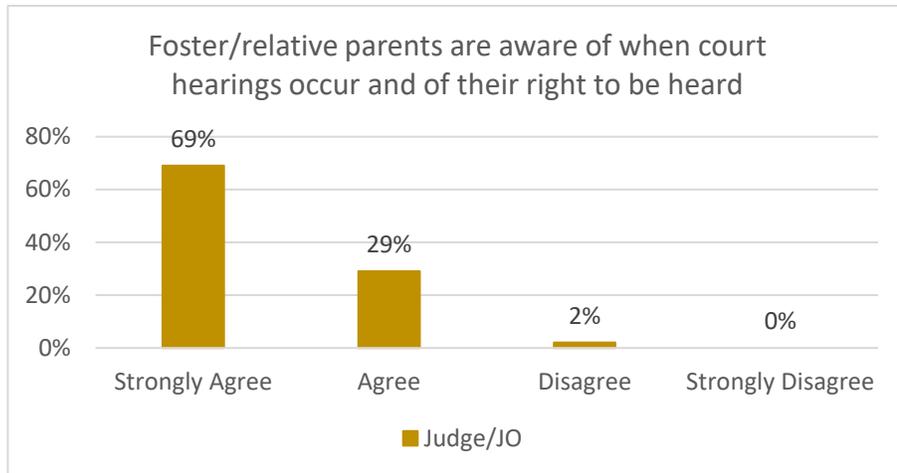


An additional survey question asked whether caregivers have the opportunity to be heard in court hearings. Seventy-two percent (72%) of caregiver respondents indicated that they agreed or strongly agreed with the statement that they have the opportunity to be heard in court hearings (125/173).



Surveys were also sent to members of the judiciary and Juvenile Officers in each of the 46 circuits in Missouri. Survey links were emailed by OSCA personnel to 147 people. Forty-two (42) respondents participated in the survey. Among these respondents, 98% (41/42) of Judges and Juvenile Officers believed that foster parents are aware of when court hearings occur and of their rights to be heard.

During the CFSR Statewide Assessment Event, stakeholders were asked to describe what is being done to help caregivers feel engaged in the court process. Participants included foster and relative caregivers, judges, juvenile officers,



Children’s Division attorneys, parent attorneys, Children’s Division and contracted case management staff, and agency leadership. Feedback indicated that in some areas, court personnel will specifically inform the judge when foster/relative parents are present in court so the judge knows to allow time should they wish to speak. The Caregiver Court Information Form referenced above was noted as an avenue for engagement, as well. Court reports provided by the child’s case manager may also include foster parent feedback and information.

Based on the discussion above, Missouri asserts that Item 24, Notice of Hearings and Reviews to Caregivers, is a strength for the child welfare system. While notification may come from a variety of sources, foster and relative parents indicate that they are aware of when court hearings occur for the foster children in their homes. The data also indicate that the majority of foster and relative parents are aware of opportunities afforded them to be heard in court.

Quality Assurance System – Item 25

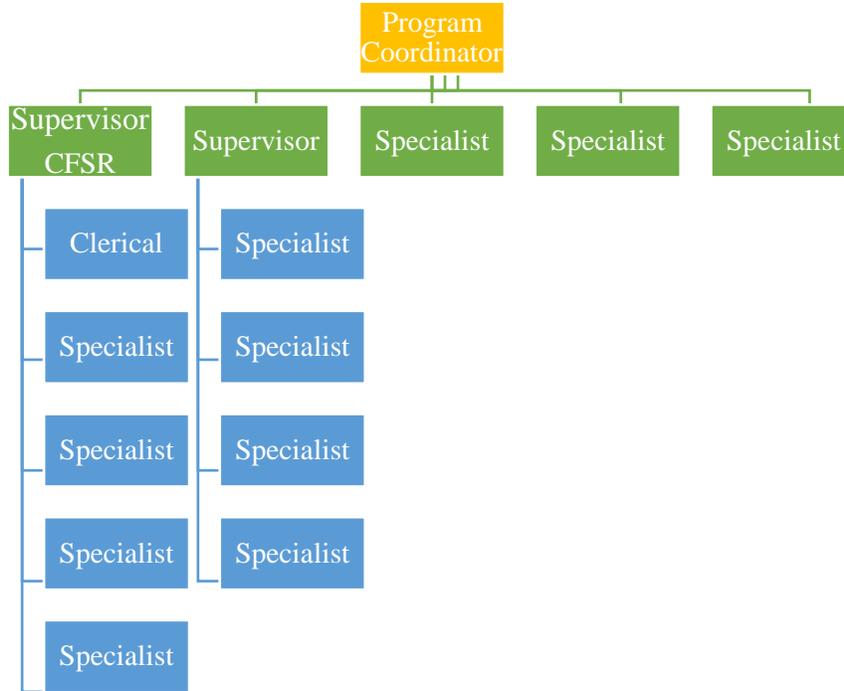
In the Round 4 CFSR review, Missouri received an overall rating of Area Needing Improvement for Item 25 based on information from the Statewide Assessment and stakeholder interviews.

Quality Assurance Practice Improvement Structure

Oversight of the Children’s Division Quality Assurance Practice Improvement is provided by the Quality Assurance Practice Improvement (QAPI) Central Program Coordinator who has responsibility for implementation of Quality Assurance Practice Improvement activities. The Central QAPI team is comprised of 13 additional staff and 1 administrative assistant who support the state’s QAPI system. The following organizational chart provides a visual representation of the Central structure. There are an additional 5 staff who are supervised by regional

management and are considered Field Operations Liaisons for the Quality Assurance Practice Improvement and work collaboratively with the QAPI Central Team.

CENTRAL QAPI



REGIONAL FIELD LIAISON



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

1. *How well is the Quality Assurance System functioning statewide to ensure that it operating in the jurisdictions where the services included in the CFSP are provided?*

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

The state’s Quality Assurance Practice Improvement operates in all the jurisdictions where the services included in the CFSP are provided. The Quality Assurance Practice Improvement also uses standards and case review processes based on the CFSR to evaluate the quality of services and to identify strengths and needs of the service delivery system. Reviewers currently use the On-Site Review instrument (OSRI) and On Line Monitoring System (OMS).

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

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

Cases to be reviewed are selected every 2-3 months using a randomization feature built into the FACES case management system. The randomization feature is consistent with CFSR case elimination criteria. For example, in-home cases selected with this tool must be open for at least 45 days and the foster care sampling tool can be specified to exclude youth who have reached their 18th birthday. Cases are randomly selected from across all 46 circuits, and include cases managed by FCCM contractors. The number of cases reviewed can vary slightly, but usually include a sample of 18-22 cases. One-third of the cases reviewed are in-home families and two-thirds of the sample come from children in foster care.

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

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

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

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

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

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

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

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

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

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

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

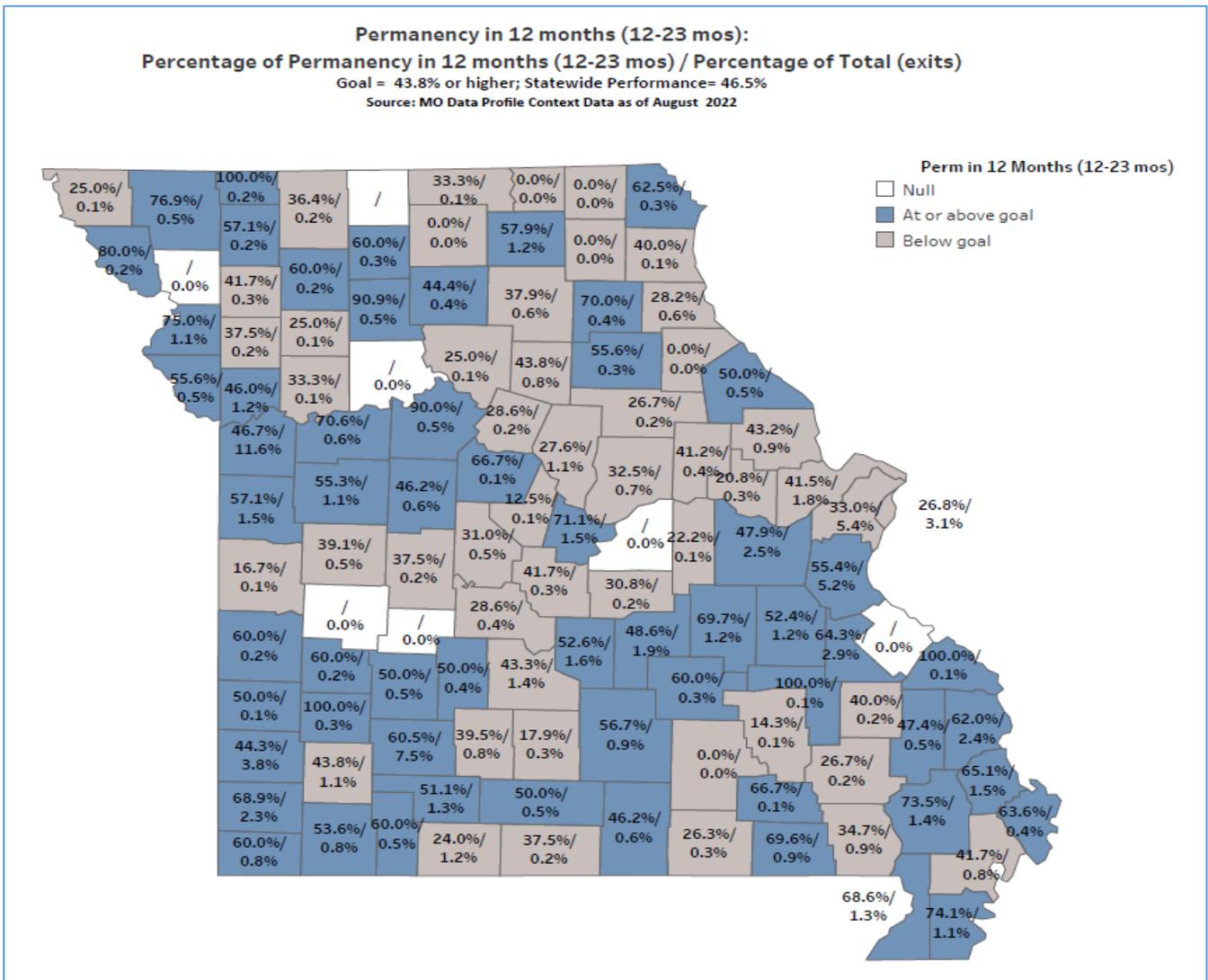
- Worker/Child Visit Completion (frequency)
- Victimization in Foster Care (rate)
- Parent/child visit completion to the extent that the visits are not contrary to the orders of the court (frequency)
- Healthy Child & Youth Exam (HCY/EPST) (frequency)
- Worker/Parent Visit Completion (frequency)
- Re-Entry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

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

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

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

The most recent opportunity for system-wide analysis of strengths and needs occurred during the CFSR Statewide Assessment Event held in preparation for the publication of this report. Members of the child welfare community from across the state came together to review case review results, the Statewide Data Indicators, recent survey data, and administrative data from the Children’s Division and the Office of State Courts Administrator (OSCA). Membership from the judiciary, the Juvenile Office, the legal community, public and private partner agencies, service providers, persons with lived experience, and the foster parent community were represented throughout a two-week event encompassing 15 individual sessions. System strengths and areas for improvement were identified as a result of the data presented and discussed among these stakeholders.



4. *Provides relevant reports.*

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

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

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

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

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

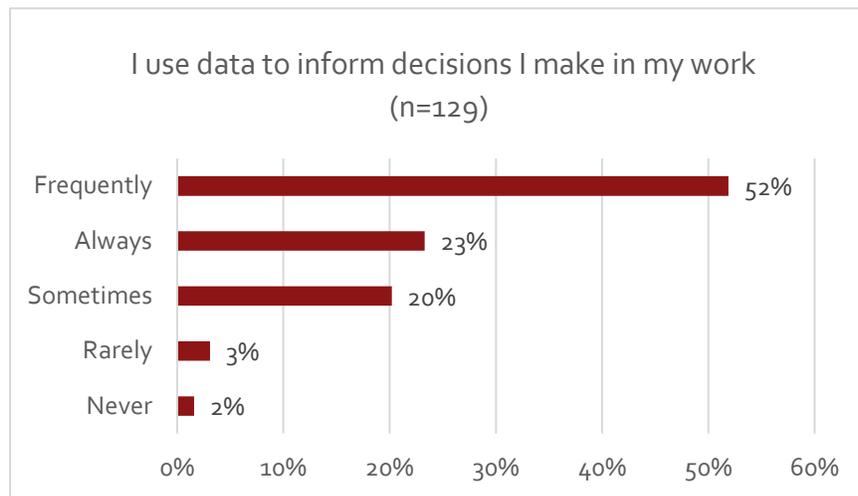
Monthly listings of all open in-home cases and foster care cases are provided to supervisory staff, as well. These can be used to verify the accuracy of information in the FACES case management system and to evaluate the caseloads and workloads of individual staff members.

Quarterly data reports designed to facilitate conversation between local Children's Division offices and their court partners are also provided for each circuit. Data elements include information on re-entry into foster care, child abuse and neglect in foster care, average number of placements, average time from foster care entry to termination of parental rights, and average time from termination of parental rights to final adoption.

Several Children's Division publications are available each year and posted on the Department of Social Services website, the Children's Division internal intranet page, or both. The publications include statistical information as well as outcome data. Publications include the Children's Division Annual Report, the Child Abuse and Neglect Annual Report, the Quarterly

Outcome Measures Report, and Federal reports such as the ASPR. Monthly Management reports are also regularly posted for public access. Staff and managers are referred to the publications routinely by QAPI staff in support of local collaboration and improvement planning efforts. Stakeholders have access to the publications which are posted on the internet.

In preparation for the CFSR Statewide Assessment Event, surveys were provided to supervisors and managers to determine the effectiveness of Missouri’s Quality Assurance Practice



Improvement. The survey asked participants to identify how frequently they use data to inform work decisions. Seventy-five percent (75%, 97/129) of respondents stated that they always or frequently use data to inform decisions they make in their work.

Participants during the Quality Assurance Practice

Improvement session of the CFSR Statewide Assessment Event included Children’s Division executive leadership, QAPI staff members, Quality Assurance designees of the FCCM agencies, and supervisors and managers from both the Children’s Division and FCCM agencies. Using an online poll, participants were asked to respond to the statement “The data that are available are relevant to my work”. Of the 12 participants who answered the polling question, 58% (7/12) strongly agreed and 42% (5/12) agreed with the statement. None of the respondents disagreed with the statement.

When session participants were asked to identify outcome or process data that is not available that would make system evaluation more effective, information about caseloads, workloads, and staff and foster parent retention were most frequently identified.

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

5. *Evaluates implemented program improvement measures.*

In addition to the QAPI team, there are five Senior Social Services Specialists who are supervised by the regions and engage in improvement work. These staff provide a

communication link between the centralized operations of QAPI and Children's Division staff across the state.

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

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

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

Staff and Provider Training

Item 26: Initial Staff Training

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

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

Investigation Schedule for CWPT:

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

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

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

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

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

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

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

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

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

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

Case Management Schedule for CWPT:

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

Week two starts with a three-half day virtual class. This class focuses on the FCS process and use of TAPAs. There is also a discussion on time management on day

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

Week Three starts with a two day in-person class. The class focuses on the first 72 hours of an alternative care case. Day three is a court activity and discussion. There are eLearnings on preparing for court, parent child visits and sibling visits. Day four includes a recorded scenario where they practice meeting with a parent 24 hours after the children have been removed.

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

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

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

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

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

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

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

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

From January 1, 2023 to December 31, 2023, 32 cohorts (13 in the former 10 week program format and 19 in the new 3 week format) were trained. A total of 677 employees completed CWPT for the calendar year. From the 677 employees that completed, 101 are showing as not having completed within 4 months of their most recent hire date. This gives CD a rate of 85%

timely completion. This number is misleading though as our system shows a Most Recent Hire date of offer of employment from Human Resources and does not take into account changes in job titles or program line transfers. During the reporting period job requirements changed and it is no longer a requirement to possess a college degree. Upon this change a portion of our Case Aides who did not previously qualify to become Social Service Specialist interviewed and were promoted to Associate Social Service Specialist requiring them to complete CWPT yet their hire date did not change. Another factor in the 101 employees not completing in the first four months is when an employee switches from the Investigative Program line to Case Management or vice versa. Hire dates are not updated with changes in program lines, therefore the number not reaching the goal is again inflated. These tracking challenges have been identified and a strategy to develop a comprehensive tracking tool is being developed at this time.

CWPT Survey Reports

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

CWPT Numbers

Relevancy-9.5

Trainer effectiveness-9

Knowledge-10

Skills-9

Legal Aspects

Relevancy-9.25

Trainer effectiveness-9.75

Knowledge-9.25

Skills-7.57

Foster Care Case Management Contractors

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

Child Abuse and Neglect Hotline Unit

The Hotline offers four weeks of training for new employees. A new session is determined when new staff are hired to the hotline. The classes can be very small (one to two employees) or can be larger. Staff start training in the classroom and then the training is moved to a section of the floor. After the training is completed, employees are assessed to see if additional one on one training is needed before the employee is allowed to take calls. The calls are monitored in several ways after the employee leaves training. Calls may be listened to live or on a recorded option. The employees also need to have manager approval for a determined amount of time between trainers and supervisors before their training is considered complete.

Hotline training consists of:

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

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

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

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

Professional Development Evaluation Team

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

also developing a read to follow-up after the site visits to validate the learning and the interviews/ visit which have been shadowed.

The following is a report that was submitted to Management:

Evaluation Team Report- October / November / December- 2023

During the evaluation period listed above we met with:

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

From those areas we conversed with a total of

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

Team Members Conversations:

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

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

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

members have been able to share stories of how helpful the engagement strategies they learned has been for them in the field.

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

Some people stated that though they really like the scenarios and subsequent one-on-ones but wished the scenarios were “uglier” in order to be in line with what they have observed in the field. When asked what they meant by “uglier” they stated that the scenarios weren’t as serious allegations as they would be investigating. This has been discussed by the unit but it is felt that the scenarios are also used for trainer evaluation of the student and more difficult scenarios would take more time and overwhelm the resources.

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

Supervisor Feedback-

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

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

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

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

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

Item 27: Ongoing Staff Training

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

Chapter 210.180 RSMo states that Children's Division employees who are responsible for the investigation or family assessment of reports of suspected child abuse or neglect shall receive no less than forty hours of pre-service training on the identification and treatment of child abuse and neglect. In addition to such pre-service training, such employees shall also receive no less than twenty hours of ongoing training each year on the subject of the identification and treatment of

child abuse and neglect. This annual 20 hours of required ongoing training for investigative/assessment staff can be obtained through identified course offerings through the agency training program, such as Trauma Toolkit, Safe Sleep and Legal Aspects, as well as external conferences, workshops, seminars and certain local community trainings. In 2023, (fiscal year) out of 368 staff 203 (55%) have completed all 20 hours. In addition, 229 of the 368 (62%) are 90% complete with 3 months left to complete. During FY2023, CD staffing was below 70% in many regions which made finishing the 210 hours difficult. With staffing levels coming up, it is expected for the level of completion to increase in FY2024.

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

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

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

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

During 2023, there was a total of 2442 individuals that took various trainings. Those 2442 took a total of 25,030 classes/elearnings.

Item 28: Foster and Adoptive Parent Training

How well is the staff and provider training system functioning to ensure that training is occurring statewide for current and prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (who receive title IV-E funds to care for children) so that:

- Current or prospective foster parents, adoptive parents, and staff receive training pursuant to the established annual/biannual hourly/continuing education requirement and timeframes for the provision of initial and ongoing training; and
- The system demonstrates how well the initial and ongoing training addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children?

The staff and provider training system is functioning statewide to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (that care for children receiving foster care or adoption assistance under title IV-E) that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children. • Missouri received an overall rating of Strength for Item 28 based on information from the Statewide Assessment. For foster home license approval, 27 hours of pre-service training is required. Missouri has been in an assessment period to determine the pre-service curriculum that will best meet the needs of prospective foster and adoptive parents moving forward. The Children's Division's current foster parent pre-service curriculum is called STARS. The STARS curriculum is competency-based, teaching foster parents the importance of:

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

The Northeast and St. Louis regions of the state have continued to utilize this training.

The Children's Division was selected from a finalist list of 16 tribes and states for a national training curriculum pilot, National Training and Development Curriculum for Foster and Adoptive Parents (NTDC). The NTDC was funded through a five year cooperative agreement with the Department of Health and Human Services, Administration for Children and Families, Children's Bureau and the following: Spaulding for Children, School of Social Work, University of Washington, National Council for Adoption, North American Council on Adoptable Children, Center for Adoption Support and Education, and Child Trauma Academy. The pilot was completed in 2022 with the Kansas City and Northwest regions participating. Those regions continue to utilize the NTDC curriculum.

In response to concerns reported to Department of Social Services regarding the length of time it takes to complete the licensure process of a new resource home applicant, a taskforce was developed in late spring of 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 listed above. The Southwest and Southeast regions have been training this model since September of 2019.

In the fall of 2022, the Children's Division began synthesizing the information from all three pre-service curriculums to determine which would best serve Missouri foster and adoptive families. The new curriculum is expected to be introduced in July of 2023, incorporating elements of all three programs. The new curriculum will be called Missouri Caregiver and Adoption Resource Education (MO C.A.R.E.).

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

In addition to the 27 hours of pre-service training, parents who wish to be considered for adoption are required to have 12 hours of Making the Commitment to Adoption (Spaulding) Pre-service training prior to receiving approval as an adoptive home. Ongoing training for adoption approval is not required. The majority of homes which are approved for adoption are also licensed as a foster or relative provider and must meet in-service training hours to maintain their license.

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

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

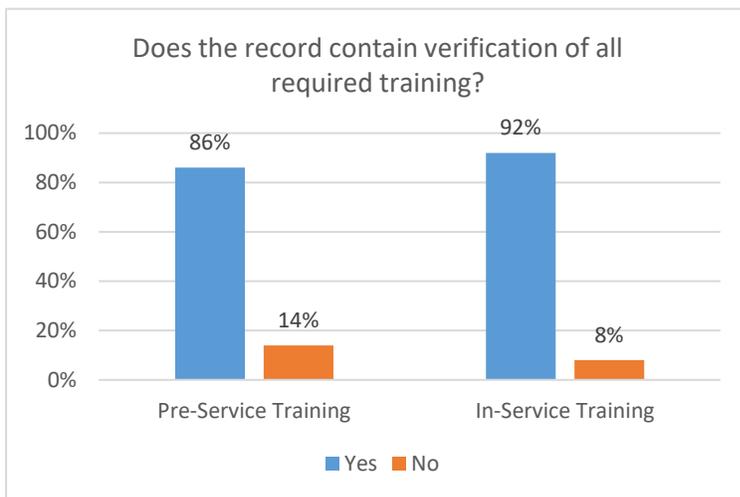
Policy requires that if the home does not meet the training hour requirement, the home is closed. Reminders to complete the required hours of training are given at each quarterly home visit. At 90, 60, and 30 days prior to license expiration, a letter is sent informing the resource home of any delinquencies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

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

- CPR and First Aid

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

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

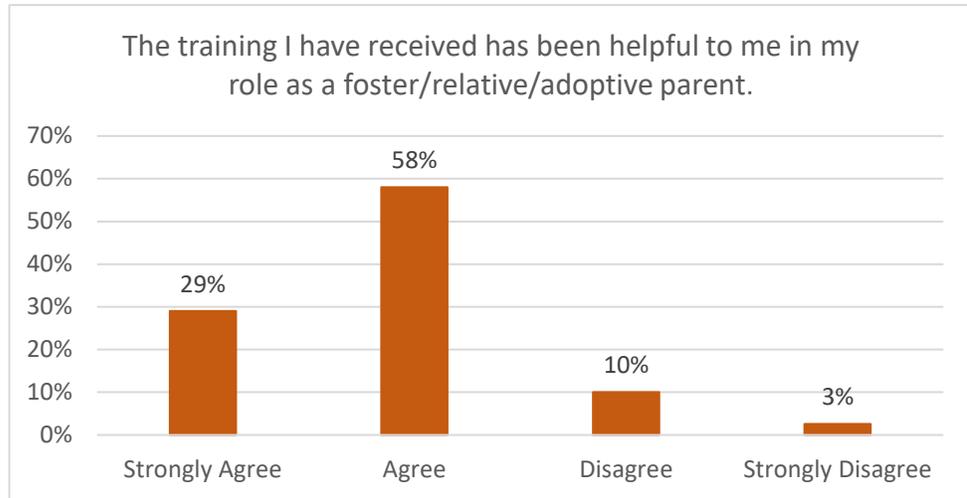


A case review of vendor records was completed in the fall of 2021 by the Quality Assurance Practice Improvement and Foster Parent Licensing, Recruitment, and Retention staff. The review tool asked if the foster parent licensing record contained verification of all required pre-service and in-service trainings. Pre-service trainings were documented in 86% of the records (12/14) and in-service trainings were documented in 92% (22/24) of the

records reviewed.

In preparation for the CFSR Statewide Assessment event, foster, relative, and adoptive parents were asked to complete surveys which contained questions concerning pre-service and ongoing training for parents who care for foster children. For information on the survey distribution process, please refer to the “Description of Stakeholder Involvement in the CFSR Statewide Assessment” section of this document.

Foster, relative and adoptive parents were asked to respond to the statement “The training I have received has been helpful to me in my role as a foster/relative/adoptive parent”. Survey participants



strongly agreed or agreed with the statement 87% of the time (166/191), noting that the training they have received has been helpful in caring for the children in their homes.

The survey also queried what trainings topics would be helpful in their roles as foster parents. The questions were a short answer, so parents responding were able to type in their responses. The top five most frequently listed topics are below:

- Dealing with children’s behaviors
- Understanding trauma
- The “system” and how it works.
- Working cooperatively with biological parents
- Understanding court proceedings

During the CFSR Statewide Assessment event session dedicated to foster parent issues, participants were asked via an online poll to identify if the topics above are offered to foster parents. Participants included foster and relative parents, Children’s Division executive leadership, Children’s Division and contracted workers and supervisors who license foster parents, and juvenile office representatives. The results of the online polling indicate that for most of the topics identified, training is available.

| | Yes | No | I’m Not Sure |
|-----------------------------------|-------------|------------|--------------|
| Dealing with children’s behaviors | 91% (10/11) | 9% (1/11) | -- |
| Understanding trauma | 73% (8/11) | -- | 27% (3/11) |
| The “system” and how it works | 70% (7/10) | 20% (2/10) | 10% (1/10) |

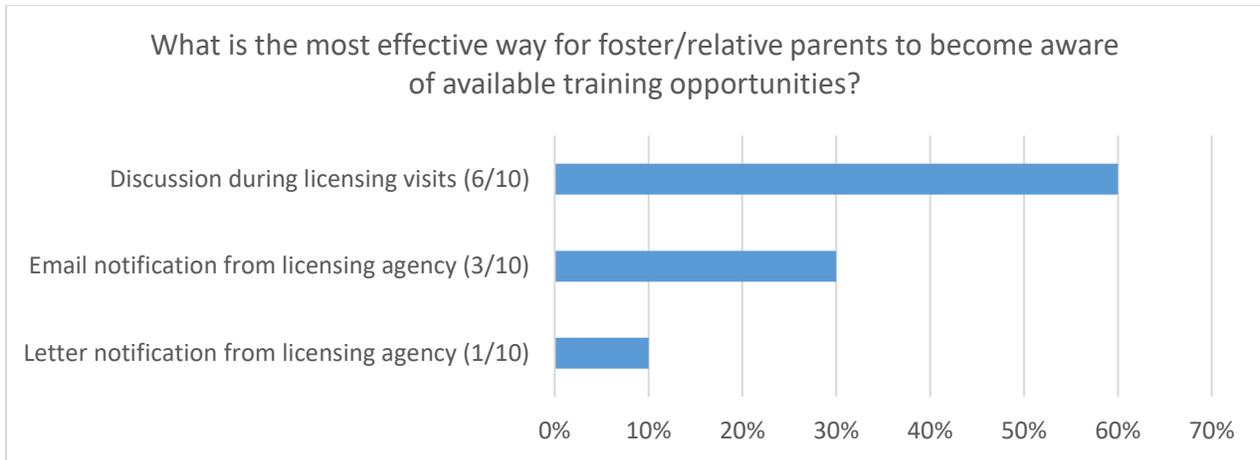
| | | | |
|---|------------|------------|------------|
| Working cooperatively with biological parents | 60% (6/10) | 20% (2/10) | 20% (2/10) |
| Understanding court proceedings | 55% (6/11) | 27% (3/11) | 18% (2/11) |

During each quarterly home visit of the licensing worker to the foster parent home, the worker and the foster parent(s) review the Professional Family Development Plan (PFDP) to determine what in-service trainings would be beneficial to enhance the parenting skills of the parents. The PFDP includes conversation around the following questions:

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

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

Participants in the CFSR Statewide Assessment event were asked to identify the most effective ways for foster and relative parents to receive notification of available training opportunities. Consistent with the process described above, the majority of event participants indicated that discussions between the licensing worker and the foster parents is the most effective method.



In 2023, a Statewide Curriculum Review Team was formed and tasked with developing a curriculum for the entire state. This workgroup developed the Missouri Caregiver and Adoption Resource Education MO C.A.R.E. MO C.A.R.E. is beginning to be taught in certain regions of the state in early 2024.

Service Array and Resource Development

Item 29: Service Array

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

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

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

meetings for families with children in foster care, also provide opportunities for assessment of needs and involved all parties involved with the children and families.

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

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

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

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

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

In January 2021, the Governor of Missouri signed an Executive order to increase collaboration between most state agency programs serving pregnant women and families with children up until kindergarten entry. This has led to the establishment of the Office of Childhood (OOC) within the Department of Elementary and Secondary Education (DESE) beginning in August 2021, providing the opportunity for home visitation programs from DESE, DHSS, and DSS to become the Home Visiting Section within the OOC. In this newly formed office, the DSS Home Visiting Program (now titled Child Abuse and Neglect (CAN) Prevention Home Visiting), has the opportunity for direct collaboration with the DESE Home Visiting Program, which currently implements the Parents as Teachers model in all Missouri school districts. The program provides various opportunities for parents to gain skills in the areas of early childhood development and education, improving parenting skills, school readiness, and child abuse and neglect prevention. The Home Visiting program also provides the parents with training and support groups,

developmentally appropriate books and toys for the children, as well as various incentives for the parents to keep them engaged in the program. After the child ages out of Home Visiting, they are referred to a Head Start or another early learning program to maintain educational services with the family.

Services Enabling Children to Remain Safely with their Parents when Reasonable

Families entering the child welfare system due to reports of child abuse or neglect receive case management services referred to as Family-Centered Services (FCS). Family-Centered Services are available throughout the state and are provided to help children safely remain in their homes when possible. FCS include a range of treatment and support services that focus on strengthening families for the well-being of children. Services aim to prevent child maltreatment and promote healthy and appropriate parenting skills. FCS programming is available in all areas of the state and is provided by Children's Division staff.

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

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

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

Services Helping Children in Foster and Adoptive Placements Achieve Permanency

Case management services for children in foster care are provided statewide by the Children's Division staff or Foster Care Case Management contracted partners. Foster care is intended to be short term until permanency may be achieved. The goal for most children in foster care is to return to their caregiver(s) when circumstances which led to out-of-home placement have been resolved. However, sometimes children are not able to return home and another avenue to permanency is pursued.

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

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

There are 20 Missouri Community Partnership initiatives which strive to bring together public/private partnerships to support the wellbeing of Missouri families. The prevention of maltreatment of children and the safety of families are paramount within the Missouri Community Partnership initiatives. These partnerships are all non-profit organizations governed by local, broad-based 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.

Their 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 140,000 hours of volunteer service to their respective communities. In addition to the many service hours generated by the partnerships, they leveraged over \$13.00 for every \$1.00 of state funding provided them in FY22 and served over 550,000 clients across the state.

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

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

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

Array of Services was found to be an area needing improvement during the Round 3 CFSR. Stakeholders reported waiting lists for services, especially in rural areas of the state.

Item 29 was also found to be an area needing improvement in CFSR Round 4. The availability and accessibility of mental health and substance abuse services were noted as particular areas of concern.

Item 30: Individualizing Services

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

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

Item 30 was determined to be an area needing improvement in Round 3 of the CFSR. The information gathered from that review indicated that it is not uncommon to find service plans which are ordered by the court and do not consider the individual's needs.

The introduction of the Social Service Plan since Round 3 CFSR provides the opportunity for families to have a voice in their service plan, including the chance to express preferences in service providers. As families move through services to resolve the concerns brought them to be involved in the child welfare system, there are ongoing opportunities for them to speak into their case plans through Family Support Team meetings and court hearings, if applicable. Individual meetings with the case manager assigned to their case also provide opportunities for families to provide input about the services in which they are participating.

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

Agency Responsiveness to the Community

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

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

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

In addition to the CFSR Advisory Committee, the Children's Division is engaged in regular meetings with the legal and judicial community through the Juvenile Court Improvement Project (JCIP) Steering Committee and the Partnership for Child Safety and Wellbeing. The Statewide Youth Advisory Committee, the Foster Parent Advisory Board, and the Healthcare Oversight Committee are other groups that the Children's Division collaborates with on a routine basis.

A more thorough description of the committees described above can be found in this section of the 2025-2029 Child and Family Services Plan.

Item 31, State Engagement and Consultation with Stakeholders was determined to be a strength for the Missouri child welfare system in CFSR Rounds 3 and 4.

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 regarding accessing and coordinating services and values impacting the children and families in common. These partner agencies include the Department of Mental Health, the Department of Elementary and Secondary Education, MO Health Net (Missouri's Department of Health), and the Department of Health and Senior Services.

Within the Department of Social Services, the Children's Division coordinates with sister agencies, such as the Division of Youth Services, the Family Support Division, and Child Support Enforcement.

Please refer to the 2025-2029 Child and Family Services Plan for a complete description of the partnerships and coordination that occurs with each agency.

This item was determined to be a strength in CFSR Round 3 and continued to receive a strength rating in CFSR Round 4.

Foster and Adoptive Parent Licensing, Recruitment and Retention

Item 33: Standards Applied Equally

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or childcare institutions receiving title IV-B or IV-E funds?

The foster and adoptive parent licensing, recruitment, and retention system is functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or child-care institutions receiving title IV-B or IV-E funds. • Missouri received an overall rating of Strength for Item 33 based on information from the Statewide Assessment. State regulation 13 CSR 35-60.030 requires the following minimum qualifications for all licensed foster parents and all elements are addressed in the foster home written assessment:

- (1) Age of Foster Parent(s). Applicant(s) shall not receive a license when one (1) or both are younger than twenty-one (21) except as provided for relative care in section 210.565,RSMo.
- (2) Citizenship Status of Foster Parent(s). Applicants to provide foster care must be a citizen of the United States, either through birth or naturalization or be able to verify lawful immigration status.
- (3) Personal Qualifications Required of Foster Parent(s).
 - (A) Foster parent(s) must be able to acquire skills and demonstrate performance-based competence in the care of children including, but not limited to:
 1. Protecting and nurturing.
 2. Meeting developmental needs and addressing developmental delays.
 3. Supporting relationships between children and families.
 4. Connecting children to lifetime relationships; and
 5. Working as a member of a professional team.
 - (B) Foster parents shall cooperate with the division in all inquiries involving the care of the foster children. The foster parents' ability to meet these competencies shall be reevaluated at each re-licensure.
 - (C) Foster parent(s) shall be responsible, mature individual(s) of reputable character who exercise sound judgment, display the capacity to provide good care for children, and display the motivation to foster.
- (4) Health of Foster Family.
 - (A) At the time of application for an initial license and at the time of license renewal, foster parents shall authorize their physician to submit a statement on a prescribed form,

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

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

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

(5) Foster Parent Training.

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

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

(6) Personal information elicited in the home assessment shall include, but not be limited to:

(A) Family size and household composition of the foster family.

(B) Ethnic and racial background of the foster family.

(C) Religious preferences and practices of the foster family.

(D) Lifestyles and practices of the foster parents.

(E) Educational practices of the foster family; and

(F) Employment of the foster parents.

(7) Parenting Skills Information Elicited in the Home Assessment.

(A) Foster parent structures environment so that it is safe and healthy for the child.

(B) Foster parent expresses positive feelings toward the child verbally and physically.

(C) Foster parent recognizes and responds appropriately to the child's verbal and physical expressions of needs and wants.

(D) Foster parent consistently uses basic behavior management techniques in dealing with the child.

(E) Foster parent consistently uses appropriate techniques to discipline the child and does not use or will not use corporal punishment on any child in the custody of the division.

(F) Foster parent guides the child toward increasing independence.

(G) Foster parent behaves in a way that recognizes the immaturity of the child.

(8) All information which is collected by the division in the licensing study will be condensed to comprise a foster home profile which will be available to team members when children are placed into the care of the division, in order for placement decisions to be made in the best interests of the child. The profile will not contain any protected health information, financial information, or information on biological or adopted children of the foster family.

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

- Maximum number of children in the home
- Limits on number of children under the age of five
- Limits on number of elevated needs foster youth
- Minimum age of 21
- Physician statement and all immunizations up to date at initial licensure and renewal for all household members
- Physician determination that all household members are in good physical and mental health.
- Required 30 hours of in-service training hours for license renewal which does not include required in-service trainings including but not limited to; CPR, First Aid, RPC Trauma, Reasonable and Prudent Parenting Standard, or any Children's Division specified in-service training.
- Location of home
- Size and floor plan of home
- Opposite sex in same room
- No foster youth sleep in same room with adult age 21 and older
- No foster youth aged 2 and over, sleep in same room with relative provider.
- Drawer and Closet space specifications

There were 277 relative homes approved for a foster home license in CY22 using one of the non-safety licensing standards. The standards that were waived to license the 277 homes were:

- Over the maximum number, 31
- Age of resource parent, 1
- Over maximum number of ages under five, 5
- Over the maximum number of children with elevated needs, 5

- Physician statement of immunizations up to date for all household members, 113
- Physician statement that all household members are in good physical and mental health, 44.
- Required 30 hours of in-service training for license renewal, 21.
- Location of the home, 5
- Size and floor plan of the home, 19
- Children of the opposite sex in the same room, 10
- No foster youth sleeping in the same room with an adult age 21 and older, 8.
- No foster youth aged two sleeping in the same room with the relative provider, 13.
- Drawer and closet space, 2

The 277 relative homes licensed using a non-safety standard represents 8.3% of the 3,331 relative homes licensed during CY22.

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

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

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

Visits to the foster or relative home are completed by the licensing worker every quarter. Visits should include, but are not limited to, a walk-through of the home to assure the home continues to meet licensing standards. Quarterly visits are conversational, allowing for the sharing of concerns as well as accomplishments and development of a mutual relationship of trust. The

visits are to be used as a prompt to have meaningful conversations about pertinent issues and assure compliance with licensing requirements. In addition, the visits are an opportunity to identify resources for the resource provider such as support groups, to have discussions about respite care, and the resource parent meeting their own needs. Discussions about training needs and any behaviors of the child(ren) that may need addressing occur as well.

The Children's Division reviewed a total of 34 foster and relative provider case records in the fall of 2021 to assess compliance with licensing standards using a newly developed Vendor Case Review tool. Of the records reviewed, 91% (31/34) had either the Resource Provider Initial Family Assessment or the Renewal Assessment in the case record. The foster parent competencies mentioned above were addressed in 94% (32/34) of the assessments. Documentation of all required quarterly home visits by the licensing worker were present in 70% (23/33) of the case records. One home had been licensed for less than 90 days, not requiring a quarterly home visit.

Item 34: Requirements for Criminal Background Checks

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements of children?

The foster and adoptive parent licensing, recruitment, and retention system is functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children. • Missouri received an overall rating of Strength for Item 34 based on information from the Statewide Assessment.

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

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

CAN 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:

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

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

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

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

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

age of 17, are fingerprinted, and new FCSR checks are completed every two years as part of the re-licensure or re-approval of the home.

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

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

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

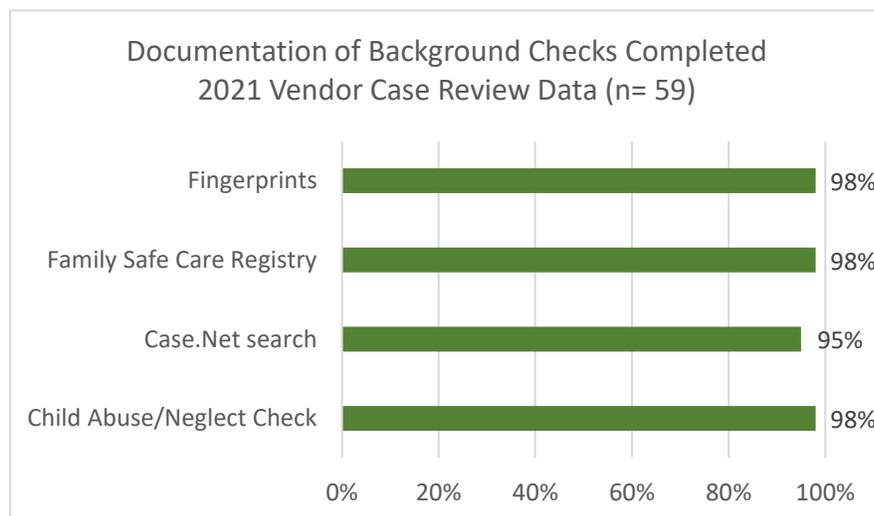
Except for the specific felony history listed in the regulation, a criminal history, child abuse/neglect history, or other review information does not automatically preclude licensure for

any resource home. Staff determine the relevance of all such findings to child caring responsibilities and seek guidance from supervisors. A supervisor must review and evaluate the background information if there is a record of conviction (other than those listed above) and/or child abuse and if the decision is to approve the home assessment. The supervisor’s review and decision to approve/disapprove must be documented. The approval/disapproval process is the same for foster, relative, and kinship homes.

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

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

A case review of foster home records was completed by members of the Quality Assurance Practice Improvement and foster home licensing policy experts from Children’s Division’s Central Office in the fall of 2021. A total of 34 case records were reviewed, involving 53



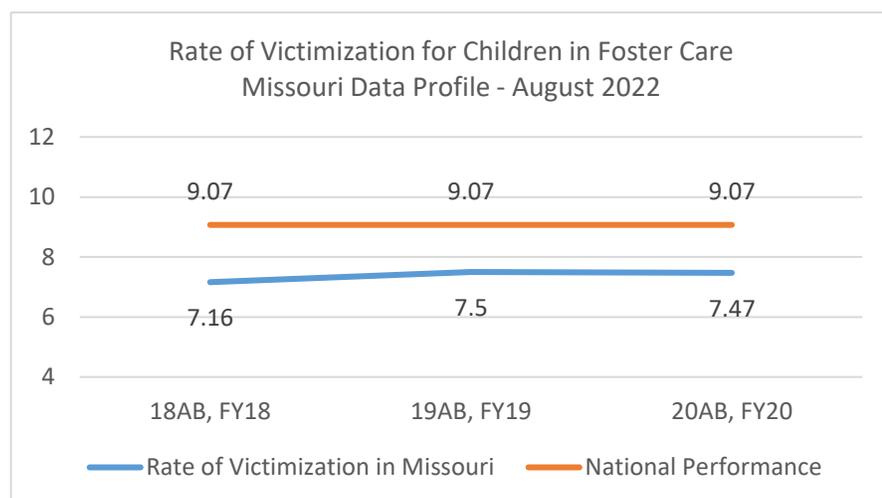
foster/relative parents and six additional household members who were 17 years of age or older. Fingerprint checks were completed as required for 98% (54/55) of those reviewed. Four did not require fingerprint checks, as they were enrolled in the Rap Back program described above. Family Safe Care Registry and

Child Abuse and Neglect checks were completed as required for 98% (58/59) of persons reviewed. Case.Net searches were completed for 95% (56/59) of those reviewed.

Missouri strives to address and assure the safety of foster and adoptive placements for children through the quarterly home visit process. Licensing workers visit the foster homes on their caseloads every quarter. During these visits there are ongoing opportunities to discuss any concerns expressed by children who are placed in the home. Any safety concerns that are observed by the licensing worker are addressed as well as any concerns that have been reported to them by other professionals who frequent the home. For children in foster care, their case managers also visit with them at least monthly to assess safety in all of their environments. In federal fiscal year 2022, 96% of children in foster care were visited at least monthly (145,935 visits/152,396 full months in foster care) and 96% of those visits occurred in the child’s placement setting (140,374/145,935).

The Children’s Division has a dedicated team of staff specifically trained to investigate concerns of child abuse and neglect that are reported to have occurred outside of the children’s family home. Examples include school or day care settings and foster/relative homes are also included. The Out-of-Home Investigation Unit (OHI) serves the entire state. Missouri has strengthened the working relationship and alliance between OHI staff and foster home licensing staff. At the time of re-licensure/re-approval, policy requires that the Out-of-Home Investigator be contacted and consulted regarding any resource homes who were subject of an Out-of-Home Investigation during the prior licensure/approval period. The intent of this policy is to ensure any and all concerns about safety are being addressed and resolved adequately to assure safety. According to the Children’s Division Child Abuse and Neglect Annual Report, in state fiscal year 2021, there were 832 foster parents identified as alleged perpetrators of abuse or neglect (as indicated by the relationship to the victim child). Of those, 28 were substantiated as perpetrators of abuse or neglect (3.4%).

The federal data profile measure of Maltreatment in Foster Care also points to the safety of Missouri’s foster children. The national rate of victimization is 9.07. Missouri was below the national performance, with a victimization rate of 7.47, according to the data provided in August of 2022. Missouri has performed below the national rate for this measure for the past three reporting periods, as indicated in the chart.



The requirements for criminal background checks for foster and relative homes are clearly outlined in Missouri statute. Data presented indicates that the required checks are occurring as required and that the safety of foster children in Missouri is of utmost importance in the work of the child welfare system.

Item 35: Diligent recruitment of foster and adoptive homes

Please see the Foster and Adoptive Parent Diligent Recruitment Plan attached to the 2025-2029 Child and Family Services Plan for additional information.

Item 36: Use of cross-jurisdictional resources

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

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

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

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

Challenges to completing ICPC studies requested by other states in a timely manner have been identified. Gathering background information from other states in which the parents may have lived can slow down the home study completion. Each state, and sometimes county (if the state

is county-administered), has a unique process for completing background checks and it takes time for the staff completing the study to figure out those unique steps. Often the parents do not understand all of the requirements involved in completing the home study and can hinder the timely completion.

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

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

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

ICPC in Missouri served a total of 3,798 children in fiscal year 2022.

- Total children placed outside of Missouri 289
- Total children placed in Missouri from other states 509
- Home study requests received from other states 635
- Home study requests to other states from Missouri 850

The method for data collection for ICPC is an area of concern for Missouri. The database that is used to track home studies and placements through ICPC is antiquated and gathering needed information to assess current functioning is cumbersome. Missouri was unable to use the NEICE system for several months in 2021 and 2022, so data is not available from that source, as well. Options for data collection and analysis are currently being explored. Item 36 was found to be an area needing improvement during Round 4 CFSR.

Update to the Plan for Enacting the Vision

Implementation and Program Support

Central Consult Unit

The Children's Division contracted with Change and Innovation Agency (C!A) in 2021 to examine internal processes in an effort to streamline and strengthen practice to free up existing resources in order to meet workload demands. Workgroups were formed for each of the four major program areas of the Children's Division: (1) Child Abuse and Neglect Hotline Unit (CANHU); (2) Child Abuse and Neglect (CAN) (3) Family Centered Services; and (4) Alternative Care. As a result of recommendations from C!A, the Children's Division re-positioned 25 Social Services Specialist positions to staff a Central Consult Unit (CCU), along with three Social Services Supervisor positions. CCU is an internal call center which is utilized by investigative staff when the children are determined to be safe according to the SDM Safety Assessment. For many years, the Children's Division has required a 72-hour Chief Investigator consultation on all reports of child abuse/neglect. The purpose of this supervisory consultation is to ensure frontline staff respond appropriately and to provide guidance on next steps in the investigation/assessment. With the implementation of CCU, this timeframe was extended to seven days for safe cases only. When frontline staff respond to a report of child abuse/neglect and assess the children to be safe, they may call CCU to complete a thorough case consultation. CCU utilizes one consistent consultation model for all safe cases statewide. If at the end of the consultation CCU agrees with the safe SDM Safety Assessment outcome, CCU documents a summary of frontline staff's contacts in FACES and concludes the report. If CCU determines any further action needs to be taken prior to approving case closure, CCU issues a Need More Information (NMI) and documents those items. Once frontline staff complete the NMI, they notify CCU. CCU then reviews the new information and concludes the report at that time if appropriate. If CCU disagrees with the assessment of the worker that the child is safe, CCU staff immediately follow up with the local supervisor to alert them that more attention is needed to assure child safety. CCU provides an unprecedented opportunity for statewide consistency in practice. While the incoming volume of child abuse/neglect reports has not changed, consistent utilization of CCU has demonstrated a significant reduction in the amount of child abuse/neglect reports assigned to frontline staff at any given moment. This allows more focus, particularly for the frontline supervisor, on unsafe children.

In January 2024, CCU eligibility criteria were changed to allow staff to use CCU without having completed any data entry into FACES. The requirement that the report not be a grey or a complex case was lifted; however, it must still be a clear safe case. Frontline staff should always work with their direct supervisor when children are unsafe, or the worker is not sure. Communication about cases that were being referred back to the local office for conclusion or

cases that need more information was streamlined to provide more clarity and direction for the frontline.

Casey Family Programs

Missouri Children's Division has received ongoing support from Casey Family Programs for many years, both through financial means and professional expertise. The support has increased the positive impact the Children's Division has been able to provide to children and families in Missouri.

Recent projects have included Judicial Engagement Team work in Kansas City and St. Louis, assistance in evaluation of the Child Abuse and Neglect hotline, support in development of the SDM Safety Assessment, and implementation of Family First legislation.

Projects for 2022 include a review and update of the SDM Risk Assessment; support in the area of placement stability to focus on needs of children entering foster care and partnerships with state and local mental health facilities to meet the needs of children with elevated behaviors, mental health concerns and substance abuse; and support for building treatment foster homes.

Weekly technical assistance meetings were conducted throughout 2022 to provide programmatic support to expand Missouri's treatment foster care program. Through this partnership, capacity building tools and resources were developed and shared with provider agencies. Monthly meetings facilitated provider agency workgroups aimed at developing and implementing the relative treatment foster care program, treatment foster care regulations, an operating manual and updated referral procedures, as well as the establishment of training and criteria for a second level of treatment foster care to be implemented in 2023.

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 full-time equivalent (FTE) permanency attorneys housed in the Kansas City, St. Louis and Springfield metropolitan areas. FTE attorneys are also located in the 18th and 41st Circuits and contract attorneys take a significant role in the 39th, 40th and 46th Circuits in the Southwest region and the 37th and 42nd Circuits in the Southeast region. Additionally, contracted permanency attorneys provide legal support to Children's Division staff in numerous other areas.

In total, Children's Division has 16 FTE and 29 contracted attorneys as of April 2023. The attorneys serve 43 of Missouri's 46 judicial circuits in some capacity.

The offices of the FTE attorneys are located with Children's Division staff and the attorneys 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 5 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.

The attorneys train Children's Division workers and supervisors in court procedure and assist them in being comfortable testifying. An internal PAI committee also organizes and facilitates monthly presentations on juvenile law to help train the attorneys. The PAI attorneys, as well as attorneys from the community are invited to attend to learn about topics that are helpful in child welfare.

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 Children's Division 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 Children's Division is not represented by a full-time attorney, workers believe they are treated as equal partners in the juvenile court process.

Focus groups have been conducted and feedback was 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 Children's Division 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.

The PAI program merged with the Division of Legal Services-Litigation ("DLS") in September, 2023, and was replaced by the "Touchpoint" model. The Touchpoint model has attorneys look at all abuse/neglect cases when they come into care, and review the cases at 3, 6 and 9 months to ensure that legal case goals are being met. The attorney will enter into the case if a referral is made by Children's Division.

DLS now has 40 FTE attorneys and numerous contracted attorneys that will review cases on a periodic basis and will be able to look at more cases than were possible with less attorneys. DLS has a total of 7 offices across the State and will be able to cover all judicial circuits.

Health Information Specialists

The [Joint Settlement Agreement \(Agreement\)](#) required the Children's Division to have at least 12 staff members in 2020. These staff members' responsibilities included implementing the various requirements contained in the Agreement. The Children's Division established the Health Information Specialists (HIS) Unit to ensure that all elements of the Agreement are addressed. The HIS Unit has 12 Health Information Specialists and has been separated into 2 teams. Each HIS team is under the supervision of an HIS Unit manager. Every team member has been assigned a specific circuit/region within the State to assist CD staff with questions about the Agreement. Also, the HIS Unit has a Program Specialist assigned to create/maintain reports.

Since 2020, staff within the HIS Unit have developed, presented, monitored, and tracked the state's training and technical assistance provided to Children's Division staff in the counties, circuits, and/or regions. The HIS trainings have been focused on children/youth who are in Children's Division custody, in foster care, and prescribed/administered one or more psychotropic medications. The training categories are: Pre-Service/Annual In-Service trainings, Interactive Webinars, and targeted trainings for specific topics in various counties/regions.

Pre-Service/Annual In-Service Trainings

In 2020, all currently employed Case Management Staff (Children's Division or Foster Care Case Management Agency staff member(s) assigned to manage the case of the child in foster care and/or the Case Manager's supervisor) were required to receive (4) four hours of Pre-Service training on Psychotropic Medications, including, but not limited to,

- The definition and classes of Psychotropic Medications.
- Food and Drug Administration ("FDA")-approved versus off-label use of such medications.
- The possible risks, benefits, and interactions of such medications.
- Alternative forms of treatment; and
- Children's Division policies with respect to informed consent, secondary review, and medical records.

In the same year, all newly employed Case Management Staff were required to complete the Pre-Service trainings within the first six months of service. The Pre-Service trainings are: Psychotropic Medication Management and Informed Consent.

In addition to the Pre-Service trainings, all Case Management Staff were required to complete one hour of annual in-service training on psychotropic medications.

Each year HIS staff have developed a new Annual In-Service training with topics such as:

- Non-Pharmacological Interventions-The First Steps in Treatment 2020
- Psychotropic Medication Guide Overview for Case Managers 2021
- Psychotropic Medication Refresher Course 2022
- Strategies to Improve Sleep for Children in Foster Case 2023

The HIS staff have developed the Pre-Service and Annual In-Service trainings and provided these trainings through the Department of Social Services, Training database. The database offers the ability to monitor and track completion of the trainings.

The Pre-Service trainings have provided a consistent framework for information on psychotropic medication management and informed consent. The HIS staff are in frequent communications with Children’s Division staff, which provides insight on relevant topics for the Annual In-Service trainings. These trainings have been an essential part of Children’s Division on-going performance reviews.

Interactive Webinars

HIS staff have collaborated with medical/legal professionals and child welfare experts to create and present interactive webinar on psychotropic medications. The target audience for the webinars has been individuals in the community serving children/youth i.e., foster care staff, resource providers, Court Appointed Special Advocates (CASA), Guardian Ad Litem (GAL), and attorneys for children and parents. In 2021, HIS staff and the professional/experts who were working with HIS staff officially established the Education and Collaboration Sub-committee to coordinate the efforts to create the interactive webinars.

The first interactive webinar in 2021 was “A Day in the Life with a Trauma Lens.” Two community pediatricians presented on three cases centered around trauma and discussed how the situations or scenarios in the example cases provided may overlap or be misunderstood as other diagnoses, such as ADHD, Oppositional Defiant Disorder, Substance Use Disorder, etc. The second interactive webinar was “Managing Trauma Symptoms without Medications: Strategies for Caregivers.” A community pediatrician presented information to participants who had opportunities to discuss practical approaches to common presentations of trauma symptoms and come away with take home strategies in positive parenting, co-regulation, and developing safe, stable, nurturing relationships to promote resiliency and healing.

In 2022, the first interactive webinar was “Problematic Feeding Behaviors and Metabolic Effects of Psychotropics.” The “Problematic Feeding” part of the webinar was presented by a Dietitian/Nutritionist from the Washington University School of Medicine. The presentation included information about how a history of trauma increases the risk of eating disorders and recognized that individuals who are directly involved in the care of child/youth often receive only minimal training on nutrition. The “Metabolic” part of the webinar was presented by a Child/Adolescent/Adult Psychiatrist from a healthcare organization. The discussion was related

to metabolism and psychotropic medication. This presentation primarily focused on mental/behavioral disorders, psychopharmacology, and metabolic syndrome.

The second webinar was “Psychotropic Medication for Youth in Foster Care.” This webinar was structured as a free-form question and answer session with an Associate Circuit Judge and an HIS staff member as moderators and a panel of two attorneys, one specializing in parental concerns and the other in child/youth issues. The focus was to provide information about oversight of psychotropic medication use in foster care and its relationship to members of the legal community. This webinar broached a range of topics such as; the Joint Settlement Agreement and Children’s Division requirements within the Agreement, the renewed emphasis in the legal community on the administration and prescription of psychotropic medication, informed consent for psychotropic medication, and the use of the Excessive Dosage Guidelines in the legal community.

In 2023, the first interactive webinar was “Marijuana in Missouri and Impact on Children and Youth.” This webinar was focused on the legalization of marijuana in Missouri. The presenter was a drug treatment court commissioner within the 13th Judicial Circuit. The commissioner discussed a new law that allowed the legal purchase, possession, consumption, use, delivery, manufacturing, and sale of marijuana for personal use for adults over the age of 21. Since this was a new law for Missouri, the legal communities approach was to review the impact to children/youth in other states that already have legalization laws in place. The community pediatrician discussed the legalization of marijuana from a medical perspective. The information was that within the medical community the researched uses of marijuana were for chronic pain in adults, chemotherapy-induced nausea/vomiting, and spasticity in adults with multiple sclerosis. The use of recreational marijuana (cannabis) was associated with poor mental health outcomes and there is a potential to become addicted to marijuana.

The second webinar “How to Build a Customized Behavioral Health Directory to Support CD-Involved Youth” was presented by eight professionals from various behavioral health disciplines. The webinar developer and administrator was an Assistant Professional Practice Professor of Psychiatry, with the Center for Excellence in CHILD Well-Being. The topics covered during the webinar were the appropriateness of recommendations for psychotropic medications, information on the Family First Prevention Services Act (FFPSA), the Missouri Trauma initiative and services centered on trauma informed care, statewide behavioral health liaisons, and the managed care specialty plan “Care Manager” who works closely with new Plan members and Children’s Division case managers on setting and meeting treatment goals. A result of the interactions with each presenter, participants were able to create a Customized Behavioral Health Directory described as a “Resource” document. This document was a list of services and service representatives contact information that was specific to that participant’s county/region.

The efforts of Education and Collaboration Sub-Committee has been supportive in assisting HIS with the goal to provide at least two interactive webinars each year.

County/Regional trainings

There are 114 counties and St. Louis City in Missouri. Children's Division has arranged the counties into judicial circuits and regions. There are 46 judicial circuits and 6 regions. There is an HIS representative in each of the 6 regions. The HIS staff have conducted various trainings to Children's Division staff in their assigned regions. These trainings include but are not limited to; an introduction to the HIS teams, informed consent and psychotropic medication reviews (Automatic, Mandatory, and Secondary), medical records collection, the psychotropic medications performance review process, and policy regarding medical and behavioral health care. The trainings provide an opportunity for one-on-one targeted education between the case manager and HIS team member.

In 2020, the HIS staff provided presentations on the introduction of the Agreement and HIS's role with the Agreement to Children's Division staff. The discussions were based on the five primary topics in the Agreement. These topics are:

- Staff and Training
- Medication Monitoring
- Medical Records
- Secondary Review
- Informed Consent
- Informed Assent

The trainings were available to all county/circuit/regional staff. HIS informed the staff that the Agreement became effective in December 2019 and explained that some requirements were already in place and others that were new.

A significant responsibility within the HIS Unit are the three types of psychotropic medication reviews. These reviews are:

- Automatic: Psychotropic medication reviews initiated and conducted by the Statewide Clinical Consultant for the prescription and administration of the medication that meets specific review criteria.
- Mandatory: Psychotropic medication reviews by Children's Division staff, before informed consent is provided for the prescription and administration of the medication that meets specific review criteria.

- Secondary: Children’s Division staff may make a referral to the Statewide Clinical Consultant for a secondary review if they have concerns about psychotropic medications being prescribed/administered to a child/youth in foster care, or if the parent, youth or another party is not in agreement with the recommendation.

Children’s Division staff can submit a referral to the Statewide Clinical Consultant for a psychotropic medication review.

The Agreement requires Children’s Division to 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/youth, in particular for those individuals in foster care. The HIS staff and Children's Division case managers utilize three or more electronic methods to obtain medical documents, to include:

- Biscom fax: sends and receives requests for medical documents from various entities
- CIOX: complete document requests from health care agencies that are enrolled with CIOX Health
- hXe (health eXchange evolved): medical document request directly to any healthcare provider
- ShowMeVax: tracking an individual's immunization history and status
- Cyber access: MO HealthNet Billing Claims
- Show-Me Health Information Network of Missouri (SHINE): a physician-led Health Information Network delivered in partnership with the Missouri State Medical Association.
- Tiger Institute: Health Information Network
- Envolve: Show Me Healthy Kids (SMHK) portal

There are several performance reviews required within the Agreement. These reviews require data collection, interpretation, and reporting. The performance reviews are conducted through the Alternative Medical Care Review (ACMR) process. Every six months staff within the HIS Unit receive a sample of cases for the ACMR review. During the ACMR process, HIS staff meet with Children’s Division case managers and supervisors. While conducting the reviews, HIS staff provide targeted one on one education regarding medical policy and expectations.

The HIS have made an effort to inform Children’s Division staff at the county, circuit, and regional levels that they can provide trainings on Agreement and medical related topics upon request.

FACES

Missouri's automated system, Family and Children's Electronic System (FACES), became fully operational on July 31, 2010. 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. In July 2018, Missouri declared its intention to transition the existing FACES system to meet the new CCWIS requirements.

In addition to declaring intention to transition the existing FACES system, 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 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 new recommendations from the Safety Task Force to consider new tools to assess safety, and then the pause during the COVID-19 emergency, Children's Division was not able to begin many of the IT enhancements to FACES as planned in FY20.

In FY21, FACES implemented new functionality to track Diversions from out of home care and referrals to the Juvenile Office. This was in direct response to findings from the 2019 Safety Task Force report. Staff are now able to enter all Diversion information directly in FACES and produce local, regional or statewide reports.

Since the Diversion implementation date, the State's legislature passed RSMo Section 210.123 which includes Temporary Alternative Placement Agreement (TAPA). TAPA formally structures the process previously referred to as "Diversion." After system enhancements were complete to allow functionality, TAPA was implemented in August 2021.

In January 2021, development work began on several projects: Family First Qualified Residential Treatment Program (QRTP) and the Alternative Care Social Service Plan (SSP). The QRTP Project will allow staff to make referrals to residential care, track Independent Assessment progress/completion and court decisions regarding placement. It will also involve significant changes to the IV-E Eligibility System to be able to ensure that proper determinations are made as youth move in and out of residential care. The QRTP Project was implemented in October 2021 with additional pieces implemented in March 2022.

The Social Service Plan project involves the development of a comprehensive tool that will document the work with the families of children placed in Alternative care. This includes threats to child safety, safety goals, and progress assessments. This project was initially implemented November 2020.

During FY22, projects to develop a new Safety Assessment tool and analysis of AFCARS 2.0 changes have been completed. The Family First Prevention, Missouri FCS Model Project has been put on hold and will be revisited in FY23. Revisions to the SSP were completed and implemented into FACES in February 2022.

FACES priorities for FY23 include development and implementation of AFCARS 2.0 changes, combining the Child Assessment and Service Plan to the SSP, and making changes to the Foster Care Case Management (FCCM) Expenditure Report from the QRTP changes. Additional projects included the development of quarterly payment statements regarding KIDS and Dedicated KIDS accounts, the development and notification for HB429 which is a new tax deduction provided to resource parents for the care of LS1 children in their home, and making changes to the system for the new Institute for Mental Diseases (IMD) / ME codes to assist with correct financial claiming of services provided and room and board costs.

Following discussions between the Missouri State Legislature and Department of Social Services Executive Staff in 2021, it was determined a priority that a new Comprehensive Child Welfare System should be planned. As exploration began, a revised APD was submitted to ACF with the state's intention. Funding from Budget Stabilization funds had been included in the SFY 23 budget.

Exploration/pre-planning efforts for a new CCWIS system began in early spring of 2021 and continued through all of SFY 2023. Pre-planning activities conducted during this time include vendor system demonstrations of possible new system solutions, business process mapping of all current system functionality, and the procurement of a Project Manager to assist with continued planning efforts. During this time, FACES system enhancements continued to be reduced to critical system update needs.

Throughout 2023 and 2024, the primary pre-planning efforts focus on the development of a thorough Request for Proposal (RFP) to be submitted for solicitation and procurement of a selected system development vendor. Critical changes to the current FACES system will continue as needed due to legislative or policy/practice updates.

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.

By the spring of 2018, all Children's Division offices had WiFi installed and most frontline staff were 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 1,400 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 were available to all frontline workers and immediate supervisors.

During the 2020 COVID-19 Pandemic, staff relied heavily on the iPads to be able to work remotely. Beginning in March 2021, ITSD began transitioning frontline staff to laptops as it provides a more user friendly option for working remotely in the long term. Staff will still retain their iPads for mobile work with families while in the field.

During the fall of 2021, Children's Division started the exploration of having field staff use RocketBook. This electronic tablet allows users to write on the tablet directly then submit their notes, to be converted to typed text, back to their office desktop or laptop computers. In February 2022, Children's Division began purchasing this device to be provided to all case carrying staff. Funding was provided by using CAN Grant funds and other administrative funds.

Additionally, included in the SFY23 budget was a new decision item (NDI) for satellite phones. The intent was to provide mobility as well as a safety mechanism for our staff servicing the most rural locations without cell phone service. The satellite phones will be made available for counties as deemed necessary.

In September 2022 it was determined all field staff would be issued a cellular phone. Funding for this was pulled from the Children's Division Mobility Funds. The new iPhone 12 would carry the AT&T FirstNet data plan. This plan closely resembles a service plan used by First Responders and has been determined to be the most effective in remote locations of the state.

Phase I distribution of iPhones began in November 2022 for Kansas City, St Louis and St Louis County staff. Phase II distribution was completed in February 2023 for NE and NW regions. Phase III distribution for SE and SW regions was completed by May 2023.

As of spring 2024, there are 1487 active iPhones and 1349 iPads currently assigned to CD staff. The CD Mobility Coordinator is responsible for tracking all the mobile devices and provides direct assistance to staff when there are issues related to device set up or if new apps have been requested. In addition, assistance and training for mobile device usage may be provided by iPad/iPhone mentors located throughout each region.

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 drive this work. This work includes but is not limited to, completing research, analysis, and data interpretation related to staff recruitment, using recruitment resources to acquire talent, and networking with various talent pools.

Missouri’s Children’s Division, much like other businesses, has faced difficulties in recruitment and retention of employees over the several years. There has been significant turnover, particularly with field services staff. Despite the struggles, the Division has seen improvement over the last fiscal year. As of January 1, 2024, the Children’s Division was tracking with a 7% retention improvement from the same time the previous year.

| | FY22 Staff Turnover | FY23 Staff Turnover |
|---|---------------------|---------------------|
| All CD Job Classes | 42% | 34% |
| Social Services Specialist (I, II, III) | 55% | 47% |
| Social Services Supervisor | 23% | 14% |

understaffing lead to further resignations and greater struggles in hiring. One solution to increase recruitment and retention was to advocate for stronger competitive wages for all employees with a focus on employees providing direct service provision to clients. The State Legislature and Governor responded favorably to the Department of Social Services and the Children’s Division request for support. On March 1, 2023, all Children’s Division employees were granted an 8.7% pay increase. Further, a 3.2% increase has been recommended and is pending approval for FY25. These pay adjustment have contributed to increased applications for employment throughout the Children’s Division. As of February 2024 the average applications per position posting was 13. In February of 2023, the Division was averaging seven applicants per employment posting.

The recruitment and retention specialist also provides oversight of the Title IV-E education program. This program provides funding for Children's Division employees who seek to pursue higher education by obtaining a Master of Social Work degree. In doing this, Children's Division partners with four major universities: University of Missouri-Columbia, University of Missouri-Kansas City, University of Missouri-St. Louis, and Missouri State University. Further effort has been expended in collaboration with the universities to promote strong mutually advantageous internships including opportunities for paid internships for students interested in a career with the Division.

The recruitment and retention specialist receives direct support and supervision from the Children's Division Deputy Director for Operations and Administration. This promotes direct communication to Division leadership regarding to the strategic planning of ongoing recruitment and retention efforts statewide. By the intentional structuring of the specialist, including all duties assigned, recruitment and retention is at the forefront of agency initiatives and strategic planning. Lastly, due to the elevated nature of the position, this work touches many aspects of Children's Division including policy, procedure, 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
 - Collaborate with colleges/universities throughout the State of Missouri.
 - The mezzo practice of career fairs and university partnership and collaboration has been implemented to engage stakeholders.
 - A macro approach of employing Master of Social Work students in the Title IV-E program enhances and builds upon the mezzo university partnership. This increases the knowledge base and social work skill of the agency as a whole
 - As a part of Department Social Services placemat initiatives, the Division has reached out to local contacts to act as liaisons to universities. Liaisons are individuals that have connections to the schools as well as have a passion for student engagement. Liaisons have greatly increased the Division's presence on college campuses over the last year and we look to grow this program.
 - The Division provided education across the state at employment fairs and in-house student trainings regarding employment preparation and careers with the Children's Division.
 - The Division is sponsoring and participating in activities at several universities including:
 - Resume and interview assistance
 - Guest lecturing to classes

- Question and answer panel opportunities
 - Career fairs
 - Collaborate with local community service organizations throughout the State of Missouri. Examples of this include:
 - Local holiday projects for children in alternative care
 - Foster parent appreciation events
 - Guest lecturing at events and club meetings
 - Participation in career fairs.
 - Build a footprint and brand on social media.
 - The State of Missouri continues to utilize MO Careers as their hiring platform. Our presence has continued to increase on FACEBOOK, Instagram, and Twitter.
 - Children’s Division continues the utilization of QR codes to link to hiring applications and expedite user access to employment and educational/informational opportunities.
 - The Children’s Division is utilizing the Department of Social Services social media platforms (Facebook, Twitter, Instagram) to advertise upcoming events, promote hiring events throughout the state, to highlight staff accomplishments, and appreciate staff for their dedication and service.
 - New communication materials were created and disseminated in 2022 including:
 - New logo/theme of Put your Passion to Work to aid in advertising and recruitment of potential employees.
 - Put your Passion to work logo has also been utilized in highlighting current employee achievements.
 - Postcards and job description fliers for Associate Social Services Specialist and Social Services Specialist II are available to be shared at hiring and recruitment events.
 - The Division continues to host monthly podcasts called “We are the Children’s Division.” These podcasts can be listened to on several platforms including Spotify.
- Fill Vacancies
 - Identify ways to reduce the time to fill vacancies, an ongoing and fluid effort.
 - In February of 2024, the Children’s Division filled positions within 45 days of posting 75% of the time with an overall average of 35 days to fill.
 - With the exception of December of 2023, the Children’s Division has successfully averaged under 45 days to fill a position.
 - Strategies implemented included:
 - Offering same day interviews and recommendations

- Human Resources offering availability several days per week to process recommendations
 - Offices offering more frequent and interview options to applicants (in person, virtual, expedited hiring events).
- The Children’s Division expanded acceptable degree types to all degrees in 2019 and continues to accept all degree types.
- In August of 2023, the Children’s Division adjusted their hiring requirements.

Hiring requirement for an Associate Social Services Specialist (I):

- **A High School Diploma or High School Equivalent and Four or more years** of professional experience with a public or private agency in the delivery of protective services, including casework/case management in: investigation of abuse or neglect; coordination of foster care, adoptions, and family centered services; treatment/rehabilitation; and/or providing in-home family crisis intervention services, and possession of a valid vehicle operator’s license.

OR

- A **Bachelor’s Degree** from an accredited college or university, preferably a degree in Social Work or comparable human services field. (Substitutions allowed)
- *(A combination of earned credit hours from an accredited college or university in the preferred fields such as social work, family and child development, special education, psychology, sociology, or related behavioral sciences and experience described may substitute for the stated qualifications. 30 credit hours are equivalent to 1 year of experience. Professional experience as described must be of a substantial period of time (over 50% of time)).*
- The Division has continued utilization of virtual interviews only when logistically necessary.
- Hiring blitzes began in early 2022. These events have continued for regions that are targeted based on need and are staggered in their location and dates held. Hiring blitzes focused on providing expedited, same day interviews and employment offers to qualified candidates.
- Advertising for openings has occurred on radio stations, Facebook, Indeed.com, Instagram, Twitter, ZipRecruiter, Handshake, through colleges and universities that have private career center hiring platforms, local community calendars, employment center offices, and through news outlet media platforms.
- Using the applicant tracking system, emails are sent to recent applicants who were not hired encouraging them to reapply for openings in their area.
- During hiring events (blitzes), applicants that are not recommended for hire are met with to address other employment opportunities with the State and, when appropriate, are directly referred to other Division’s recruitment representatives.

- In January of 2024, an employee referral program began called Show Me's Got Talent. SHOW ME'S GOT TALENT is a program created to incentivize current state team members to refer applicants to jobs at the State of Missouri. Children's Division staff have been encouraged to follow the program guidelines to refer employees. Further, staff have been sent reminders of this opportunity prior to local hiring events (blitzes).
- Enhance the support of the workforce
 - Starting July 2024, the Legislature and the Governor allocated 100 full time employee positions focused on preventive services. These employs are focused on partnering with families, community, and service providers with the goal of providing supports to families at the initial signs of struggles that can lead to future maltreatment. The expectation is that preventative services will lead to decreased children in alternative care and increased community and social supports for children and families.
 - Staying Power! Supervisors Guide to Retention is available to be utilized.
 - The Social Services Assistant position is being utilized as a support for case managers. Social Services Assistants duties include supervising/monitoring children during supervised visits, aiding with documentation, assisting in obtaining information.
 - Staff working overtime in critical needs areas (staffed under 70%) and any staff assisting in those areas have the opportunity to be paid for their overtime monthly.
 - Paid internship availability began in 2022 and continues today with the goal of strengthening the school-to-work pipeline.
 - Ongoing Title IV-E incentive offered to staff wishing to obtain their Master of Social Work degree.
- Incentive opportunities
 - Continue offering IV-E Masters in Social Work. There are 13 full time staff enrolled in this part time education program throughout the State of Missouri.
 - The Division has a workgroup creating a proposal for implementing a Bachelor's program to aid in recruiting new employees and to develop Case Aids into Associate Social Services Workers.
 - The MO's Got Talent employee referral program provide current employees the opportunity to earn money for their recruitment work.

Children's Division Trauma Initiative

A small group of Children's Division staff, representing all regions, has convened with two systemic goals: maintain a trauma focus on the work with families and supports to staff, and ensure a collective and consistent practice approach across the state.

The group's priority this year is resuming the former Trauma Committee's work on a secondary trauma training curriculum for supervisors. Additional plans include: 1) updating the division's trauma-informed care webpage; 2) reviewing circuit self-assessments and determining needs; 3) training circuit liaisons who can support trauma-informed approaches in the respective county offices; and 4) analyzing secondary trauma and well-being impacts on staff retention.

Trauma Circuit Liaisons have been identified in each circuit and quarterly meetings with those staff are occurring. In addition, the liaisons are holding trauma-focused meetings within their own regions. Circuits were provided the opportunity to hold Lunch and Learns for their staff, with a set curriculum on self-care and resiliency. And a group of 30 Children's Division staff attended a statewide trauma summit in April 2024.

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 Children's 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.

The research applicant must agree to share their findings with the Children's Division/Department of Social Services 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.

In March 2022, the committee oversight was combined with the unit that completes legislative fiscal notes and works with the Divisional and Department Privacy Officer, along with subject matter experts/unit managers from prevention, permanency, and quality assurance teams. It was felt this arrangement would be a better fit to address committee priorities and provide more stringent oversight of the process.

The Research Committee continues to receive and evaluate many requests each year. Members of the committee include:

- Legal representation
- Constituent Services Manager
- Court Technical Assistance Coordinator/Permanency Unit
- Specialist from Prevention Unit
- Quality Assurance Unit Representative

In 2023, the Research Committee approved multiple research requests in 2023. Among them, was a collaborative study from Washington University, St. Louis Children’s Hospital, and the University of Houston on the 4C’s of Healthy Sleep for Missouri’s Foster Caregivers (4C’s Study). This is a continuation of the previously approved Research on Evidence-based Sleep Training for Missouri’s Foster Caregivers (REST Study) with the following changes: 1) The sleep learning module (previously titled “Strategies to Improve Sleep for Children in Foster Care”) has been updated and re-recorded (now titled “The 4 C’s of Healthy Sleep”), and 2.) They would add a 3 month foster caregiver follow-up. This study’s aims are: 1) document baseline foster caregiver knowledge of common sleep problems in foster care, 2) measure changes in knowledge and confidence with handling sleep problems after completing the “4C’s of Healthy Sleep” training, 3) elicit feedback about the “4C’s” learning module both immediately after training completion and 3 months later.

The Research Committee also approved Washington University’s Healthy BCD: The Brains Before Birth (B4) Consortium (HBCD (B4)) study. HBCD is a multi-site, NIH-funded study. The study aims to understand the long-term impact of pre-and postnatal hazards including maternal substance exposure, toxicant exposures in pregnancy and early life, maternal health conditions, parental psychopathology, maltreatment, structural racism, and excessive stress. The overarching goal of this study is to create a comprehensive, harmonized, and high-dimensional dataset that will characterize typical neurodevelopmental trajectories in US children that will assess how biological and environmental exposures affect those trajectories. The Department of Social Services is working to procure a Memorandum of Agreement to support this longitudinal study.

The Research Committee also approved the Quality Improvement Center on Engaging Youth in Finding Permanency (QIC-EY) being conducted by the University of Washington. The purpose of this portion of QIC-EY is to understand whether a workforce training and coaching intervention results in meaningful changes in worker attitudes, knowledge, and skills. They will measure this by distributing a baseline survey prior to training and asking workers to take the same survey again 6 months after completing training. A comparison group will also take the surveys during the same timeframe as the intervention/training group to better isolate the effects of the training. In addition, they want to understand the impact of a court-specific training on court professionals’ attitudes, knowledge, and skills.

The committee previously approved a request from the Jackson County Juvenile Court to assist in reducing new legally sufficient referrals to the court and implement improvement planning by

comparing a list of data set cases or court-involved children released from the court's jurisdiction with Department matches to those data set cases of new substantiated investigations of abuse or neglect the year following the child's release from the court. As it is expected that this request will be repeated annually, the committee worked with DFAS Procurement to execute Memorandum of Agreement #M00772 to support future requests of the Jackson County Juvenile Court.

During 2023-2024 efforts were made to finalize and execute the annual Vision for Children at Risk (VCR) study requests into Memorandum of Agreement #M00775. For the past 20 years, The Department, via the Children's Division research committee, has provided VCR unidentified C/AN data to complete the research used in the following study:

<https://www.visionforchildren.org/data-research/cmsl-data-book/>. The data collected for the study utilizes multiple child well-being indicators within the St. Louis region. VCR uses these predetermined indicators to better track the risk and needs as well as target and strategically address concerns within the St. Louis region. The Department is committed to the partnership with VCR to call attention to children's needs, in addition to challenges posed by disparities and inequities, while also providing a basis for planning initiatives that target these needs. The hope is that the data provided to VCR by the Department will illuminate where inequities in child well-being are concentrated in the requested zip codes grouping of the St. Louis region.

The Research Committee also received the RPG7: Regional Partnership 7 Grant: Preserving Families Through Partnerships (RPG7-PFTP) from Preferred Family Healthcare. They intend to publish this study within the Mandated Children's Bureau Reports, Local RPG7 Evaluation & Community Report. The overarching goal of the RPG7 research grant is to create a model family preservation service program for complex SUD/Child Welfare families through successful early intervention for families with children who are at risk of out of home placement. Services are designed to increase the well-being, health and care of children, and to improve the likelihood of children in families with substance abuse issues remaining at home or being reunited with their family. Additional goals are to improve the safety and stability of children and their families. This research request is still within the approval process with the Department of Social Services at this time.

The Research Committee also approved Missouri Alliance for Children and Families study in 2023 titled, Participation in the Community Based Care National Database for Child Welfare study. The National Center for Community Based Care plans to develop a database of shared information from practicing Community Based Care (CBC) lead agencies in the US. The purpose is to measure and compare outcomes and costs to advance the knowledge of effective practices, to support new and existing CBC agencies, and to advance CBC policy and practice. This data will be unique in the child welfare environment and will be controlled by the National Center. No personally identifiable information will be stored in the database; however, indexes will be maintained that provide linkage to source CBC systems to ensure the integrity of the information, and authorization to use the data.

Training and In-House Technical Assistance

- Safety Assessment and Temporary Placement Agreement (TAPA) practice workshops throughout the State
- Assist field staff with Child Abuse/Neglect investigations and assessments.
- Assist field staff with Juvenile Assessments
- Assist field staff in re-opening investigations as legally sufficient.
- Assist field staff in interpreting/implementing policy and procedure.
- Provide assistance with Safety Assessments and TAPA
- Provide training as field staff/regions request.
- Facilitate CAN Workgroup of CAN Management and other field staff.
- Participate in CAN Supervisor Meetings throughout the State
- FACES assistance
- Review CAN Reports
- Assist in closing CAN Reports
- Assist field staff with Court Adjudication
- Assist field staff with CARNB.
- Presentations for MDT partners as requested.
- Collaborate with Training Unit regarding CAN CWPT training.
- Collaborate with Training Unit on miscellaneous CAN training.
- Child Advocacy Center (CAC) liaison
- Collaborate with Quality Assurance Unit for CAN data priorities and definitions.
- Assist with Supervision of Central Consult Unit (CCU)
- Support CCU Specialists regarding CAN policy/procedure
- Support field with Program Improvement Plans (PIP)
- Provided Subsidy training to CD and FCCM staff for Adoption and Guardianship agreements.
- Assisted staff with interpretation of policy and regulations.
- Wrote policy and regulations updates.
- Held quarterly statewide meetings for staff and Native American partners to collaborate support and resources to our NA children and families.
- Held quarterly statewide meetings for staff and Faith Based partners to collaborate support and resources to our children and families.
- Assisted St. Louis staff in reviewing hotlines.
- Consulted on adoption and guardianship cases for placement and case planning options.
- Provided recruitment opportunities for children seeking a forever home.
- Provided in-person training for the SDM Safety Assessment, TAPA and FCS programs in every region.
- Regularly provided assistance to the field with phone calls, emails and case specific issues.
- Regular case reviews of FCS and IIS/FRS programs.

Capacity Building Center

The Capacity Building Center for States has identified a Program Improvement Consultant to provide support and assistance to Missouri throughout planning and implementation of Round 4 of the Child and Family Services Review. The Capacity Building Center for States has also provided access to a data expert to assist with data review and analysis throughout the CFSR statewide assessment and program improvement plan development processes. A lived experience expert has also been a part of the support Missouri has received from the Capacity Building Center in relation to CFSR Round 4 work. These consultants have been instrumental in helping Missouri prepare for and execute all facets of the CFSR process, from the CFSR Statewide Assessment event to the Program Improvement Plan Kick-off and throughout PIP strategy development. Their support included review of data, assistance in developing discussion and polling questions used throughout the statewide assessment event, and facilitation assistance in all phases of the CFSR process.

The Capacity Building Center for States is involved in an assessment and re-visioning of the Children’s Division’s CFSR Advisory Committee. This is a long-standing group of agency and community partners within the child welfare system. The Capacity Building Center for States is assisting Missouri with revision of the group membership, charter, and purpose. This work began in November 2022 and will continue for the next several meetings of the committee. Group membership has right sized and the committee charter has been revised since this project began.

The Children’s Division has also explored a project with the Capacity Building Center for States that would assist the Children’s Division in aligning the data that is readily accessible to both internal and external partners with improvement planning that occurs at both central and local levels of the agency. This project is in the early stages of design and approval.

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, beginning to plan and work 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.

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 have been compared to those approved on the Prevention Services Clearinghouse. During SFY19, 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. The Children's Division has also worked with Public Knowledge to inform decision involving Quality Residential Treatment Programs (QRTP), the Independent Assessor workgroup, prevention service implementation planning, prevention services procurement, therapeutic foster care capacity, and kinship navigator.

In FFY2019, delayed implementation of FFPSA until October 1, 2021 was approved at the state and federal level. In FFY2020, it was identified through leadership direction that focus surrounding FFPSA would first be to ensure a strong and properly working foundation of meeting the requirements for FFPSA surrounding Independent Assessor (IA) and Qualified Residential Treatment Program (QRTP) by building appropriate infrastructure. This continued as a priority to ensure proper implementation by October 1, 2021 for the aforementioned pieces. Further implementation efforts surrounding FFPSA will build as a progression. Work surrounding the development of the IA process, which assesses the child's strengths and needs to determine the least restrictive placement type that can best meet the child's needs when they are referred for residential placement, included pilot sites beginning in three areas in July 2020 and August 2020. The pilot sites utilized two assessment tools, the Child and Adolescent Needs and

Strengths (CANS) tool and DLA-20. The pilot sites were intended to help identify the best fit for the independent assessor, the most appropriate assessment tool to utilize, and any service and placement gaps related to the needs of children assessed. From the pilot sites, a process was established to utilize the CANS tool and work with Behavioral Health Service Providers through collaboration with the Department of Mental Health occurred to establish the independent assessors throughout Missouri.

Work surrounding QRTP included information sharing and identification of residential facilities interested in becoming a QRTP; facilities transforming the way they support children and families by becoming trauma-informed, including an organizational assessment and site visits; an approved budget proposal related to FFPSA Transitional Grant including scholarship opportunities to assist facility readiness; and draft QRTP regulations with inclusion of licensing designation. Court engagement and education efforts to highlight and provide information on the changes resulting from FFPSA legislation will continue.

Children's Division 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, was to determine service availability and need based on the prevention services clearinghouse-approved models.

During this review period, there have been four Regional Partnership Grants in Missouri around the state addressing substance abuse needs and Children's Division is a strong collaborator with this project. A recipient in the most recent round of awards is focusing prevention efforts through the Regional Partnership Grant in conjunction with the eligibility and candidacy definition identified in Missouri's Title IV-E Prevention Plan. 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 SFY2023 was 4.26 children, a decrease from the previous state fiscal year's rate of 4.72. The rate of substantiation of child victims in Missouri was 3.15 children per thousand for SFY2023, an increase from 3.08 in SFY2023. 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, as Missouri's rate of substantiation has traditionally been low.

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

- Research prevention programs submitted by community agencies. Community agencies submitted some proposals for review. The Statewide Advisory Group has looked at service needs and gaps to determine the service array for Missouri's prevention plan.
- Conduct an inventory of services provided through agencies receiving tax funds. Review of their websites occurred, 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. The Statewide Advisory Group met for a few quarters and due to leadership changes it was put on hold. This group reconvened in April 2020. This group has looked at service needs and gaps to determine the service array for the prevention plan. This group assisted in the development of the definition for a candidate for foster care in respect to FFPSA and target population for intervention. Data elements were identified by the group as important pieces to understand when identifying target populations and finalizing the candidacy definition. The requested information was presented to the group to better inform input. This group is also informed on updates surrounding QRTP and the Independent Assessor process.
- 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. To garner a better understanding of services available throughout Missouri, a Request for Information was distributed to the provider network, service providers who are contracted with Children's Division, and entities not currently contracted but who may have interest in partnership for meeting the goals of FFPSA. Dissemination of the request for information occurred in collaboration with the Statewide Advisory Group as they were asked to share the opportunity with service providers of whom they were aware. The Request for Information yielded 38 responses identifying what services entities offered, location of service provision, alignment of service provision with the Title IV-E Prevention Services Clearinghouse (Clearinghouse), capacity for service provision, and potential program evaluations to explore programs provided but not yet on the Clearinghouse. In 2021, a second Request

for Information was distributed to gain a better perspective surrounding fidelity monitoring. There were 31 responses to the 2021 Request for Information, 11 of which were also respondents to the 2020 Request for Information. In addition to the release of the Request for Information in 2021, email correspondence was sent to respondents of the 2020 Request for Information who did not respond in 2021 to inquire about delivery of programs in fidelity to the practice model and practices in place to ensure fidelity to the practice model. Results from responses will be utilized to identify opportunities for partnership to expand service array.

- Develop a judicial education plan around prevention services. Children's Division's court liaison is completing goals and plans for court education and engagement. With the priority of focus for the Independent Assessor and Qualified Residential Treatment Programs during years two and three, these were the area of focus with court engagement and education. Additional work is occurring to notify and educate the court regarding substance abuse facilities.
- Coordinate prevention service efforts with local agencies who receive tax funds. Collaboration with the local county tax boards has never occurred in the past and with delays due to the pandemic as well as the shift in focus for beginning implementation pieces, these meetings did not occur.
- 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. This group reconvened in April 2020 and meets monthly to advise Children's Division on state proposals and regulatory tactics developed to meet federal requirements, as well as to strategically address service gaps and needs within the state. To gather input and information for the statewide prevention plan, members of the Statewide Advisory Group were asked to share their vision of what they want to see prevention look like for Missouri, including what services they want to see in the regions, targeted population, and plan to implement. This group will work together to develop strategies to determine how to expand the service array for the state. In State Fiscal Year 2025, a subgroup of this Statewide Advisory Group will convene to thoroughly review Substance Use Treatment models on the Title IV-E Prevention Services Clearinghouse to inform and make recommendation to the Statewide Advisory Group that may lead to revision and inclusion in the FFPSA 5 Year Prevention Plan.
- 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 was added as a step to assess the needs throughout the state. This activity was to occur after the 2020 Request for Information was disseminated and responses received. A heat map did not occur due to current staff capacity and resources throughout the pandemic, but a list of services and locations was compiled to

aide in assessment. A heat map was created in 2022, inclusive of response information from both the 2020 Request for Information and the 2021 Request for Information.

- Pilot IA and QRTP process with Court Partners. The pilot for the Independent Assessor process included pilot sites beginning in three sites in July 2020 and August 2020, utilizing both a Federally Qualified Health Center and Certified Community Behavioral Health Organizations for the assessors. The pilot sites utilized two assessment tools, the CANS tool and DLA-20, as described above. These pilots were intended to identify gaps in the court processes related to IA and QRTP. An internal tracking mechanism was developed to capture referrals, how long it took to get assessments completed, time frame for assessments to get back to CD, and time frame for the assessment to be submitted to the court. From the pilot sites, a process was established to utilize the CANS tool and work with Behavioral Health Service Providers through collaboration with the Department of Mental Health occurred to establish the independent assessors throughout Missouri. In Missouri, any youth referred to residential placement or being placed in residential placements, not exclusive to QRTPs, are referred for the Independent Assessor process. Missouri utilized FFPSA requirements as a catalyst to assure appropriate assessment of needs of children for congregate care placements. Trainings were developed for Children's Division staff surrounding the Independent Assessment process, and a training was also provided by the Office of State Courts Administrators (OSCA).
- Implement judicial education plan around prevention services. As prevention efforts in Missouri are moving forward, planning around judicial education for prevention services will be a part of the regular Partnership for Child Safety and Well-Being meetings facilitated between Children's Division and OSCA. Children's Division will need to work closely with OSCA and their Judicial Education Committee to understand priorities of that committee and innovative ways to bring this information to the judiciary.
- Following the implementation of PIP strategy 4.3 (SUD Assertive Community Treatment Teams hereafter referenced as SUD Coordinated Specialty Care Teams), assess for expansion into other areas of the state. The Department of Mental Health expanded Coordinated Special Care teams to two additional areas through Women's and Children's Specialty Teams.
- Monitor newly awarded contracts of prevention programs for successful outcomes. Contracts have not occurred for prevention programs as of yet. An initial draft of the Missouri Five-Year Title IV-E prevention program plan was submitted in 2021. Feedback for amendments and further information was received from Administration for Children and Families, Children's Bureau. Updates and amendments were made to the plan and resubmitted twice in 2022. Approval of Missouri's Five-Year Title IV-E Prevention Plan was received with an effective date of 10/01/2022. Children's Division and Public Knowledge have engaged in conversation with model purveyors. Children's Division and Public Knowledge worked together in development of draft requirements for Request For Proposals for Brief Strategic Family Therapy and Parent Child

Interaction Therapy to be piloted in 3-4 pilot sites for the first phase of implementation of FFPSA prevention services. These Request for Proposals are currently in progress with the procurement officer with Missouri's Division of Finance and Administrative Services.

Current and upcoming focus will surround further prevention program planning. The State of Missouri's 16 Cabinet Departments are committed to providing a state government that is more focused, more efficient, and delivers better results for its citizens. The State of Missouri Cabinet team has developed a management change agenda to improve how Missouri government operates. Each of the State's 16 Cabinet Departments have developed strategic management priorities. Placemats are utilized to summarize these priorities through identifying aspiration: a department's overall goal for the next five or more years; themes: a department's main chapters or lines of effort to achieve the overall aspiration; and initiatives: a department's high priority initiative to advance its themes and aspirations. The aspiration for the Missouri Department of Social Service's 2022 placemat was "empower Missourians to live safe, health, and productive lives". One of four themes on the placemat identified safety and well-being for children and youth, and an initiative within this theme was to identify prevention programs that can be funded now or show future promise for use of Family First funding. There was an identified lead for each initiative and the lead established a team to work with them to address the initiative. The internal FFPSA planning team within Children's Division identified a plan to approach implementation of prevention services in Missouri in phases, with the first phase occurring in pilot site locations. The team working on the placemat initiative identified key activities and milestones to support delivery of the initiative, which included development of a strategic work plan to guide through phases of implementation; identification of pilot site locations for implementation of prevention services; and work surrounding a communication plan. Missouri intends to continue review of the Title IV-E Prevention Services Clearinghouse to identify additional services for inclusion and future amendment to the Missouri Five Year Title IV-E Prevention Plan for expansion of prevention service array. Furthermore, Children's Division is in early exploration stages of work surrounding development of a community pathway.

In addition to focus on prevention services, Children's Division is also working in collaboration with the Missouri Department of Mental Health, Division of Behavioral Health (DBH) on expansion of opportunity for foster care maintenance payments for a child placed with a parent in a licensed residential family based treatment facility for substance abuse in accordance with requirements in sections 472(j) and 472(a)2(C) of the Family First Prevention Services Act (FFPSA). DBH provides substance use treatment services through a network of community-based providers. These contracted services are funded by the Department of Mental Health and Missouri Medicaid include specialized programs for women and children, adolescents, the general population and opiate dependent individuals. Presently, there is one facility in which the provision of foster care maintenance payments for a child placed with a parent in a licensed residential family-based treatment facility for substance abuse is occurring. Efforts are

underway with DBH for expansion to other interested facilities, including work surrounding meeting the requirements as established in FFPSA, sharing of lessons learned through the initial pilot location, and planning of education for stakeholders in future areas of expansion.

In State Fiscal Year 2024, Children's Division was provided 100 new full time employee allocations to focus on prevention efforts. Children's Division understands the importance of family preservation and connection of families to their communities. Prevention exists for families to thrive in their communities, children to be raised with their family, and families to be encouraged to use their support networks and community connections. The prevention team will meet families where they are to support natural connections through engagement and collaboration within communities. The prevention teams across the state are standing up the work of primary prevention in a variety of ways, including connecting to community agencies, identifying gaps in resources and programs, engaging with schools, medical facilities, and other organizations with the goal of reaching families before a concern or child abuse or neglect occurs. The work in primary prevention allows for prevention workers to begin the work with families before a safety concern is present in the home. The work can look different for each family we serve, with focus given on the specific needs of the family. The prevention workers may be based in the community, including in schools, hospitals, WIC offices, Health Departments, medical facilities and other community programs. The workers receive referrals from places like schools, hospitals, and other organizations and work alongside the community partners to meet the needs of the family. These referrals are based on the needs of the family and the desire of the family to work with the Children's Division, focused on preventing crisis situations and risk factors becoming safety concerns.

One focus of 'the 100' allocations given to the prevention effort is in the area of Team Decision Making (TDM™). There are currently 20 allocations dedicated to fulltime TDM facilitation, with the other 80 allocations identified as back-up facilitators, both groups will be fully trained and involved in facilitating TDMs™ so that the process reaches every region of the state. The contract was signed by Evident Change on January 19th, 2024, allowing the work to escalate toward building policy, protocols, and training field teams in this evidence-informed process. The Team Decision Making® (TDM™) approach helps child welfare agencies make the most collaborative, informed decisions possible. The TDM™ process involves families and communities, as well as the child or youth (depending on age and abilities), in decision making. This approach can help the family feel more involved and agency staff can feel like they have done their best, most ethical work. It also lays the foundation for the best possible outcomes for all involved.

Another focus of 'the 100' is in Family Centered Services (FCS), with 20 allocations dedicated to working in the area of FCS. The function of Family Centered Services is to provide direct services, referrals to community partners, and enable families to increase family functioning and reduce risk and safety concerns. FCS is an integral part of the prevention processes within the Children's Division providing secondary prevention services to families who have been alerted

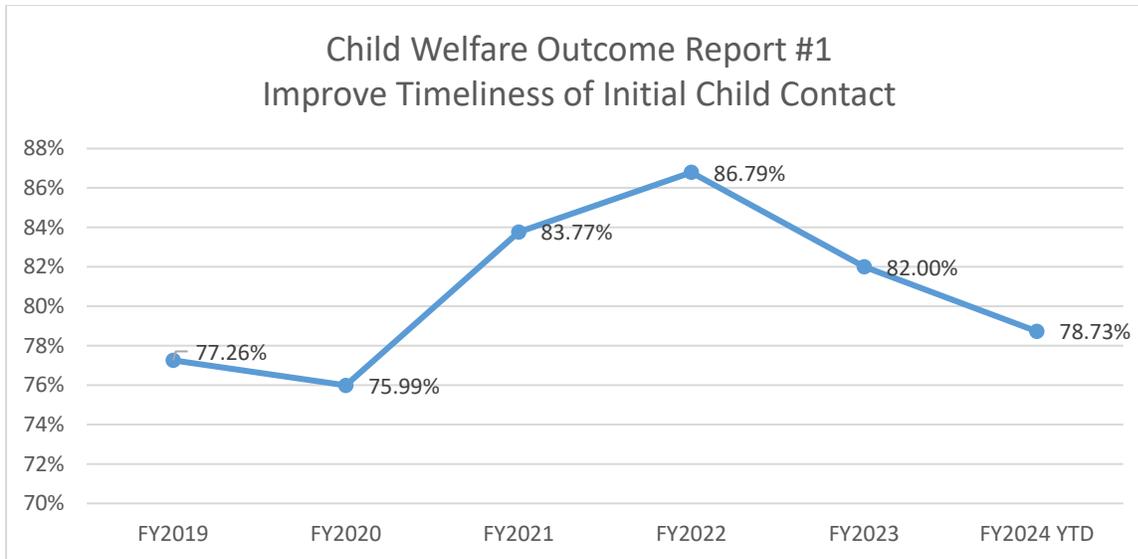
to the division through self-referral, community referral or during the process of an assessment or investigation.

Feedback Loops: The FFPSA Statewide Advisory Team is regularly provided information on the implementation status of FFPSA. The statewide group includes membership from community partners throughout the state. Regional teams were going to reconvene, with an intended focus of both prevention services and opportunities through FFPSA as well as community prevention services available and areas of need. Presently, existing community meetings occurring may be explored to address these conversations so as to not implore duplicative meeting structures for participants. In addition, the CFSR Advisory Committee receives periodic updates on progress towards FFPSA implementation and is afforded the opportunity to provide feedback.

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| 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 safety contact of children identified as victims on child abuse and neglect hotline reports was declining steadily in the five years prior to developing the current Child and Family Services Plan (CFSP). While this safety outcome scored well in the CFSR for Round 3 at 93% substantially achieved, the decline in performance was 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%. With the rolling year of case reviews dated October 2020 – September 2021, Missouri was able to meet and exceed the 87% benchmark, with 91% of case reviews receiving strength ratings. The following chart represents the percentage of hotlines in which initial child contact was completed within 24 hours of the report date and time.



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

- Develop case review tool and process for ongoing CAN 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 of that year. The tool was revised slightly based on feedback from the initial review and includes questions regarding initial safety contact, both in process measure and in the quality of documentation of safety assurance. The Central Office Program Development Specialists with CAN 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 Practice Improvement were initially responsible for completing 40-50 hotline reviews on a quarterly basis beginning in the Fall of 2019. Utilization of the tool prior to statewide roll-out helped to establish that it was comprehensive and adequately assessed for quality of child welfare practice. The tool was shared with regional quality assurance specialists in a QA Technical Assistance bulletin, with the guidance for a minimum of 110 record reviews each six months statewide. In January of 2021, all Quality Assurance Practice Improvement staff were moved to receive supervision and direction from central office. Since that time, the investigation/assessment reviews have continued and have expanded to include a review of Newborn Crisis Assessments, as well.
- Conduct a review of published reports to ensure consistency of data. The Quality Assurance Practice Improvement staff meets regularly 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 safety contact within 24

hours, have been reviewed. Changes in publication have been delayed due to increased data needs. Due to this delay and the introduction of data visualization tools through the use of Tableau, the review of published reports will continue into 2022.

- 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. Conversations have continued at the state, regional and local level over the past two years. Some practice concerns that have been noted include data entry when multi-disciplinary team members assure initial safety, not beginning the process to locate victim children immediately upon receipt of report which can lead to delayed contact, and incorrectly combining reports which then do not trigger initial contact requirements in the FACES system. The Quality Assurance Practice Improvement has also begun quarterly reviews of all reports that indicate the initial safety contact was completed, but did not meet the 24-hour requirement, as indicated on Table 4 of the Monthly Management Reports. It has been common to see between 10%-12% of investigations/assessments fall into this category. The most common trends noticed from the reviews include limited attempts (two or fewer) to contact prior to the 24-hour expiration, no attempts to contact prior to the 24-hour expiration, and data entry errors most often related to multi-disciplinary team members' assurance of safety. Information from these reviews is detailed by region and provided to Children's Division administration and regional directors for follow-up with front-line staff and supervisors.
- 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 CAN data dashboard has been developed and is provided to circuit managers, regional leadership, and central office staff on a weekly basis. Timely initial safety contact data is included on this dashboard but is only captured if data entry is completed within the week prior on open reports. A monthly CAN dashboard is also produced and distributed which captures timely initial safety contact data for reports that have been concluded.
- Utilize a multi-pronged approach to review data and results of root cause analysis (i.e., regional supervisor meetings, CAN workgroup, CD Executive Team meeting, etc.). The information learned about the data and trends of timely initial contact have been discussed in a variety of forums to include:
 - Supervision Advisory Committee discussed barriers to TIC and comments provided to Central Office Leadership;
 - Program Specialist met with regions to discussion regional barriers and plans;
 - Root cause analysis worksheet provided by Quality Assurance Unit for use in executive team discussion;

- Regional and circuit improvement plans developed with Quality Assurance Practice Improvement staff;
- CFSR Coordinator provided a virtual workshop session focusing on Safety Outcomes 1 and 2;
- CFSR Coordinator attended regional management team meetings to discuss PIP items that remain unmet, to include timely initial contact.
- Develop and initiate strategies to improve timely initial contact, which could include: Regional QA System team members work with circuits falling below the identified threshold; on-line information sharing and training; support from Field Support Teams if needed. There are ongoing conversations about the importance of assuring the safety of children within the priority timeframes outlined in state policy. As the Quality Assurance Practice Improvement staff have meetings with individual circuits, timely initial safety contact is a consistent agenda topic and plans for improvement are developed as a result. The Central Office Program Development Specialist over CAN will be attending regional CAN supervisor meetings to discuss barriers to timely initial safety contact, as well as brainstorming strategies for improvement. Data visualizations and recognition for meeting the statewide goal continue to be distributed by the Quality Assurance Practice Improvement staff.

Feedback Loops: There are regular phone calls with regional and executive leadership and central office staff who oversee the investigation/assessment program line to review the CAN data dashboard and to problem-solve areas of concern. The CAN dashboard is provided on a weekly and monthly basis to all circuit management staff. The dashboards provide circuit-level data for the program line. Following the completion of semi-annual CAN case reviews and quarterly CFSR case reviews, updated data is provided to Children’s Division executive leadership and Quality Assurance Practice Improvement staff for review and discussion.

Administration has the authority to place individual Children’s Service Workers, Supervisors, Specialists, Circuit Managers, etc. on a Performance Improvement Plan based on performance, which would include Timely Initial Contact. Each level of leadership is responsible for supporting those that report to them and for accountability. Regional Directors hold circuits accountable for seeing children timely as required in statute. Utilizing support strategies for workload is important. A few strategies include utilizing a multi-disciplinary team member to meet timely initial contact when appropriate, shifting resources within the region when needed, and the Central Consult Unit (CCU). Calls to consult qualifying cases must be made within seven (7) days to CCU. When determining whether a Performance Improvement Plan is needed, staffing levels and consistency of performance will be taken into consideration. Consistency of performance will encompass determining if the individual meets the measure on a consistent basis.

Item 1 was found to be an area needing improvement in CFSR Round 4, and Timely Initial Contact will be addressed as a strategy in the PIP.

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| 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 |

The Five Domains of Wellbeing, Trauma-Informed Practice, and Signs of Safety were the foundational elements and frameworks for the Missouri Practice Model during the 2017 Round 3 of the CFSR. The review noted that Signs of Safety, 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 focused on elements of Signs of Safety including using Signs of Safety tools to more accurately and thoroughly assess children and families.

Implementation of Signs of Safety was staggered throughout the state with regions being presented pieces of the model at varying stages. Informational meetings were held throughout the state to introduce aspects of the practice model so community stakeholders could recognize and anticipate changes. Anecdotally, the community expressed disconnect between the theories introduced and work they saw in the field, leading to a lack of confidence in the work the Children’s Division performed.

In an effort to address the disconnect felt by the community stakeholders, Children’s Division formed a group in 2020 to examine the Alternative Care Practice Model. The group was made up of a diverse selection of Children’s Division staff who were tasked with identifying the relevant elements from the different practice approaches currently being utilized amongst staff and constructing a new model that made sense for Missouri and could be effectively and efficiently implemented statewide.

Progress Benchmarks:

To date, the following outlines the steps taken to implement the interventions described in the 2020-2024 CFSR.

- 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 provided 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 determination was that the Signs of Safety Model, while supportive of engagement, did not effectively assess safety and risk or thorough assessment of a family.

- Identify and hire three FTE as dedicated case reviewers.
Four Quality Assurance team members were dedicated as case reviewers to provide first level approval for approximately 75% of the reviews completed each period.
- Develop a case review tool and process for ongoing CAN reviews to include quality of mapping documents (implementation to fidelity). Begin case reviews and compile data at least semi-annually.

A case review tool was developed for Family Centered Services (FCS) and Alternative Care (AC) cases to primarily assess and measure the quantity and quality of Signs of Safety practice implementation. Following peer and executive team review, the FCS and AC case review process began in the summer of 2020, in accordance to PIP renegotiation timelines. The case review data suggested that the use of the Signs of Safety practice was not sufficiently meeting the practice needs, therefore use of the Signs of Safety FCS and AC tools was stopped.

Since the revision of the AC Practice Model in August 2021, a new comprehensive case review tools have been developed and tested. This review tool provided data on the revised AC Practice Model in December 2021, February 2022 and June 2022.

- Explore recommendations from the implementation of practice model self-assessment. Include an opportunity for community feedback.
Recommendations from the Task Force for Child Safety were 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 had 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. In addition, in 2021, the new Structured Decision Making (SDM) Safety Assessment was introduced to staff.
- Select recommendations for improved practice model implementation.
The process of the AC Practice Model revision is detailed below.

Stakeholder Feedback

Data obtained through case reviews and stakeholder feedback in 2019 indicated the Signs of Safety practice approach by itself did not yield consistent risk and safety information; was not fully meeting the practice standards needed to accurately assess a family; did not produce a case plan in compliance with constitutional and statutory requirements; and lacked the ability to

formally document the needs of families nor the services they received. This culminated in issues within termination of parental rights cases.

In conclusion, a revised practice model was necessary.

Revising the Alternative Care Practice Model

The Division examined the most valuable field-tested aspects from the Signs of Safety approach and the Framework for Safety and began integrating them into one model that better assesses and ensures the safety and well-being of children. The model as a whole was designed to be implemented in eight phases. Phase one has been completed to date.

The foundational blocks of the new Alternative Care Practice Model

- Five Domains of Wellbeing: How we see our families.
 - Identifying and helping individuals and families develop:
 - Social Connectedness
 - Stability
 - Safety
 - Mastery
 - Meaningful Access to Relevant Resources
- Signs of Safety: How we engage and communicate with our families.
 - Primary focus on child safety (clearly defining past harm, future danger, complicating factors, strengths and existing safety)
 - Clear articulation of safety goals and safety plans
 - Quality engagement with families, building working relationships
 - Children remain at the center of focus
 - Focus on observable behaviors
 - Utilizing an in-depth questioning approach
 - Making informed decisions
 - Ensuring everyone involved has a voice, including the child
 - Recognizing families success in providing safety
 - Building safety networks
- Framework for Safety: How we articulate safety to courts and partners.
 - Assessing child vulnerabilities
 - A child's capacity to self-protect
 - Assessing Parental protective capacities
 - Cognitive
 - Behavioral
 - Emotional

- Determining if the parents protective capacities are sufficient to manage the child’s vulnerabilities and if not, determining the impact to the child and steps to remedy the gap
- Identifying specific and observable safety threats
 - Aligns Children’s Division language to the Juvenile Courts language
 - Articulation of present danger vs. impending danger
 - Use of 14 Threats of Harm
- Structured Decision-Making (SDM)
 - Measures risk and safety throughout the life of a case
 - Helps to determine when decisions around child safety need to be made
- Trauma informed practice
 - Safety: Ensuring physical and emotional safety
 - Trustworthiness: Maximizing trustworthiness, making tasks clear and maintaining appropriate boundaries
 - Choice: Prioritizing developmentally appropriate choice and control for children, youth, families and adults
 - Collaboration: Maximizing collaboration and sharing of power with children, youth, families, and adults
 - Empowerment: Prioritizing child, youth, family and adult empowerment and skill-building

Practice Model Tools and Documentation

Consistent and formal documentation was identified as an area of need during the practice model evaluation. The following tools were revised or developed to enhance the Division’s ability to give families, courts and stakeholders a consistent and reliable experience.

- Monthly Contact Form CD-300. Designed to immediately capture conversation and actions during home visits with children, parents and caregivers. This tool was made optional in July 2022 after staff feedback that it was duplicative work. Thorough documentation of monthly contacts was to be accomplished using existing FACES screens. The CD-300 became a guide for staff.
- Initial Family Assessment CD-301 and Initial Family Assessment Attachment CD-301a. Family assessment tools used to inform the development of the family’s case plan. The Initial Family Assessment is currently under revision (See Item 20: Written Case Plan).
- Social Service Plan (SSP). A holistic family case plan that clearly demonstrates the reasons children are in foster care, the conditions for the children to return home and services provided and progress made. The SSP was developed with a focus creating a legally sufficient document while promoting consistency in assessment and practices. The SSP is currently under revision (See Item 20: Written Case Plan).

- Verification of Receipt of Documents and Information Form CD-301b. Ensures all documents are shared with the appropriate parties keeping families and resource providers informed of their rights and responsibilities. Provides staff with the information they need to deliver services equitably and legally.

Practice Model Implementation

The Division conducted two pilots in order to field test and implement the new practice model approach and tools. One pilot focused on assessing the functionality of the tools. The second pilot tested the revised practice model process. That pilot included thirteen circuits and two contracted foster care case management agencies which represented each region of the state. Information gathered from the field pilot was used to revise and refine the process and tools before introducing the practice model to the workforce at large.

Implementation Support

To support staff in the implementation of the revised AC Practice Model the following took place:

- Program Development Specialist position and project lead who conducted trainings, lead feedback groups, made upgrades to tools and instructions
- AC Model Mentor group, composed of field staff from circuits and regions
- Q&A document to help staff navigate the FACES system and specific case circumstances
- E-learnings
- Recorded step-by-step tutorials
- Printable guides and case examples
- Regional tutorial/Q&A sessions with the MO Model team lead, specific to developing Social Service Plans
- Regional field mentors

Ongoing development of the AC Practice Model

The full revised AC Missouri Model was planned to occur across 8 phases of development. Phase 1 was completed as described above. Continuation to phase 2 was to occur when staff had sufficiently strengthened practice of the fundamental elements of case planning (as determined through case reviews). The suite of tools described above proved to be difficult for staff to use. The SSP was built into FACES and required workarounds in order for the system to accept information when cases were not traditional reunification situations. Staff reported it was difficult to meaningfully engage families in the case planning process when the SSP lived in the computer system. Furthermore, the integration of the SDM Safety Assessments threat language into the SSP was not conducive to parent engagement; some courts expressed concern for the

language being in the SSP and would not accept it in court. There were plans for several phases of FACES development but this was not accomplished in part due to financial resources as well as staff and stakeholder feedback that it was not effective. A SSP Redesign Workgroup was formed in October 2023 to improve the SSP, remove it from FACES, and prepare for integration into the future CCWIS. (See Item 20: Written Case Plan).

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| 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: Below is a chart noting turnover rates over the last several years.

| | FY15 | FY16 | FY17 | FY18 | FY19 | FY20 | FY21 | FY22 | FY23 |
|--------------------|------|------|------|------|------|------|------|------|------|
| All CD Job Classes | 23% | 25% | 26% | 26% | 27% | 26% | 31% | 42% | 34% |
| CSW I\II\III | 28% | 31% | 34% | 33% | 35% | 34% | 38% | 55% | 47% |
| CSSup | 10% | 8% | 11% | 13% | 7% | 7% | 9% | 23% | 14% |

Turnover rates for Associate Social Service Specialist I-III were high in FY23 but was not as high as in FY22. As of January 2024, The Division’s turnover rates are showing improvement during FY24. St. Louis and Kansas City regions have a higher turnover rate compared to the rest of the State.

Progress Benchmarks:

| | FY 24 (as of Jan 1, 2024) |
|--------------------|---------------------------|
| All CD Job Classes | 31% |
| CSW I\II\III | 40% |
| CS Sup | Not Available |

- Explore “Staying Power” toolbox/training for staff retention. Previously, the Workforce Recruitment and Retention Specialist reviewed the Staying Power! Supervisors Guide to Retention materials and has developed a training package for presentation. This package was presented to staff during COVID. Since that time, there has been a decrease in utilization of Staying Power! due to staffing capacities. In March of 2024, Division leadership met and recommended a full review of Staying Power!. The focus is to update our hiring and on-boarding process to reflect the most current and research supported practice.
- Assess SAC member’s experience with retention training and explore expansion. Include an assessment of turnover rates in SAC members’ circuits. The SAC committee was no longer identified as the pilot group for this retention effort. The Kansas City region identified retention as an area for improvement and has included the Staying Power retention training in its staff retention plan. Using the Staying Power! interview toolkit it was found that those interviewed with the competency-based questions were +23% more likely to stay based on the available data. Due to the cannon and implementation of this interview tool, the tenure of those interviewed using the Staying Power! selection toolkit has not been a long enough sample, nevertheless, the initial data is encouraging.
- Conduct survey/focus groups with workers in pilot sites to gain thoughts on the effectiveness of retention efforts. Due to staffing changes and budget restrictions, the Recruitment and Retention Specialist position was vacant for much of FY21. Once filled, focus groups were completed in several areas of the state to get an accurate representation of retention efforts. Among the most cited reasons for leaving Children’s Division were pay, stress, and work-life balance. Children’s Division has made an effort to address each one of these top concerns. A data pull collected 123 names of individuals who could be promoted based on tenure to raise their pay. The partnership with Accenture targeted stress related to caseload size. Workflow was examined and changes made to case assignment to ensure a healthy bell curve of work distribution. Lastly, regarding work-life balance; Children’s Division has partnered with Casey Foundations to obtain quantitative data surrounding work-life balance. This coupled with qualitative data garnered from focus groups has led to recommendations for increased work flexibility. The Department of Social Services is currently piloting distributed work throughout the department to include Children’s Division. Reducing windshield time is also being explored by using technology the way it was intended.
- Enhance support to the workforce. Staying Power! Supervisors Guide to Retention is available to be utilized. Exit interviews are encouraged and information is reviewed to guide implementation of retention activities. The Social Services Assistant position is being utilized as a support for case managers. Social Services Assistants duties include supervising/monitoring children during supervised visits, aiding with documentation, assisting in obtaining information. Staff working overtime in critical needs areas (staffed under 70%) and any staff assisting in those areas have the opportunity to be paid for their

overtime on a monthly basis. Paid internship availability began in 2022 with the goal of strengthening the school-to-work pipeline. Ongoing Title IV-E incentive offered to staff wishing to obtain their Master of Social Work degree. MO's Got Talent program began in January of 2024 to provide employees incentives for their work in recruiting new staff.

Feedback Loops: As this project moves forward, the supervisory staff in the pilot that receive the training and use the techniques with their staff, will be asked to 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. Given the staffing and hiring issues and the need to expedite hiring, many interview teams have implemented abbreviated interview questions from "Staying Power" and pilots were placed on hold in order to better meet basic client needs.

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| 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 addressed 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: Missouri did not meet the benchmark for Item 5 prior to the expiration of CFSR Round 3. The Program Improvement Plan baseline performance for Item 5 was established as 57.5% with the adjusted goal of 64%. Case review data for September 2022 is 64%. Case review data for December 2022 is 64%. During Round 4 CFSR Missouri was found not be in Substantial Conformity on Permanency Outcome 1. It was noted, in Item 20 Written Case Plan, that not all children in care had both documents (SSP and CS-1) that comprise the overall case plan.

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 have researched the information needed for concurrent planning and an internal workgroup discussed ideas which resulted in the development of the Social Service Plan which contains mandatory input of permanency and concurrent plans during each 90-day assessment period. To further strengthen this area, additional trainings and communication around selection of appropriate permanency and concurrent plans continues to be developed. The Learning Circle Permanency Planning 101 was developed. The Learning Circle is in response to the Program Improvement Plan (PIP) and was mandatory for staff completion in October 2021. The Learning Circle remains available as a resource for staff.

- Hire Special assistant position to continue court TA work. The special assistant position was filled by Teri Armistead in the spring of 2019. Her replacement, Kate Watson, held the position from March, 2020 to December 2022. Beginning January 2023 the position was assigned to Heather Ford who remains in the position at the time of this writing.
- Review federal expectations regarding concurrent planning and written case plans. Concurrent planning was identified as a priority issue and received attention through the Children's Division's Placemat for 2020 and 2021. The placemat group was identified and met four times from June, 2020 to January, 2021. The group work included a review of federal guidelines, state statute, and Children's Division policy in the assessment to determine if policy changes were needed. The workgroup made recommendations to changes in policy and practice and to include additional trainings surrounding what is needed for a permanency plan to be successful. The internal workgroup for a comprehensive service plan met last in the summer of 2020 to discuss federal requirements and state statute surrounding written case plans. In August 2021 the Social Service Plan was implemented which requires documentation of the permanency and concurrent plans within the initial 30 days of case opening and every 90 day assessment period following. In late September 2023 Missouri contracted with Change & Innovation Agency and formed a SSP Redesign Workgroup. This group was tasked to evaluate barriers to full statewide implementation of the SSP and to design a new SSP that better fit the needs of families, children, agency staff and the judiciary. (See Written Case Plan section).
- Conduct a review of the Children's Division policy and state statute regarding concurrent planning and written case plans. (See Written Case Plan section).
- Conduct an assessment of regional training in regards to concurrent planning and written case plans. Include an assessment of consistency among initial training packages. The Children's Division training program transitioned from regionally-based to a consolidated central training unit. One of the first projects the consolidated unit undertook was developing a pre-service training package for use throughout the state. The placemat workgroup was given the opportunity to review the training prior to implementation and made suggestions for modifications in relation to concurrent

planning instruction. In addition, the material for the Legal Aspects training series was reviewed to ensure the policy recommendations were consistent with this training as well.

- Develop training/WebEx to inform staff and FCCM partners of any changes to policies or practice. A Children’s Division Memorandum was distributed to all staff on August 8, 2021 introducing the learning circle. A learning circle curriculum was developed for Children’s Division and FCCM staff to review concurrent planning philosophies and practices. The learning circle Permanency Planning 101 was mandatory for staff completion in October, 2021. The Learning Circle remains available as a resource for staff.
- Provide training on updated policy/practice to the Children’s Division staff. Include consistent training material in initial frontline staff training. The Legal Aspects training team introduced foundational trainings for all staff in September 2021, complementing the learning circle with an on-line training course, Legal Aspects of concurrent planning.

Family Support Team meetings are required every 6 months to review the child’s permanency plan and determine if the permanency and concurrent plans remain appropriate for the child at that time.

Feedback Loops: Children’s Division executive leadership was represented on both the Children’s Division placemat workgroup and the internal Social Service plan workgroup. Phase 1 of the Social Service Plan development was completed in the fall of 2021. The SSP documents permanency and concurrent plans and changes to those plans through the progression of the case. The SSP is required within the initial 30 days of case opening and then every 90 days following until case closure.

The SSP was designed to reach full implementation after 8 phases of development. Only phase 1 was completed due in part to financial resources not being available to update the FACES and widespread concerns for the document.

The SSP Redesign Workgroup held listening sessions with judicial/legal partners and agency/contracted staff early in the process; conducted field testing; and held multiple post-testing feedback sessions. Information was also shared outside of these sessions with judges, juvenile officers and attorneys and comments and suggestions were solicited. The information gained from these feedback loops significantly informed the development of the SSP and this iterative process continues as we enter the pilot stage in March 2024.

Quality Assurance System

Please refer to the Quality Assurance Practice Improvement description within the “Assessment of Current Performance” section of this report.

Stephanie Tubbs Jones Child Welfare Services Program

Child Abuse/Neglect Hotline Unit (CANHU)

Missouri statute charges the Children’s Division (CD) to operate a single, statewide toll-free telephone number at all times for receiving reports of child abuse and neglect (CAN). The Child Abuse and Neglect Hotline Unit (CANHU) serves as a gatekeeper and first responder for all child abuse and neglect reports. At the hotline unit, all calls are screened, assessed and classified by Associate/Social Service Specialists, who meet the same job qualifications as CD field investigators. Below is a call chart for FY19 – FY23:

| Fiscal Year | Total Calls | Admin. Functions* | Remaining Calls | Classified CAN | Classified Non-CAN Referral | Documented Calls |
|--------------------|--------------------|--------------------------|------------------------|-----------------------|------------------------------------|-------------------------|
| 2019 | 153,155 | 19,762 | 133,393 | 54% (72,418) | 18% (23,943) | 28% (37,032) |
| 2020 | 142,791 | 17,597 | 125,194 | 51% (64,231) | 23% (28,236) | 26% (32,727) |
| 2021 | 144,080 | 15,279 | 128,801 | 50% (64,817) | 30% (37,806) | 20% (26,178) |
| 2022 | 147,654 | 14,038 | 133,616 | 54% (71,322) | 24% (32,474) | 22% (29,820) |
| 2023 | 153,003 | 13,264 | 139,739 | 54% (76,267) | 21% (29,036) | 25% (34,436) |

Source: FACES Report for FY19-FY23

*Administrative Functions are defined as:

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

Child Abuse and Neglect Call Management System Technology:

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

The following chart displays average wait times by Queue.

| | Queue 1 | Queue 2 | Queue 3 | Queue 4 | Overall |
|------|---------|---------|---------|---------|---------|
| 2019 | 0:03:48 | 0:05:05 | 0:13:03 | n/a | 0:07:25 |
| 2020 | 0:03:17 | 0:03:29 | 0:08:00 | 0:02:59 | 0:04:35 |
| 2021 | 0:05:26 | 0:07:03 | 0:12:32 | 0:03:26 | 0:08:18 |
| 2022 | 0:06:24 | 0:13:56 | 0:18:10 | 0:05:51 | 0:12:41 |
| 2023 | 0:04:09 | 0:07:49 | 0:11:28 | 0:04:37 | 0:07:45 |

Average call times for the past five years are as follows:

- 2019 – 0:16:54
- 2020 – 0:16:32
- 2021 – 0:14:26
- 2022 - 0:15:16
- 2023 – 0:17:00

Online Reporting:

The Child Abuse and Neglect Hotline Unit currently has 1-5 team members per shift designated to handle submitted OSCRs. This determination is based on forecasted coverage needs and ensures information is processed in a timely manner. The use of online reporting has increased from 35% in FY 2021 to 48% in FY 2023. The implementation of OSCR has been a timesaver to reporters and CANHU team members because online reports can be processed in half the time as phone reports. In 2023, CANHU began working with contracted agency, Andrew Reise, to complete a process and systems review of the hotline. Part of the review included feedback from mandated reporters. A survey providing the opportunity to give feedback about the online reporting process was sent to all mandated reporters with an OSCR account. The feedback provided will be used to help prioritize future system improvements.

| Fiscal Year | Total Hotlines | OSCR Originated | Percent of OSCRs | CANHU Originated | Percent of CANHU |
|--------------------|-----------------------|------------------------|-------------------------|-------------------------|-------------------------|
| 2019 | 153,155 | 38,191 | 24.9% | 114,964 | 75.1% |
| 2020 | 142,791 | 32,900 | 23% | 109,891 | 77% |
| 2021 | 144,080 | 49,699 | 35% | 94,381 | 65% |
| 2022 | 147,654 | 64,816 | 44% | 82,838 | 56% |
| 2023 | 153,003 | 73,805 | 48% | 79,198 | 52% |

Source: FACES Report for FY19-FY23

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

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

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

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

Through our work with Andre Reise, we are evaluating our current recruitment and retention practices. We are also working to create new ways to help improve morale and decrease turnover.

Process Improvement:

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

Andrew Reise Evaluation

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

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

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

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

We have also worked with Andrew Reise and Genesys Cloud to better understand available Genesys Cloud functionality. Andrew Reise will provide recommendations on system features

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

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

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

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

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

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

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

Child Death Team members reporting a child fatality can request prior history checks from the hotline. Team members review documentation to ensure a prior history check is completed. This ensures all necessary Children's Division history is provided to the Child Death Team member who may be involved in the fatality investigation. CANHU created a bank of additional follow-up questions that can be utilized by CANHU staff when screening fatality calls.

Child Abuse and Neglect Reports

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

| Incidents and Children Reported to the Child Abuse/Neglect Hotline | | | | |
|---|---------------|---------------|----------------|---------------|
| Year | Total Reports | Annual Change | Total Children | Annual Change |
| 2019 | 64,920 | -12.2% | 89,738 | -15.4% |
| 2020 | 55,853 | -14.0% | 78,328 | -12.7% |
| 2021 | 54,515 | -2.4% | 77,108 | -1.6% |
| 2022 | 58,691 | +7.7% | 81,001 | +5% |
| 2023 | 61,712 | +6% | 86,088 | +6.9% |

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, SFY23

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

Principals, social workers, and law enforcement personnel were the most common mandated reporters during SFY23.

| Reporters of Child Abuse/Neglect during SFY23 by Occupation | | |
|--|--------|---------|
| | Number | Percent |
| Permissive | 12,966 | 17.8% |
| Principal or other school official | 10,855 | 14.9% |
| Peace officer or Law Enforcement | 10,333 | 14.2% |
| Social Worker | 9,547 | 13.1% |
| Mental Health Professional | 6,501 | 8.9% |
| Teacher | 5,197 | 7.2% |
| Nurse | 4,144 | 5.7% |

| | | |
|---|-------|-------|
| Unknown | 3,556 | 4.9% |
| Other person with responsibility for care of children | 3,177 | 4.4% |
| Children's Division Worker` | 1,497 | 2.1% |
| Other Health Practitioner | 826 | 1.15% |
| Juvenile Officer | 819 | 1.1% |
| Physician | 762 | 1.0% |
| Day Care center or other childcare worker | 715 | 1.0% |
| Other Hospital/Clinic Personnel | 514 | 0.7% |
| Psychologist | 290 | 0.4% |
| Intern | 227 | 0.3% |
| Minister | 162 | 0.2% |
| Probation and Parole Officer | 132 | 0.2% |
| Medical Examiner | 126 | 0.2% |
| Resident | 114 | 0.2% |
| Jail detention and volunteers | 62 | 0.1% |
| Volunteer/personnel of community service program | 61 | 0.1% |
| Coroner | 49 | 0.1% |
| Dentist/Dental Hygienist | 41 | 0.1% |
| Chiropractor | 1 | 0.0% |
| Optometrist | 1 | 0.0% |
| Podiatrist | 0 | 0.0% |

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

Source: Child Abuse and Neglect Annual Report, SFY23

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

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

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

CAN Investigations: An investigation is a classification of response by Children’s Division to a report of suspected abuse or neglect when there is an identified need to collect physical and verbal evidence to determine if a child has been abused or neglected. The determination to utilize the investigation track is based on structured decision-making protocols. Investigations include:

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

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

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

- Any adult person who has access to the child based on relationship to the parents of the child or members of the child’s household or the family;
- Any person who takes control of the child by deception, force, or coercion; or
- School personnel, contractors, and volunteers, if the relationship with the child was established through the school or through school-related activities, even if the alleged abuse or neglect occurred outside of school hours or off school grounds.

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

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

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

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

- a. Any touching of the genitals, anus or buttocks of a child, or the breast of a female child, or any such touching through the clothing; any act involving the genitals of a child and the hand, mouth, tongue, or anus of another person, or any sexual act involving the penetration, however slight, of a child’s mouth, penis, female genitalia, or anus by any body part of another person, or by any instrument or object,
- b. Any conduct that would constitute a violation, regardless of arrest or conviction, of Section 566, RSMo., if the victim is less than eighteen years of age, Section 567.050, RSMo. if the victim is less than eighteen years of age, Sections 568.020, 568.060, 568.080, or 568.090, RSMo., Sections 573.025, 573.035, 573.037, or 573.040, RSMo., or an attempt to commit any of the preceding crimes;
- c. Sexual exploitation of the child, which shall include:
 - i. Allowing, permitting or encouraging a child to engage in prostitution, as defined by state law, or
 - ii. Allowing, permitting, encouraging, or engaging in the obscene or pornographic photographing, filming, or depicting of a child as those acts are defined by state law. This includes the storage or transmission of any data depicting said obscene or pornographic acts, images, or recordings.

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

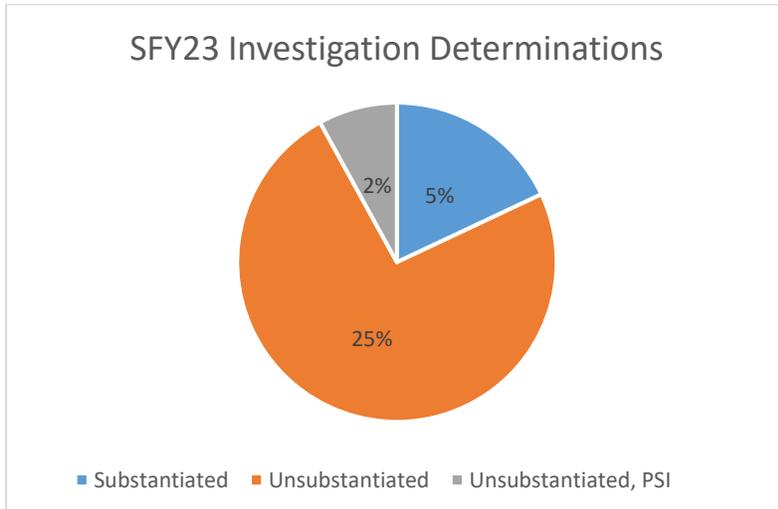
The following is a list of the findings which may be reached at the conclusion of a CAN Investigation:

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

- **Unsubstantiated-Preventative Services Indicated:** This investigative conclusion is reached when there is insufficient evidence to make a determination that child abuse or neglect has occurred by a Preponderance of Evidence; however, the worker has identified risk factors through observations, interviews, and collaterals, which if unresolved, could potentially contribute to future concerns of child abuse/neglect or result in the accumulation of harm as it would pertain to issues of chronic maltreatment. This determination requires preventive services be provided to the family.
- **Unable to Locate:** This conclusion is reached only after all three of the following criteria are met:
 - When not one single child or any parent/caretaker included in the report is located,
 - After the Children’s Service Worker has searched all available resources that can help to locate the family and children,
 - Only after the supervisor agrees that sufficient attempts have been made and the Children’s Service Worker has exhausted all available resources to locate the family.
- **Located out of state:** This conclusion is reached only after the Children’s Division has verified the location of the alleged victim child(ren) as residing in another state. Every effort should be made to assure safety in the other state. Staff may not take the word of the reported caregiver of the child located out of state as a means of verifying the alleged victim’s location in another state or to establish their safety or well-being.
- **Home Schooling:** This conclusion is reached when the parent has stated that he/she is providing for his/her child’s education, and the Children’s Division has sent the report to the superintendent of the appropriate school district. A conclusion of homeschooling is not appropriate when there is a concern for educational neglect.
- **Inappropriate report:** This conclusion is reached if it is determined the report did not contain allegations of abuse or neglect specified in Missouri State Child abuse and Neglect Statute (Section 210, RSMo.).

| Reported Incidents of CAN by Conclusion | | | |
|--|-------------|-------------|-------------|
| Category | 2021 | 2022 | 2023 |
| Substantiated | 6.4% | 5.3% | 4.9% |
| Unsubstantiated PSI | 2.8% | 2.1% | 1.9% |
| Unsubstantiated | 25.9% | 25.7% | 24.8% |
| Assessment | 60.5% | 60.7% | 56.4% |
| Other | 4.4% | 6.3% | 11.9% |
| Total Reported Incidents | 54,515 | 58,242 | 61,712 |

During SFY23, 3,041 children were involved in incidents that were concluded as substantiated for abuse/neglect. The data below illustrates the various conclusions reached for investigations out of all reports assigned as investigations or assessments in SFY23.



Source: Child Abuse and Neglect Annual Report, SFY23

| Substantiated Children by Category of Abuse/Neglect | | | |
|--|-------------|-------------|-------------|
| Category | 2021 | 2022 | 2023 |
| Neglect | 53.8% | 54.8% | 53% |
| Sexual Abuse | 32.6% | 32.9% | 29% |
| Physical Abuse | 33.3% | 32.9% | 25% |
| Emotional Abuse | 14.0% | 13.7% | 9.5% |
| Medical Neglect | 2.9% | 3.1% | 2.3% |
| Educational Neglect | 1.1% | 1.4% | 1.3% |

Source: Child Abuse and Neglect Annual Report, SFY23

| Substantiated Reports of Neglect | Number | Percent |
|---|---------------|----------------|
| Lack of Supervision | 1,668 | 72.4% |
| Unsafe/Inadequate shelter | 453 | 19.7% |
| Unsanitary Living Conditions | 392 | 17.0% |
| Failure to Protect | 286 | 12.4% |
| Blaming, verbal abuse, threatening | 172 | 7.5% |
| Other physical abuse or injury | 127 | 5.5% |
| Bruises, welts, or red marks | 121 | 5.2% |
| Other sexual abuse | 86 | 3.7% |
| Inappropriately giving drugs | 77 | 3.3% |
| Untreated illness/injury | 66 | 2.9% |

Source: Child Abuse and Neglect Annual Report, SFY23 Percent is the percentage of 2,305 substantiated neglected children. Percent total is greater than 100 because multiple findings may be found for a child.

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

Family Assessment reports include:

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

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

- **Agency Responded No Concerns Found** – The Division responded to the report, assured safety of the children, spoke with parent/caretaker, made a home visit and found that the allegations in the report had no merit.
- **Agency Responded Concerns Addressed** – The Division responded to the report and found concerns in the home, but those concerns were addressed through the assessment process, community resources, or other resources from staff.
- **Agency Responded Services Provided** – The Division responded to the report and found concerns in the home and services were referred or provided to the family.
- **Agency Responded Refer to FCS or AC Case Opened** – The Division responded to the report and at some point during the assessment period, referred the family to Family Centered Services or child was taken into custody and an Alternative Care case was opened.
- **Family Declined Services, Child Safe** — The Division offered to provide Differential Response services or Family-Centered Services, but the family refused services. Staff has been able to document that the child is safe.
- **Unable to Locate:** This conclusion is reached only after all three of the following criteria are met:
 - When not one single child or any parent/caretaker included in the report is located,
 - After the Children's Service Worker has searched all available resources that can help to locate the family and children, and

- Only after the supervisor agrees that sufficient attempts have been made and the Children’s Service Worker has exhausted all available resources to locate the family.
- Located out of state: This conclusion is reached only after the Children’s Division has verified the location of the alleged victim child(ren) as residing in another state.
- Home Schooling: This conclusion is reached when the parent has stated that he/she is providing for his/her child’s education, and the Division has sent the report to the superintendent of the appropriate school district.
- Inappropriate report: This conclusion is reached if it is determined the report did not contain allegations of abuse or neglect specified in Missouri State Statute (Section 210, RSMo.).

The data below illustrates the various conclusions reached for family assessments in SFY23. Percentages have remained consistent over the past five years among all categories. There was a slight decrease in percentages in the areas of referring to a FCS or AC case and being opened and also services being provided.

| SFY23 Family Assessment Determination at a Glance | | | | | | |
|--|--|------------------------------------|-------------------------------------|------------------------------------|-------------------------------------|---------------------------------|
| Family Assessment Determination | Agency Responded Referred to FCS or AC Case Opened | Agency Responded Services Provided | Agency Responded Concerns Addressed | Agency Responded No Concerns Found | Family Declined Services Child Safe | Family Uncooperative Child Safe |
| Percentage | 5.7% | 1.6% | 60.8% | 26.6% | 1.1% | 4.3% |

Source: Child Abuse and Neglect Annual Report, SFY23

Perpetrator Demographics: The following table depicts the alleged perpetrators’ relationship to the victim children in substantiated reports received during SFY23:

| Relationship | Number |
|-----------------------------|--------|
| Natural Parent | 3,226 |
| Other | 863 |
| Parent/Caretaker’s Paramour | 488 |
| Step-parent | 349 |

| | |
|--------------------------------|-----|
| Grandparent | 258 |
| Aunt/Uncle/Cousin (Also Great) | 235 |
| Adoptive Parent | 81 |
| Friend | 150 |
| Sibling/step-sibling | 85 |
| Legal guardian | 26 |
| Institution/staff | 46 |
| Foster parent | 22 |
| School/personnel | 39 |
| Daycare provider | 44 |
| No relationship exists | 68 |
| Alleged Father | 38 |
| Other Caregiver | 34 |
| Natural Child | 32 |
| Other Relative | 29 |
| Neighbor | 29 |
| Putative Father | 10 |

Source: Child Abuse and Neglect Annual Report, SFY23

The data below highlights perpetrator demographics for substantiated reports for SFY23. This data has remained relatively stable over the last few years.

Two-thirds of the perpetrators (60%) were between the ages of 20 and 39.

Slightly over half of the perpetrators (58%) were male.

Three-fourths (73%) of the perpetrators were white, and 11% were black.

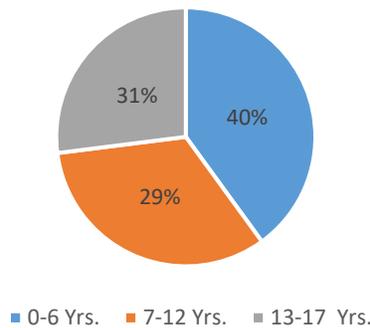
While natural parents were the overwhelming majority of reported perpetrators with 3,226 of them being found to be substantiated perpetrators with a final determination of abuse/neglect.

The most prevalent perpetrator characteristics were having other drug related problems (19%). Other prevalent perpetrator characteristics include having a mental/emotional disturbance (13%), having a history of criminal behavior (12.7%), and having an adequate support system (13%).

Child Demographics:

The data below highlights child demographics for family assessments and investigations for SFY23:

Substantiated Victim Children by Age



Source: Child Abuse and Neglect Annual Report, SFY23

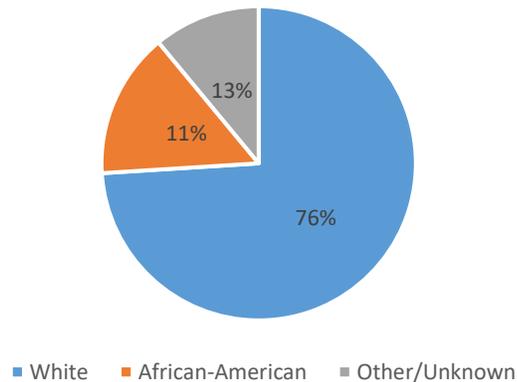
Of the substantiated children during FY 2023, over half (58.6%) were female and forty-one percent (41.4%) were male. Sexually abused children were more likely to be female (86.5%). Neglect was more prevalent among younger children with the highest being those under the age of two at 27%. Sexual abuse occurred more often among older children with the highest being children the age of 14 years at 12.9%. Emotional abuse was most prevalent in females with 61%.

Children birth through six years old constituted almost 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 29.5% of all children involved in substantiated investigations. This demographic supports the Children’s Division’s goal to target services to Missouri’s most vulnerable children.

Approximately 63% of the substantiated sexual abuse victims involved children ages 12-17 years of age.

Substantiated Victim Children by Race



Source: Child Abuse and Neglect Annual Report, SFY23

Juvenile Assessments: Senate Bill 341 was passed in the 2015 Missouri legislative session and went into effect on August 28, 2015. This bill authorizes the Children’s Division to utilize a family assessment and services approach when reports are received containing concerns of children with problem sexual behaviors. Senate Bill 341 defined a child with problem sexual behavior as ‘any person, under fourteen years of age, who has allegedly committed sexual abuse against another child’. These reports are to be screened in by the Child Abuse and Neglect Hotline Unit when any child under the age of 14 is alleged to have committed an act of sexual abuse against any person under the age of 18. Historically, these reports have been classified as non-caretaker referrals which the Children’s Division referred to the juvenile office and/or law enforcement for investigation of potential delinquent acts. The intent of Senate Bill 341 is to provide an avenue for intervention and treatment for these children. In addition to addressing the needs of the victim(s), the Children’s Division completes a holistic assessment of the child with problem sexual behaviors and their family. The purpose of the assessment is to help determine if the incident involved problematic behavior and to address any safety and service needs. The Children’s Division completes a safety plan when an act of sexual abuse has been witnessed by an adult; there has been a disclosure from the child victim, when the child has admitted to problem sexual behavior, and/or when a parent/caregiver is concerned that their child is exhibiting problem sexual behavior. The Children’s Division makes a referral to the juvenile office prior to beginning the assessment process when the act involved a weapon or serious physical injury. The child may also be referred to the juvenile office when the parent/caregiver does not engage in the assessment process, when there is no evidence the parent/caregiver(s) are taking steps to prevent future problem sexual behavior, when there is a repeated incident, and/or when the assessment reveals the child’s behaviors are of such severity that the child cannot be safely maintained in the home and/or community.

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

Child Abuse/Neglect Related Policy Development and Other Program Enhancements in CY23:

Missouri revised statute 210.145.2(2) required the Children's Division Director and the Office of State Courts Administrator to develop a joint Safety Assessment tool by end of 2021, with implementation before January 1, 2022. The Children's Division partnered with Evident Change to develop a Structured Decision-Making® (SDM) Safety Assessment and the new SDM Safety Assessment was implemented statewide on December 30, 2021. Program Development Specialist held in-person workshops across the state in 2023 to enhance the field's knowledge and skill in correctly using the SDM Safety Assessment tool. That work will continue into 2024. Work is also being completed through program improvement planning to increase the timely completion of the tool in FACES. Staff are to complete the tool after face-to-face contact with the victim child(ren) in FACES within 72 hours.

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

CCU will only staff clear safe cases. If frontline staff is not sure whether the child(ren) on a child abuse/neglect report can be considered safe, these types of consultations should occur locally.

All victim children must be seen by CD staff in order for CCU to consult. The types of cases

CCU will consult on include:

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

The following are highlighted policies published throughout CY23. Some have a direct impact on the CAN 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 |
|-------------------|--|
| CD23-04 | Update requirements to Human Trafficking Training |
| CD23-13 | Update policy regarding Safe Sleep and Home Visiting for CAN reports |
| CD23-14 | Introduced a statewide School Notification Letter (CS-21k) for investigations |
| CD23-26 | Missing Youth Legislation and Protocol |
| CD23-30 | Clarified when CAN reports can combined |
| CD23-31 | Lifted and provided new policy regarding safety reassurance when a CAN report is in delayed or overdue status. |
| CD23-34 | Inform staff of the use of Probable Cause findings |
| PA23-IA-01 | Guidance on firearm responsibility when visiting a home |
| PA23-IA-03 | Safe Sleep Environment Updates |
| PA23-IA-02 | Guidance to staff on juvenile assessment safety planning |

Temporary Alternative Placement Agreements

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

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

from their parent/caregiver. In the case that the child is removed from the care of the parent and placed with a relative caregiver, a TAPA is enforced with the family.

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

When there is a TAPA, the following must occur:

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

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

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

Data from January 2023 to December 2023. Other situations for closed TAPAs include diversion to another caregiver and caregiver obtained guardianship.

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

Source: FACES Diversion/TAPA Report

The Child Abuse and Neglect Review Board (CANRB)

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

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

- **Direct Judicial Review:** The alleged perpetrator can choose to waive his or her right to the Administrative Review process and proceed directly to Judicial Review by filing a petition in Circuit Court within 30 days of the date that he or she received notification of the preliminary POE finding. If this method is selected, the perpetrator’s name goes on the Central Registry once the petition is filed; or
- **Administrative Review:** The alleged perpetrator may request an administrative review. To request an administrative review, the alleged perpetrator shall submit a written request for review within 60 days of the date they received notification of the preliminary POE finding.

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

1. Request an administrative review within 60 days of the date they received notification of the preliminary POE finding. If the alleged perpetrator chooses to proceed, the

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

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

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

- Local Administrative Reviews: Local administrative reviews are no longer required. As a result, the administrative review process is managed by the Administrative Review Team in Central Office. Circuit Managers or their designee may choose to review the CAN report prior to the Child Abuse and Neglect Review Board hearing to determine whether the report should be upheld or reversed; however, this is optional. If new information becomes available that could potentially alter a preponderance of evidence finding, the Circuit

Manager or their designee should review the CAN report to determine whether sufficient evidence exists to continue to uphold the finding(s). If a decision is made at any point to reverse a POE finding(s) prior to the CANRB hearing, the Circuit Manager or their designee will contact the Central Office Administrative Review Team within one business day of that determination so the hearing can be cancelled. The Investigation Disposition Notification Letter (CS-21) has been updated and directs alleged perpetrators to request administrative reviews via the administrative review mailbox. Nonetheless, alleged perpetrators may still request administrative reviews through the local office. All requests received in the local office must be forwarded to the central office Administrative Review Team within three business days of receipt of the request and the CANRB Hearing Referral (CD-307) must be completed.

- Pending Criminal Charges: If criminal charges that arise from the investigation remain pending when the alleged perpetrator receives the CS-21, the alleged perpetrator will have two options as described above. This change was made to better facilitate timely placement on the Central Registry when criminal charges resulted from the incident. As a result of these changes, Central Office has started reviewing all outstanding administrative reviews delayed because of pending criminal charges.
- Electronic Notice: Alleged perpetrators are able to elect to receive the CS-21 electronically, as well as future correspondence related to their administrative review request. The Description of the Investigation Process (CS-24) was revised to inform alleged perpetrators of their right to receive legal notifications electronically. Staff should ask the alleged perpetrator their preference, electronic or mail, at the time the CS-24 is provided to the alleged perpetrator. If the alleged perpetrator requests to receive the CS-21 electronically, staff may send an encrypted email with a signed copy of the CS-21.
- Deceased Perpetrators: If the Children's Division learns the alleged perpetrator has died prior to the expiration of the alleged perpetrator's time to request a review or before a scheduled CANRB hearing occurs, the deceased perpetrator will not be added to the Central Registry; however, the Children's Division will retain the report in the same manner as unknown perpetrators and Family Assessments. As a result, a new investigative conclusion option of 'Child Abuse/Neglect Present, Perpetrator Deceased' was created. The primary purpose of this conclusion is to stop the administrative review process when the alleged perpetrator passes away. This new conclusion type is to be utilized when:
 - An alleged perpetrator dies prior to the conclusion of an investigation and other elements to establish abuse or neglect are met; or
 - To amend a POE conclusion when an alleged perpetrator dies prior to the conclusion of the administrative review process.
- Training: Members of the board shall now complete a minimum of three hours of training regarding child abuse and neglect annually, as approved by the Children's Division. The Children's Division shall also notify the board of available training opportunities.

- **OUTCOME OF REVIEWS**

| | BOARD A | BOARD B | BOARD C | BOARD D | BOARD E | BOARD F | TOTAL |
|-----------------|----------------|----------------|----------------|----------------|----------------|----------------|--------------|
| UPHELD | 68 | 66 | 85 | 109 | 63 | 71 | 462 |
| REVERSED | 30 | 15 | 14 | 4 | 28 | 18 | 109 |
| TOTAL | 98 | 81 | 99 | 113 | 91 | 89 | 571 |

- **ALLEGED PERPETRATOR PARTICIPATION**

| | UPHELD | REVERSED | TOTAL |
|-------------------------|---------------|-----------------|--------------|
| NO PARTICIPATION | 83 | 2 | 85 |
| ATTEND | 45 | 24 | 69 |
| TELECONFERENCE | 205 | 54 | 259 |
| VIDEO/WEBEX | 129 | 29 | 158 |
| TOTAL | 462 | 109 | 571 |

- **REVIEWS BY REGION**

| | UPHELD | REVERSED | TOTAL |
|-------------------------|---------------|-----------------|--------------|
| JACKSON COUNTY | 18 | 4 | 22 |
| NORTHERN REGION | 167 | 41 | 208 |
| OHI | 35 | 12 | 47 |
| SOUTHERN REGION | 227 | 40 | 627 |
| ST. LOUIS CITY | 8 | 4 | 12 |
| ST. LOUIS COUNTY | 7 | 8 | 15 |
| TOTAL | 462 | 109 | 571 |

- **REVIEWS BY CATEGORY OF ABUSE/NEGLECT**

| | UPHELD | REVERSED | TOTAL |
|------------------------|---------------|-----------------|--------------|
| EMOTIONAL ABUSE | 28 | 7 | 35 |
| NEGLECT | 156 | 41 | 197 |
| PHYSICAL ABUSE | 129 | 34 | 163 |
| SEXUAL ABUSE | 149 | 27 | 176 |
| TOTAL | 462 | 109 | 571 |

- **LEGAL REPRESENTATION**

| | UPHELD | REVERSED | TOTAL |
|-------------------------|---------------|-----------------|--------------|
| WITH ATTORNEY | 177 | 65 | 242 |
| ATTORNEY ABSENT | 6 | 0 | 6 |
| WITHOUT ATTORNEY | 279 | 44 | 323 |
| TOTAL | 462 | 109 | 571 |

- **REVIEWS WITH PARTICIPATION ON BEHALF OF THE CHILD, Witness Participation**

| | Upheld | Reversed | Total |
|---------------|---------------|-----------------|--------------|
| ATTEND | 195 | 51 | 246 |
| ABSENT | 267 | 58 | 325 |
| TOTAL | 462 | 109 | 571 |

Child Assessment Centers

Child assessment centers (established in RS Mo. Section 210.001), more commonly referred to in the field as child advocacy centers (CACs), are safe and child-focused places that provide forensic interviews, victim advocacy, evidence-based mental health services, child abuse case

management and sexual and physical abuse forensic medical examinations (*Note: Medical services may not be offered onsite at some CACs but rather through partnerships with trained local medical providers*) as part of a multidisciplinary response to child abuse allegations.

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

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

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

Missouri Network Against Child Abuse (formerly known as Missouri KidsFirst) is the Missouri chapter of the National Children's Alliance and the statewide coalition of child advocacy centers. As such, Missouri Network Against Child Abuse (MO-NACA) provides various types of services to Missouri CACs, including public policy advocacy, direct service training, administrative support, technical assistance, and coordination of statewide efforts. The directors of Missouri's 15 regional CACs serve as an advisory board to MO-NACA and meet regularly with the chapter to discuss CAC needs, practices, and field trends/dynamics. In addition to its services for child advocacy centers, MO-NACA is the statewide coordinator of the SAFE-CARE

Network-the state's network of medical providers trained in the response to child abuse, serves as the Missouri chapter of Prevent Child Abuse America and coordinates the state network of training facilitators for the evidence-supported child sexual abuse prevention training for adults, Stewards of Children.

Sexual Assault Forensic Examination-Child Abuse Resource and Education Network

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

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

In SFY22, the SAFE-CARE program continued to utilize state funding to enhance the medical response to child maltreatment. In June 2018, the SAFE-CARE network began using the Extension for Community Healthcare Outcomes (ECHO) model to provide ongoing training and case consultation that will be available to SAFE-CARE providers statewide. The SAFE-CARE ECHO provides a brief learning didactic, preceded and followed by case presentation. One ECHO series was held in 2022 that included thirteen events. The Children's Division has partnered with the SAFE-CARE Network and MO-NACA to be a part of the hub of experts that help share knowledge and facilitate learning at each session. In addition to SAFE-CARE ECHO, providers receive one all day in-person training annually.

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

Legislation in 2016 requires investigative staff to complete four hours of medical-forensics training. In response to this MO-NACA, several SAFE-CARE providers, and the Children's Division have developed training for the Children's Division staff primarily taught by medical

providers on various topics related to medical issues common to child abuse and neglect investigations.

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

In SFY2023, the Department of Public Safety paid claims for 4,109 child sexual assault forensic examinations (SAFE) and 1,533 child physical abuse forensic examinations (CPAFE). From SFY2019-2023, the following claims were paid:

| SAFE & CPAFE Programs | |
|----------------------------------|------------------------------|
| SFY July 1- June 30 | |
| SAFE Program | Number of Claims Paid |
| SFY2023 | 4,109 |
| SFY2022 | 3,237 |
| SFY2021 | 2,961 |
| SFY2020 | 4,113 |
| SFY2019 | 4,474 |
| | |
| CPAFE Program | Number of Claims Paid |
| SFY2023 | 1,533 |
| SFY2022 | 1,437 |
| SFY2021 | 1,386 |
| SFY2020 | 1,378 |
| SFY2019 | 1,417 |

Task Force on the Prevention of Sexual Abuse of Children

The Task Force on the Prevention of Sexual Abuse of Children was created in statute during the 2011 Missouri legislative session and was charged with studying and identifying strategies for preventing child sexual abuse. This Task Force provided the Governor, Missouri General Assembly, and the State Board of Education with 22 recommendations within seven core subject areas that include community-based child abuse prevention, professional training and technical assistance, multi-disciplinary team excellence, mental health services and treatment, awareness, funding, and statutory changes.

The Task Force was reauthorized during the 2018 legislative session to continue to study the issue of sexual abuse of children (Section 210.1200, RSMo). Prior to being reauthorized,

committed experts were meeting as an Interim Task Force to further this work. The Task Force focused on four specific recommendations identified in the 2012 report:

1. Standardized online training for mandated reporters of child abuse and neglect
2. Best practices and standards for multi-disciplinary teams (MDT), law enforcement, prosecutors, and medical providers
3. Youth with problem sexual behaviors
4. Mental health services for sexually abused children

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

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

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

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

Human Trafficking

In 2021, Children's Division utilized content provided by an expert partner through a Notice of Funding Opportunity to develop an Advanced Human Trafficking Training curriculum for Children's Division staff. This advanced training helps 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 implemented policy to require the utilization of a comprehensive assessment and screening tool (CD-288) to assist in the identification of child victims of human trafficking. Per policy, Children's Division staff utilize the Human Trafficking Assessment Tool in the following circumstances:

- Within 24 hours for victim(s) and non-victim(s) listed on a CAN report with allegations of human trafficking
- Within 24 hours of a child/youth in state custody returning from being on the run, missing, or abducted

- Within 24 hours for any child/youth that is involved with Children’s Division through a CAN report, FCS case, or AC case in which there is a suspicion of human trafficking, history of human trafficking, and/or new concerns of human trafficking
- Within 24 hours of contact with an unaccompanied youth
- Within 72 hours for children/youth that are involved with Children’s Division through a CAN report, FCS case, or AC case in which it is learned that there is a known history of running away from home/placement
- When a child’s circumstances change or new information is learned about the child/youth which warrants the use of a more comprehensive screening of human trafficking
- Immediately when imminent safety concerns are present in which there are immediate concerns for a child/youth being trafficked

The following memorandums were implemented to specifically address human trafficking and the commercial sexual exploitation of children:

| | |
|-------------|---|
| CD21-51 | Memo to inform staff of the implementation of enhanced Human Trafficking policy and response protocol, as well as the requirement for all Children’s Division (CD) staff and contracted practitioners to complete the Introduction to Child Trafficking training and the Advanced Child Trafficking training |
| PA:21-IA-01 | Practice Alert to remind staff of the revised legal elements of human trafficking for the purpose of Preponderance of Evidence conclusion. |
| CD23-04 | Memo to inform staff of updated requirements to Human Trafficking Training and Assessment Tool. Policy was updated to require the human trafficking assessment tool to be used regarding cases of unaccompanied youth. Policy was also updated to require the assessment tool to be uploaded Children’s Division’s database system. This memo modified timeframes in which staff were to complete the training, moving it up to 90 days post hire for the Introductory training and 6 months post hire for the Advanced training. |

As a result of recommendations from the Statewide Council on Sex Trafficking and Sexual Exploitation of Children, Children’s Division formed the Sex Trafficking Prevention Unit in January 2024. This unit is tasked with improving statewide efforts to identify, prevent, and respond to missing youth and youth who are at risk for or have been trafficked. The following is a summary of the work planned for this unit. A more comprehensive strategic plan can be found in the 2025-2029 section of the CSFR.

The Sex Trafficking Prevention Unit is currently working to reduce the number of youth missing from care by assisting with recovery efforts and providing oversight, as well as developing run

prevention strategies. These strategies will increase the ability to identify youth at risk of a run episode and intervene through the use of youth-driven support meetings and safety planning. In local areas with high rates of human trafficking, the unit is assisting with the ongoing development of multi-disciplinary response protocols and meetings.

To supplement the already existing Advanced Human Trafficking curriculum for all staff, Children's Division is in the process of obtaining a contractor to develop additional training on human trafficking and missing youth, which will be provided to resource providers, older youth, and alternative care frontline staff.

The Sex Trafficking Prevention unit is working to improve data standards to identify youth who are at risk of becoming missing, to improve accurate recording of youth who have experienced human trafficking while in care, and to aggregate data to detect trends and gaps services and programming.

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 and collaborating with federal law enforcement agencies for assistance in investigating cases of suspected trafficking.

The Children's Division continues to partner with the Missouri State Highway Patrol and the Texas Department of Public Safety to provide the Interdiction for the Protection of Children Training statewide.

In 2023, Missouri passed legislation regarding youth missing from foster care to improve efforts to quickly locate these youth, because of their heightened risk of human trafficking. The following summaries revised legislation and Children's Division's policy updates as a result.

In 2023, SB 186 modified Missouri statute sections 43.400 RSMo, 43.401 RSMo, and 210.794 RSMo, which resulted in the following changes:

- Modifies the definition of "missing child" in the context of law enforcement searches of missing children to include foster parent regardless of age.
- Revises timeframe in which youth were to be reported missing to law enforcement by placement provider, Children's Division, parent or guardian to two hours of determining the child to be missing. SB 186 also requires Children's Division to report the missing youth to the National Center for Missing and Exploited Children.
- Mandates Children's Division to remain in regular contact with the child's Family Support Team meeting, and law enforcement regarding search efforts, and make quarterly reports to the juvenile court regarding efforts to locate the child.
- Prohibits Children's Division from petitioning the court for release of jurisdiction for a missing child until they reach 21.

- Mandates Children’s Division to develop protocols for conducting ongoing searches for missing youth and implement preventative measures to identify and mitigate risk to children who are at increased risk of becoming missing or experiencing trafficking.
- Requires Children’s Division staff to have in-person contact with the child within 24 hours of being located to assess for the child’s health, wellbeing, factors that led to the child becoming missing, placement stability, and experiences or harm while missing from care, including human trafficking.

In response, Children’s Division revised the missing youth protocol and updated the Child Welfare Manual. Additionally, revisions were made to the CD-308 Missing Youth Notification form, which is sent to Central Office for policy oversight. The Missing Youth Protocol Flowchart was created to assist workers in navigating new protocol and policy changes.

The following memorandums were implemented to specifically address missing youth:

| | |
|------------|--|
| CD 23-26 | Memo to inform staff of legislative and policy changes regarding missing youth protocol, missing youth flowchart, and updated missing youth notification form (CD-308) |
| PA23-CM-08 | Practice Alert reminding staff about assistance the State Technical Assistance Team (STAT) is able to provide to locate missing youth |

Children’s Division also conducted presentations throughout the State on the new missing youth policy to ensure consistent practice.

Services for Children Adopted from Other Countries

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

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

Services for Children under Age Five

Family-centered, strength-based treatment services for children under five years of age who remain in their home should be completed by referring the family to any available community resource or other support system identified by the family; utilizing all available community resources. Services may be provided by direct case management or may require the use of purchased services. The worker will use community providers when he/she determines some, or all, of the services, cannot be delivered directly. The following services should be considered:

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

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

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

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

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

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

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

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

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 IFRS specialist will work with the team, case worker, and family with the goal of successful and sustainable reunification.

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

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

approximately ten percent (10%) of the families referred to the contractor will be referred for IFRS.

According to the Children's Division Annual Report, Table 38, in SFY22, 1,314 families and 3,227 children were served through the IIS program. In SFY21, there were 1,577 families, and 3,874 children served. Intensive In-Home Services is recognized statewide as being a program which diverts children from entering foster care and allows them to remain safely with family, thus it is important for the program to serve as many children and families as possible.

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

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

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

In addition to monitoring the outcomes discussed within, the IIS Program Development Specialist participates in the Peer Record Review (PRR) process, which is also used to measure program outcomes. These reviews are conducted quarterly, and a sample of cases is reviewed in each region. The Division and the contractors for the region partner to review cases to ensure contract compliance and help identify barriers to providing quality services. The review typically includes, but is not limited to, IIS specialists, IIS supervisor(s), site coordinator(s), regional site coordinator, and the Central Office Program Development Specialist.

The IIS Annual Report is produced once a year; however, Children's Division and contracted staff from each circuit are encouraged to request data for their particular site on an ongoing basis to continuously improve practice. The IIS Annual Report includes various data elements collected at the end of the intervention and at three, six, and twelve-month intervals following the intervention.

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

Family 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) as a preventative measure to reduce the risk of child maltreatment. Family-Centered Services may also be provided if the family requests preventive treatment services. Services are available to families aimed at preventing child maltreatment and promoting healthy family functioning and appropriate parenting skills. Family-Centered Services seek to empower the family and minimize their dependence upon the social service system.

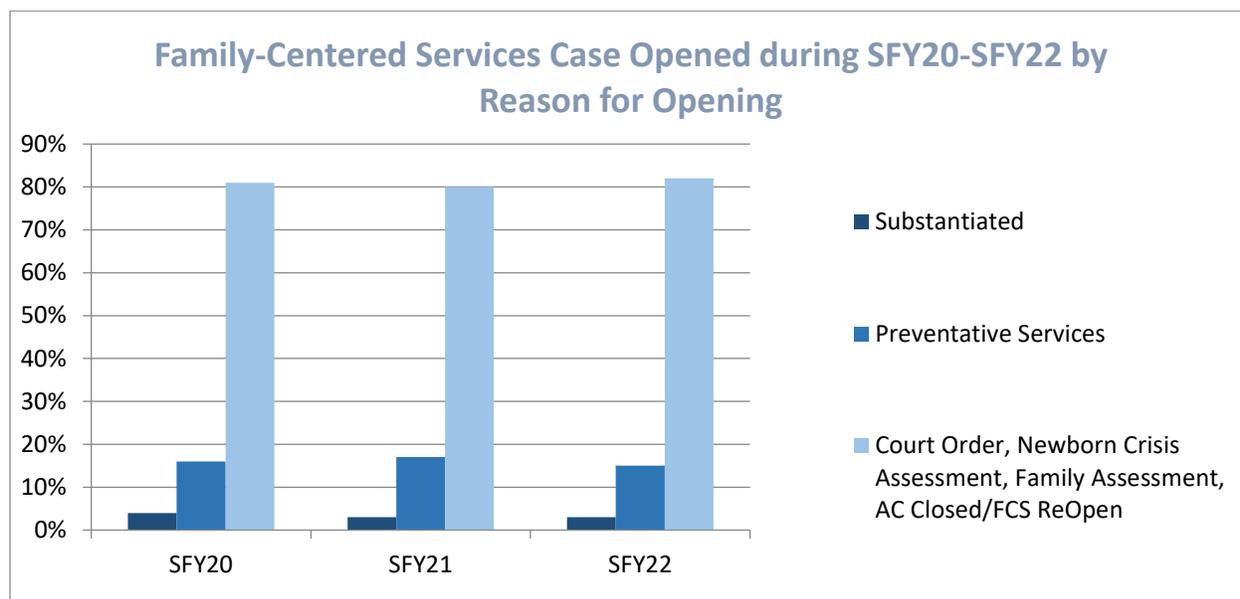
In SFY22, there were 4,892 active FCS cases compared to 5,527 during SFY21, 5,504 during SFY20, and 5,850 in SFY19. (Source: Children’s Division Annual Report, Table #9). The total number of FCS cases in SFY22 decreased by 12.9 % and in SFY21 decreased by .4 %. There has been a great deal of conversation around the decline in the number of Family Centered Services Cases. The most prevalent concern leading to this decline is staffing issues, with a staffing crisis there have been fewer workers to available for FCS cases. There is hope that there will be a steady increase in FCS cases as staffing stabilizes across the state.

Family-Centered Services Cases Active SFY19- SFY22

| Fiscal Year | Cases Active | Percent Change from Prior Year |
|-------------|--------------|--------------------------------|
| SFY19 | 5,850 | -17.5% |
| SFY20 | 5,504 | -5.9% |
| SFY21 | 5,527 | -0.4% |
| SFY22 | 4892 | -12.9% |

In SFY22, approximately 3% of FCS families were served as a result of substantiated child abuse/neglect reports (90 out of 3,201; Source: Children’s Division Annual Report, Table 11). Families with no substantiated report, but receiving preventive services made up 15% of the total served. Over 4% 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 5% of families were served as a result of the reason for opening. The remaining 73 % of families were served as a result of a Family Assessment or Newborn Crisis Assessment. The Family Assessment response exemplifies the family-centered approach, which is founded on the principle that the first and greatest investments, time and resources, should be made in the care and treatment of

children in their own homes. This means resources are more wisely invested in treating and strengthening the entire family. The family assessment places greater responsibility on, and confidence in, families and local communities. Therefore, the foremost obligation is to provide families with the services and support necessary to preserve and strengthen the family and prevent out-of-home placement.



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

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

Memo CD21-37 was released in July 2021 and on August 2, 2021, policy went into effect regarding implementation of Temporary Alternative Placement Agreements (TAPAs) as a result of state legislation that passed in 2020. Pursuant to Section 210.123, RSMo and 13 CSR 35-30.030, a TAPA is a voluntary agreement between the Children’s Division, a relative of the child, and the parent or guardian of the child to provide a temporary, out-of-home placement for

a child if the parent or guardian is temporarily unable to provide care or support for the child and the child is not in imminent danger of death or serious bodily injury, or being sexually abused such that the Children's Division determines that a referral to the juvenile officer by submitting a Juvenile Office Referral (CD-235) with a recommendation to file a petition or to remove the child is not appropriate.

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

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

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

- Teaching the family behavioral techniques for changing undesirable behaviors. An example of this would be introducing the parents to behavior modification methods such as positive reinforcement and "time-out," rather than physical punishment;
- Teaching the family appropriate methods to channel frustrations and manage anger;
- Modeling effective family communication and structuring family activities to enhance communication and family functioning;
- Engaging the family in the treatment process;
- Teaching life skills, such as how to improve self-esteem and how to look for employment;
- Teaching and role modeling household management skills, such as house cleaning, budgeting, and cooking;
- Providing "hard services" to meet the basic needs of the family, such as securing food, shelter, and transportation;

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

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

Crisis Care

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

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

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

- Lack of food, utilities, and/or shelter with no immediate alternatives available; or
- Domestic Violence

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

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

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

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

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

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

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

Family Reunification Support

Foster Care

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

Out-of-home placements include:

Emergency Care Placements

A foster home which has been specifically licensed to care for six or fewer children in the Children's Division custody on an emergency basis only. These foster homes are available to receive children on a 24-hour basis. These foster homes are used on a short term basis not to exceed 30 days.

Foster Care Placements

Foster homes are a licensed home caring for six or fewer children and are licensed by the Children's Division. Care includes the provision of food, lodging, clothing, transportation, recreation, and training appropriate for the child's age and mental and physical capacity.

Relative Care Placements

Placement of a child in the home of an adult who is a related family member or has a close relationship with the family. Relative placement providers must complete training and a licensure process to care for a child and for payment to be received. See also relative treatment foster care below.

Elevated Needs Care (Level A and Level B) Placements

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

Treatment Foster Care & Relative Treatment Foster Care Placements

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

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

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

Medical Care Placements

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

Transitional Living Placements

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

Independent Living Arrangements Placements

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

Residential Treatment Facilities Placement

A residential 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. In accordance with the Family First Prevention and Services Act Missouri has several Qualified Residential Treatment Facilities (QRTP).

Family Based Residential which is used for a child in the legal care and custody of the

Children’s Division to be placed with a parent in a licensed residential family-based treatment facility for substance use for up to 12 months.

Psychiatric Residential Treatment Facilities (PRTF) Placement

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

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

Children in CD Custody - Placement Type

| Placement Type | Coding Categories | SFY20 | SFY21 | SFY22 |
|------------------------------|---|--------|--------|--------|
| Emergency | FHE | 98 | 103 | 106 |
| Foster Care | FAH, FHB, FHM, FHO | 5,657 | 5,551 | 5,621 |
| Relative Care | RHB, RHM, RHO, RHU, KHB, KHM, KHO, KHU | 10,437 | 10,838 | 10,854 |
| Elevated Needs | CFP, FHB, RHB | 988 | 901 | 976 |
| Medical Care | KHM, FHM, RHM | 640 | 654 | 481 |
| Transitional Living | TLA, TLG, TLS | 262 | 268 | 241 |
| Independent Living | ILA | 281 | 282 | 280 |
| Residential Treatment | RFA, RF2, RF3, RF4, RFE, RFH, RFI, RFP, RFT | 1,801 | 1,232 | 1,430 |
| Total Children* | | 20,226 | 20,247 | 20,279 |

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

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

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

Foster Care Population

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

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

Children Active in CD Custody SFY 2017-2021

| Fiscal Year | Number of Children | Change from Prior Year |
|--------------------|---------------------------|-------------------------------|
| SFY17 | 20,031 | -1.3% |
| SFY18 | 20,330 | 1.5% |
| SFY19 | 20,144 | -0.9% |
| SFY20 | 20,227 | 0.4% |
| SFY21 | 20,247 | 0.1% |
| SFY22 | 20,279 | 0.2% |

Source: CD Annual Report, Table #35

Length of Stay/Average Time to Exit

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

| Fiscal year | Avg time to Reunification* | Avg time to Guardianship* | Avg time to Adoption* | Avg time to Exit (all types) |
|--------------------|-----------------------------------|----------------------------------|------------------------------|-------------------------------------|
| 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 |
| 2020 | 15.36 months | 21.63 months | 30.75 months | 24 months |
| 2021 | 14.79 months | 21.90 months | 33.11 months | 24.5 months |
| 2022 | 15.48 months | 22.82 months | 32.09 months | 23.96 months |
| 2023 | 16.06 months | 23.40 months | 32.19 months | 24.41 months |

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

The CFSR Round 4 noted timely permanency continues to be an area in need of attention: “Performance on the SWDIs shows Missouri trending in a negative direction on all three Permanency in 12 months indicators.” The practice of identifying relatives willing to take guardianship and using the Family Support Team to set goals that were timely and appropriate were seen as strengths. However, more efforts are particularly needed to effectuate the goal of adoption (goals could have been changed sooner and terminations filed more timely). It was also recommended that Missouri explore barriers to guardianship. “Bright spots” seen were the Family Treatment Court model and the Regional Older Youth Advancement of Life Skills (ROYALS) programs. The final report noted Missouri’s unique Juvenile Office structure where the Juvenile Officers function in a dual. “When they are interacting with the court, they are assuming the role traditionally held by the child welfare agency, and when they are interacting with the child welfare agency, they are assuming a role more traditionally held by judges.” This practice has been noted to have a negative impact on timely permanency in both Rounds 3 and 4 of the CFSR.

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 to provide feedback to the worker and more closely monitor their skills. To date, there is no data tracking in place, but may be considered with the development of the new CCWIS.

Family engagement and the diligent search for relatives are two key strategies to impact timely permanency. The Division has created a new Senior Program Development Specialist position that will focus on parent and family engagement and increase the voice of those with lived experiences.

Missouri dedicated six full-time positions, one per region of the state, to focus on diligent searches for relatives beginning in fall/winter 2023. The Division has requested an additional eighteen staff in the SFY 2025 budget. The Division continues to use contracted programs 30 Days to Family and Extreme Recruitment. These programs and tools assist staff in locating and engaging both parents, maternal as well as paternal family members, and individuals who are

considered relatives by families and children, to be explored as placement resources as well as supports to the family of origin. Missouri Children’s Division has been working with family resources to assure they receive the services necessary to maintain placement stability through Kinship Navigator programs.

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.

Relative and Kinship Placement Data

| Fiscal Year | % of children in foster care placed in Relative/Kinship family foster homes |
|-------------|---|
| 2017 | 48.58% |
| 2018 | 48.79% |
| 2019 | 50.19% |
| 2020 | 51.60% |
| 2021 | 53.53% |
| 2022 | 53.95% |
| 2023 | 54.11% |

Source: CD Outcome Measure: # 17, 17a, 17b; Measure #16 (starting FY 2022-2023)

It should be noted that the Division changed its definition of relative during 2017. At this time, all placements that are with a relative or close friend of the family are considered relative. The data above reflects this change. The number of children placed with relatives have continued to increase each of the last 7 years and this is expected to continue to increase as Missouri continues to promote a relative/kin first culture. Missouri Children’s Division continues to locate, offer, and connect relative caregivers to additional supports and resources to meet their needs along with the relative child placement. In July 2021, Missouri implemented new service of Relative Treatment Foster Care (TFC) services. As reported previously, Missouri piloted the Relative TFC for over two years and there has been continued growth in the number of children

with high acuity needs residing in relative home through the provision of therapeutic and rehabilitative services and supports to the relative caregiver and child. More information on specialized foster care for relatives can be found in the Elevated Needs and Treatment Foster Care section. Another support service pilot began in FY 2021. The Mobile Crisis Referral (REACH) Pilot is a collaboration with Missouri Department of Mental Health-Behavioral Health services, providing mental and behavioral health information and assessments to children and their relative placement providers.

| Fiscal Year | % of children exiting care from a relative home placement |
|-------------|---|
| 2017 | 55% |
| 2018 | 53% |
| 2019 | 53% |
| 2020 | 55% |
| 2021 | 58% |
| 2022 | 58% |
| 2023 | 60% |

Source: CD Annual Report Table 21

There continues to be an increase in the amount of children exiting care from a relative home placement over the last several years, and increase of 5% from 2017 to 2023. More children exited from a relative home than any other placement type (adoptive home, foster home, residential). This can also be attributed to the continued emphasis on identifying, locating, and placing with relatives whenever possible. Children’s Division is continually exploring new and enhanced ways to expand diligent search capabilities. Central Office is exploring the use of several different search engines to use in locating relatives, with funding options being explored for this project. It is now Missouri law that searches be made for parents of siblings (including half-siblings) and adult siblings of children who enter custody.

The Legal Aspects of Relative Placements Training continues to be used to educate on the intricacies of making placement decisions based on various laws. In addition to the law, this training brings to view factors unique to each child for consideration when making placement decisions. This training is available to staff as well as foster parents, juvenile officers, and other community partners and continues to be a valuable resource for staff when making placement decisions. This training is required of staff who are supervising or coordinating relative placements and available to all other staff. The trainings are tracked in the state Employee Learning Center.

Children’s Division provides specialized training for all relative (including kinship in this definition) providers. The STARS for the Caregiver Who Knows the Child training curriculum, a version of the foster parent training used in Missouri, is used with relatives and non-relative persons who have a close family-like relationship with the child or parent. It focuses on the

same competencies as the PRIDE foster parent curriculum, also known as STARS in Missouri, and addresses issues of the role change which occurs when relatives or kin have a child placed in their home.

Missouri is in the midst of a major overhaul in relative care programming. The Children's Division is excited to be in the process of changing Missouri's Licensing regulations, creating a new separate licensing regulation specifically for relative foster care homes which will comply with the new federal regulations allowing separate licensing standards for relative/kinship foster family homes, removing unnecessary barriers for licensing relative foster families timelier. Effective January 1, 2024, the Children's Division increased the foster care maintenance rate for out-of-state licensed relative/kinship foster care providers to same maintenance rates of an in-state licensed relative/kinship foster care provider, this included the Elevated Needs Maintenance Rates. Additionally, policy was updated in which all licensed and approved Relative Treatment Foster Care (TFC) homes started receiving the equivalent monthly foster care maintenance payment as unrelated TFC homes. These two payment rate changes placed Missouri Children's Division in compliance with federal licensing regulations which allows Missouri to submit request to adopt the separate relative-kin specific licensing regulations.

Other Policy modifications and clarifications are currently in the works which will move all relative/kinship home licensing requirements, procedures, and best practices into the separate Relative Foster Care Section of the Child Welfare Manual. While Children's Division currently has a separate Relative Program Chapter, there was some references and cross references for relative licensing in the non-related foster care licensing sections which will be removed so there is no confusion on the requirements. Some of this work and clarifying current policy and located in both sections.

A workgroup has been formed consisting of CD resource licensing staff, contract agency staff, community stakeholders, relative/kinship foster parents, Relative Treatment Foster Care Agency staff, and Kinship Navigator Program stakeholders. This workgroup is tasked with selecting new relative/kinship curriculum to coordinate with the new statewide implementation of NTDC adapted curriculum, MO CARE, staff training curriculum, and providing input on the proposed licensing changes. This team has reviewed the Model Relative licensing recommendations, provided feedback and suggestion how to message the new licensing changes to staff, public and private community stakeholders, and judicial court. The new relative/kinship foster parent training curriculum will not be mandatory prior to licensure but will be offered through a variety of forums (in-person and classroom, individual coaching through resource licensing worker or kinship navigator; on-line virtual interactive classes, web-based, and self-study (printed copy) with individual or group discussions of the materials) to meet the individual caregivers learning style preference and availability. There are also podcasts available, trainings offerings and suggested topics/themes will be based on assessment of the relative caregiver and the relative child's specific needs. The training/education curriculums are being developed for both formal relative foster care providers as well as the informal relative caregivers through partnership with

kinship navigator program and other community stakeholders. The staff training/curriculum will be offered to all program lines with emphasis on resource licensing staff and alternative care case managers, but also including the prevention program lines of family centered services, child abuse/neglect investigator/assessors, and prevention staff.

Another Planned Permanency Living Arrangement

Another Planned Permanent Living Arrangement (APPLA) is meant to be a planned permanent placement with a person that has a strong connection and bond with the child. The child must be 16 years of age or older to choose this permanency option. The Family Support Team must support and the court agree this is the most appropriate permanency option for the youth. The court must agree that compelling reasons exist which make the other permanency options unacceptable. In 2015, federal law went into effect which requires a child be at least 16 years of age before APPLA may be considered as the youth's case goal. In 2016, the state of Missouri passed HB 1877 which put this federal requirement into state statute.

APPLA is not a legal final permanency option. Therefore, the court must continue to hold annual permanency hearings until such time that the court enters a legal final permanency order (reunification, adoption, or guardianship), the youth ages out at age 21 or otherwise chooses to exit care after age 18. The case manager shall continue to schedule regular Family Support Team (FST) meetings and provide support services as identified by the FST.

The out-of-home care provider will make a formal Planned Permanency Agreement with the Division and the youth.

Permanency Pact

A Permanency Pact should be completed whenever Another Planned Permanent Living Arrangement (APPLA), is selected for and by a youth. The purpose of the Permanency Pact is to identify permanent supports for the youth who will continue to play a permanent role in the youth's life. Establishing permanency is a federal requirement and a guiding principle of the Children's Division.

It is critical to the youth's success to identify those adults who will continue to provide various supports through and beyond the transition from care. Clarifying exactly what the various supports will include can help to avoid gaps in the youth's safety net and misunderstandings between the youth and the supportive adult.

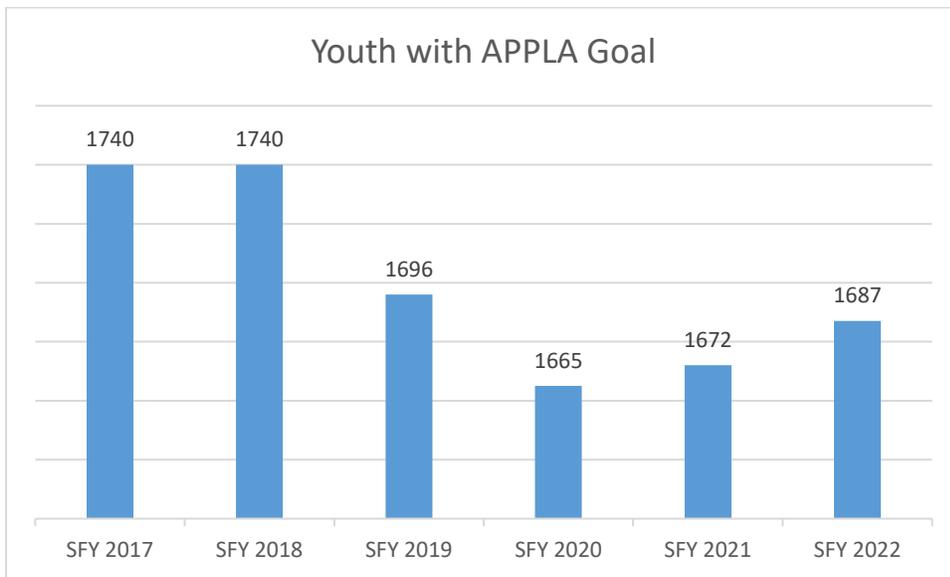
A Permanency Pact creates a formalized, facilitated process to connect youth in foster care with a supportive adult. Developed by FosterClub, the Pact provides the structure that is needed to help both youth and adults establish a positive, kin-like relationship. Youth transitioning from foster care are often unsure about who they can count on for ongoing support. Many of their significant relationships with adults have been based on professional connections which will terminate once the transition from care is completed. This process has proven successful in

clarifying the relationship and identifying mutual expectations. A committed, caring adult may provide a lifeline for a youth, particularly those who are preparing to transition out of foster care to life on their own.

Copies of the Permanency Pact are provided to the youth, the Supportive Adult and maintained in the case record. All other members of the youth’s Permanency Planning/Family Support Team receive copies of the Permanency Pact.

Case Management Support

When a youth has a goal of APPLA, all case management services are afforded the youth including working with the resource or birth family to assess risk, participating in the development of the permanency plan, identifying and providing needed services, and meeting with the youth and family to ensure desired outcomes are attained. Safety is continually assessed and needs met while the youth remain in care.



Source: CD Annual Reports FY 2017-2022, Table 25

Staff Education

Children’s Division educates staff on the appropriate use of the APPLA goal. Emphasis is placed on using this goal when other options have been ruled out and when the goal is appropriate for the child considering the circumstances of the case.

The Division is tracking the number of children who still have a goal of APPLA but are under the age of 16. The chart below shows point in time data.

| Date | Number of children under 16 with a goal of APPLA |
|-------------------------|---|
| January 31, 2018 | 46 |
| January 31, 2019 | 40 |
| January 31, 2020 | 20 |
| January 31, 2021 | 20 |
| January 31, 2022 | 26 of 14,004 |
| January 31, 2023 | 23 of 12,218 |
| January 31, 2024 | 21 of 12,117 |

Source: Data Drive, ALL LS-1

Each month this data is provided to each Region across the state for review and correction.

In 2021 the Learning Circle Permanency Planning 101 (CD000708) was developed in response to the Program Improvement Plan (PIP) and is mandatory for all staff to complete. The Learning Circle remains an available resource for staff.

Older Youth Program

The Older Youth Program (OYP) provides services to youth with an APPLA goal. Often those services include: life skills education, hands-on modeling, youth leadership opportunities, financial assistance for post-secondary education/training, and subsidized living arrangements. The OYP helps support the services offered to foster youth, focuses on positive youth development and assists them in reaching their life and permanency goals. The OYP is available for all youth aged 14 or older.

CASA Support

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

Criteria for Continuation of APPLA as a Permanency Option

For youth with a goal of APPLA, for the continued approval of the case plan for the youth, the Children’s Service Worker must:

- Document steps taken to ensure the youth’s out-of-home care provider is following the reasonable and prudent parenting standard.
- Consult with the youth, in an age appropriate manner, about the opportunities and activities he/she could participate in regards to extracurricular, enrichment, cultural, and social activities.
- Document at each permanency hearing for the youth per PL113-103, the intensive, ongoing, unsuccessful efforts made for family placement including returning home, securing a placement for the youth with a fit and willing relative (including adult siblings), a legal guardian, or an adoptive parent. Efforts should include search technology (including social media) to find biological family members for the youth and should be updated as of the date of the hearing.

At each permanency hearing, the appropriateness of the placement will be re-determined by the court by ascertaining the permanency plan for the youth.

Elevated Needs

Elevated Needs foster care is a program designed for the youth with identifiable and documented moderate or serious emotional and/or behavioral needs requiring intensive and individualized intervention to succeed in a community-based family setting and to achieve their goal of permanency. There are two levels of care available to meet the child-specific elevated needs: Level A and Level B. Resource (foster, relative, and adoptive) providers approved to care for youth with elevated needs are required to complete Missouri’s pre-service foster care training and have completed additional specialized training to equip them with trauma-informed, positive parenting strategies and skills to meet the unique needs of youth with elevated needs. Resource parents receive a higher level of monthly maintenance and additional respite services to support the higher levels of individualized care required, including greater structure and supervision.

The elevated needs program was established over 30 years ago and has evolved over the years. In 2022, there was a statewide workgroup comprised of a team of Children’s Division staff, contracted staff/community partners, and foster parents that worked on enhancing the Elevated Needs program policies, procedures, and process. This workgroup reviewed existing national curriculum and selected CORE Teen as the new Level A Training curriculum. This evidence based curriculum and competencies was a great fit as it complements the NTDC pre-service foster care curriculum that Missouri piloted. CORE Teen Level A Training was implemented in 2022 and continues to be a valued asset added to the elevated needs program.

While this workgroup had to take a pause in early 2023, Children’s Division has continued to work on increasing the availability of elevated needs training to resource parents statewide through collaboration with the Family Resource Centers (FRC) and contracted agencies. In late 2023, CD Program Staff and Foster & Adoptive Care Coalition, the St Louis Region FRC, re-engaged to develop a new Level B curriculum. There will also be a reboot of the statewide

Elevated Needs Workgroup to continue the important work of updating and enhancing the Elevated Needs Program including Medical Foster Care.

Treatment Foster Care Program

Treatment (also known as therapeutic) foster care (TFC) is family-based, individualized therapeutic interventions for children with significant medical, developmental, emotional, or behavioral needs who require a higher level of care and individualized supports for the caregiver(s) than can be provided in a traditional foster home in order for the child to succeed in a community-based family setting. TFC Services includes foster parents with specialized training and a treatment foster care worker that provides enhanced supports and mentoring to child, foster parent, and child's family to ensure the needed therapeutic and rehabilitative services are being provided to meet the child's individual treatment plan and successful transition to permanency.

The Children's Division established the TFC Program in January 2015 as a service array option offered as part of the residential treatment contract. In July 2021, the TFC program made significant changes starting with procurement of a separate stand-alone contract for TFC with licensed Child Placing Agencies, outside the umbrella of residential treatment contract. This has allowed for any child-placing agency licensed with the Missouri Children's Division the opportunity to provide TFC services. Relative Treatment Foster Care (TFC) and Transition Treatment Foster Care (TFC) were also implemented which allowed the expansion of specialized services and supports to relative caregivers and emphasized transition of children to timely permanency through the concurrent work with biological parents along with relatives or other permanency placements. In August 2021, the Children's Division TFC Program staff and the contracted TFC Agency Program staff formed the TFC Provider Council, a collaborative entity of providers recommending consistent quality practices and standards along with enhanced training and skill building for staff and TFC resource families in Missouri. The TFC Provider council meets monthly to review current practices and work collaboratively to enhance the quality and quantity of TFC services available to ensure children and families are supported and equipped to allow children to be placed in the least-restrictive family and home settings with the goal of safety, stability, and permanency.

In 2023, the TFC Program implemented a two-tier system through the addition of Level 2 TFC/Relative TFC to serve youth who require multiple therapeutic services and an intensive level of individualized intervention (one-on-one supervision) 75% of the time by the TFC parent in order to support the child in a family-home setting. This new two-tier TFC system included a rate increase for Level 1 TFC/Relative TFC services and the Level 2 TFC rate is significantly higher than Level 1 rate to allow TFC Agencies to provide increased supports and services to both the TFC foster/relative parents and the TFC youth in a family home setting.

The Children's Division continues to make concerted efforts to enhance and grow the TFC Program in Missouri. Over the past three years, Missouri has continued to increase the total number of youth placed in family treatment foster care (TFC) homes. Relative TFC Services has made the most significant impact in the TFC programming, growing from 10 children at the end of the Pilot in 2021 to 68 children currently placed with Relative TFC homes in March 2024. Over the past three years, numerous children have been able to maintain their placement with relative caregivers, move from more restrictive congregate and non-related foster care placements into their relative/kinship caregivers' homes with the addition of intensive therapeutic supports and rehabilitative services provided to the children and their relative caregivers in order to meet the child's unique needs. The Relative TFC and Transition TFC services have also led to children's permanency through Reunification, Guardianship, Adoption, and Independence.

Even with the major enhancements to our TFC Program over the last three years, there continues to be a number of children and youth with significant behavioral and emotional needs that require a higher level of care than our current capacity of family-based placements can provide. The Children's Division recognizes that targeted approaches and resources are necessary to build capacity, increase the number of TFC homes and TFC services available statewide to meet the placement needs of children within the Missouri foster care system. Through collaborative efforts of external TFC consultants and the TFC Provider Council, the Children's Division has implemented or in the process of implementing the following TFC capacity building strategies.

The core strategy the Children's Division has employed is the development of a TFC Capacity Building contract that is offering a funding opportunity to all Missouri Child Placing Agencies approved and contracted for TFC services. The contract will include a one-time TFC Capacity building grant to use specifically for Targeted TFC Recruitment and expansion of the TFC service coverage area with additional incentives for underserved geographical areas of the state. The second funding component of the TFC Capacity Building contract includes outcomes-based grants that offer fixed reimbursement rates to TFC agencies for providing required foster parent training, family assessment/home study, and the licensing/approval of foster families available and equipped to care for the high-level needs children in family home settings. This TFC Capacity Building funding is expected to be available in June 2024 as the contract is in the approval process.

The Children's Division also provided trainings specific to Targeted TFC Recruitment and TFC Capacity Building to each of our seven (7) contracted TFC Agencies. An external trainer with expertise in targeted foster care recruitment met both in-group setting and one-on-one with each of the TFC Agencies to develop an individualized targeted TFC recruitment plan. External consultants in collaboration with the Children's Division and the TFC Agencies created a TFC Capacity Building Plan template and a customized TFC recruitment-tracking tool, Forecasting Model. Current Capacity Building plan, Targeted Recruitment plan, and Forecasting Model tracking tool will all be required as part of the new TFC Capacity Building Contract.

Independent Assessor

Missouri began implementation for the Family First Prevention and Services Act (FFPSA) on October 1st, 2021. At that time the Independent Assessor process was started for all youth who were being referred for residential treatment placement. Though the federal legislation only requires that assessment for youth entering Qualified Residential Treatment Program (QRTP) placements, Missouri believes this process should be utilized for all youth regardless of QRTP placement.

Children’s Division partnered with the Missouri Department of Mental Health and the Missouri Behavioral Health Council to work with local Community Mental Health Centers (CMHC), Certified Community Behavioral Health Organizations (CCBHO) and some Federally Qualified Health Centers (FQHC) to complete the Independent Assessments. The chart below shows the breakdown of the providers and the judicial circuits they cover.

| Missouri Judicial Circuits | Behavioral Health Service Provider |
|---|---|
| 4 • 5 • 43 | Family Guidance Center |
| 3 • 9 | North Central MO Community Mental Health Center |
| 1 • 2 • 10 • 41 | Mark Twain Behavioral Health |
| 6 • 7 • 8 | Tri-County Mental Health Services |
| 16 | Comprehensive Mental Health Services, ReDiscover, Swope Health Services, Truman Behavioral Health |
| 14 • 18 • 13 | Burrell Behavioral Health |
| 12 | Arthur Center |
| 11 • 15 • 16 • 17 • 19 • 20 • 25 • 26 • 27 • 28 • 30 • 45 | Compass Health Network |
| 21 • 24 | BJC Behavioral Health |
| 22 | Hopewell Center |
| 23 | COMTREA |
| 32 • 33 • 34 | Bootheel Counseling Center |
| 35 • 36 • 42 | FCC Behavioral Health |
| 37 • 44 | Ozarks Health |
| 31 | Jordan Valley Community Health Center |
| 29 • 38 • 39 • 40 • 46 | Clark Mental Health Center |

The assessors have been trained in and use Child and Adolescent Needs and Strengths (CANS) as part of the assessment process. This is a tool that many of Missouri’s residential providers already used in assessing youth in their programs. The Missouri Behavioral Health Council has arranged for the assessors to be trained on the tool through the official training from the University of Kentucky and engaged in Train the Trainer courses so that assessors can eventually train their own new staff.

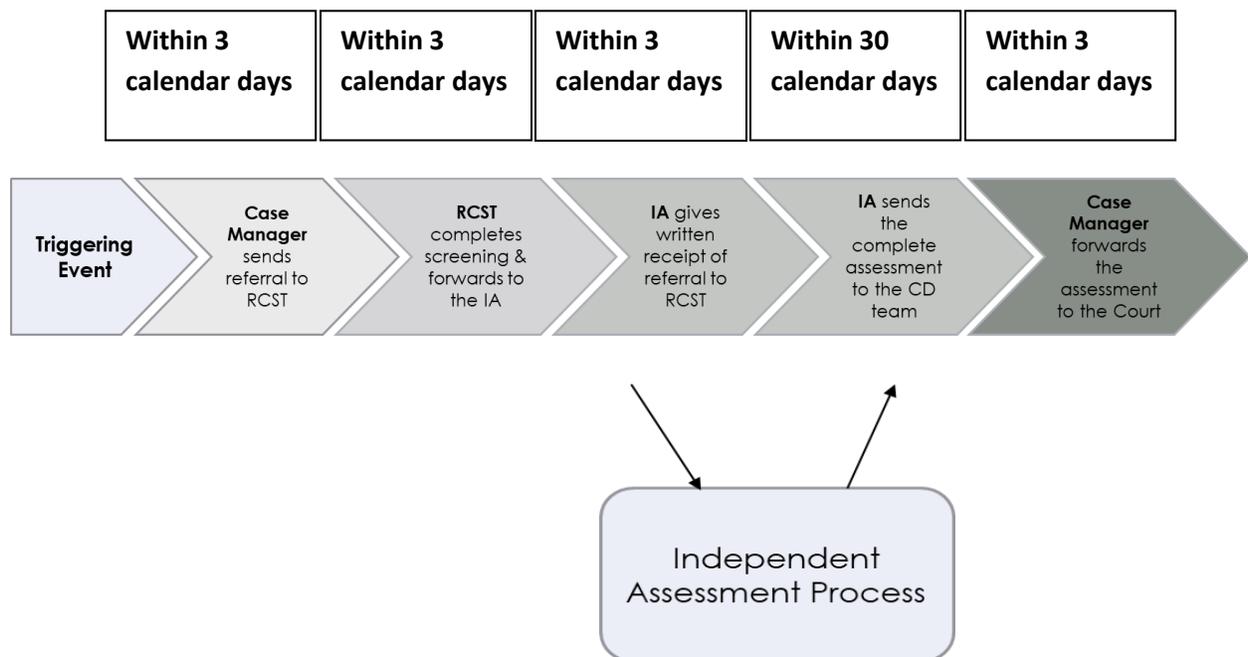
The Children’s Division’s Permanency Manager along with the Program Specialist over Independent Assessor meet monthly with the assessors, Missouri Behavioral Health Council and

the Residential Care Screening Team to provide any needed updates and to provide technical assistance.

Within Children’s Division policy, there are specific triggering events that must occur in order for staff to access an Independent Assessment. These are:

- Child is currently in a residential placement
- Residential treatment is court ordered
- A Youth with Elevated Needs Staffing has made a recommendation for residential treatment
- Family Support Team recommendation for residential treatment
- Supervisor/worker consultation made for an emergency referral for residential treatment
- Recommendation for residential treatment by a mental health professional or clinician

The flow chart below outlines the process and timeframes following a triggering event. The Residential Care Screening Team (RCST) coordinators are Children’s Division staff responsible for screening the need for an Independent Assessment.



Residential Treatment Services

Residential treatment provides specialized treatment for children needing more structure and intervention than a foster home can provide. Placement is time limited, and treatment focused so the child can transition to a lesser restrictive setting in family or community-based care. The Residential Licensing Unit (RLU) has the responsibility for licensure, supervision, and license renewal for the Residential Treatment Agencies for Children and Youth (RTACY).

During SFY23, 345 children entering the custody of the CD were in a residential placement. This is a decrease from SFY22 when 473 children entering custody of the CD were in a RTACY placement. Throughout SFY23, 2,285 children in the custody of the CD received service in a RTACY placement. This is a decrease from SFY22 when 2,618 children received residential treatment services. Residential facilities in Missouri have reported that the children entering residential care have an increased need for intensive treatment. There has been a policy in effect to move younger children out of residential treatment and into a less restrictive setting. There has also been an ongoing effort to get older youth into specialized foster care settings and reduce the length of stay in residential for all children. Also, there are more foster/relative/kinship homes being developed and utilized due to the foster care case management contracts. Residential treatment services provided include: individual, group and family counseling, recreational therapy, educational services, medical and psychiatric services, transitional living and life skill training for older youth, family focused reunification services and a closely supervised, structured place to live.

In SFY23, children received services through 52 licensed residential treatment agencies for children and youth operating at 78 separate sites. Of the 52 RTACYs, 45 agencies hold a contract with the Department of Social Services. In SFY23, there was 1 initial RTACY license awarded. Seventeen RTACYs renewed their licenses in SFY23. In SFY23, of the 52 licensed RTACYs, 29 are accredited through nationally recognized accrediting bodies (Council on Accreditation of Services for Children and Families, Inc., Joint Commission on Accreditation of Healthcare Organizations, Commission on Accreditation of Rehabilitation Facilities). Two additional RTACY are actively seeking accreditation at this time. Such accreditation in Missouri serves as prima facie evidence that an accredited agency meets state licensing standards. Licensed RTACY staff are required to have initial orientation and a minimum of 40 hours of ongoing training per year. Of the 52 RYACYs 17 agencies have a QRTP designation.

Specialized Care Case Management

The “Specialized Care Management” contract was awarded to Missouri Alliance for Children and Families (MACF) in April 2006 and has been renewed annually since that time. The contract was up for rebid in 2023 and MACF was awarded the new contract, which began on January 1, 2024.

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

The contract is capped to serve a maximum of 375 youth statewide. The areas served are comprised of designated counties within the central, eastern, western, southwestern, and southeastern regions of the state. As of March 1, 2024, there is approximately 273 youth being case managed through this contract.

The contract provides intensive wraparound services and supports by ensuring a maximum case management ratio of one to ten, although some caseloads are below this limit. Children enrolled under the specialized contract may be as young as six years up until the youth's 21st birthday. The average age of active enrollments is 14.25 years.

Nine specific outcomes are measured during each contract period (January 1 through December 31). The following outcome measures assess safety, permanency and stability, and child well-being:

- Children shall not be the subject of reports of child abuse or neglect where there is a finding of preponderance of evidence and the incident date is later than the enrollment date.
- Children shall not be on/or have been on runaway status in excess of 48 hours.
- Children should remain stable within their community 90 days after disenrollment. It should be noted that this data does not include children who dis-enrolled and because of the child's age and/or legal status, data could not be gathered regarding their stability in the community.
- Youth will not experience a move that is to the same placement type or a more restrictive placement setting.
- Children placed in a residential care facility at the time of enrollment will be moved to a less restrictive setting within 180 days.
- Children enrolled with the contractor for an entire month must have received at least four face-to-face visits with the contractor each month with no more than ten days between visits at any time.
- Children dis-enrolled or discharged must have had a physical examination within the past 12 months.
- Children must be enrolled in and actively participating in an educational program or have successfully graduated.

Children's Division and MACF staff continue to reach out to internal and external stakeholders during routine contact to discuss and define this stability service array and factors that distinguish it from other case management services focused on permanency. Periodic meetings between staff from both agencies have occurred.

Foster Care Case Management

The award of Foster Care Case Management contracts on June 1, 2005, not only changed how Missouri interacted with private and not-for-profit child welfare providers, but it also changed the payment structure from a fee-for-service model to a performance-based model. Each contractor is awarded a maximum caseload and paid based on the awarded caseload; however, the contractor achieves a financial incentive if performance exceeds the expectations of the contract. Likewise, a financial disincentive occurs if the contract expectations are not met.

The initial contracts were awarded on June 1, 2005, to seven provider consortiums to serve 1,845 cases across nine Missouri counties. Since then, Foster Care Case Management has experienced substantial growth. The Children's Division now contracts with seven provider consortiums to serve 4,634 cases across 32 Missouri counties. Because contractors serve a set caseload, the percentage of children served through the contract is influenced by the number of children entering and exiting care statewide. Contractors currently serve approximately 38% of the children in the care and custody of the Children's Division. This is an increase from 2019 when approximately 25% were served by the private contractors. This increase is due to an expansion of 1200 additional cases being assigned to the private contractors in 2023.

In October 2011, Foster Care Case Management regulation was promulgated which changed the case referral methodology from a designated number of monthly case referrals to a 1-for-1 case replacement methodology where a case is referred only when another case exits the contractor's services. The new methodology maximizes opportunities to refer cases at the entry point of care and reduces the need to disrupt already active cases for the sole purpose of maintaining contractor caseloads. This new methodology has allowed Children's Division the opportunity to move away from the rebuild process historically necessary to bring contractors back to their base caseload. When new contracts are awarded, or expansion occurs, the referrals can focus on new entries into care.

The contracted providers are evaluated on a yearly basis using four performance outcome measures. These performance measures are permanency, re-entries into care, safety, and well-being. If a contractor does not meet a performance measure, the division collaborates with them to develop a Performance Improvement Plan which outlines specific strategies the contractor will implement to meet the outcome measure for the coming year. The average permanency rate achieved statewide for 2023 was 30.48%, the safety measure was 99.79%, where only 0.21% of the children had a substantiated CAN report while in care, 95.9% of the children served did not re-enter care within a 12-month timeframe from achieving permanency and 94.9% received their HCY Exam within 30 days of entering out of home care.

The permanency targets for each region over the last 18 years have ranged between 26 to 54 percent. These targets are subject to change with each contract bid and are set based on the permanency rates achieved by the Children's Division in each region.

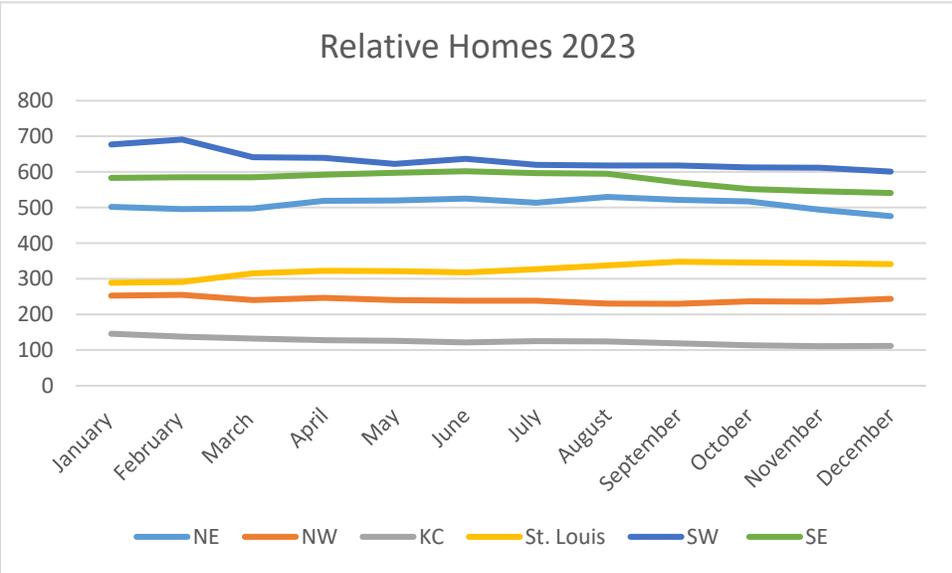
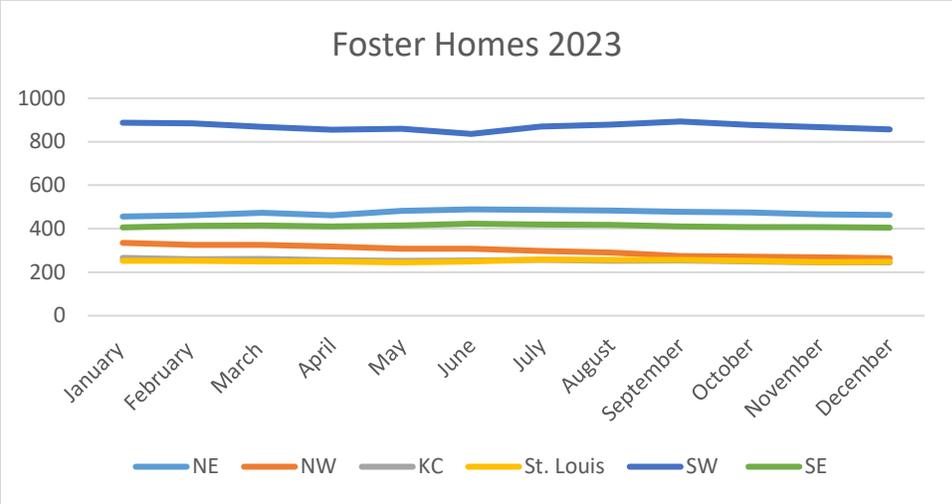
Privatized Recruitment and Retention Contract

Cornerstones of Care was awarded the state contract for Recruitment, Licensure, Training, and Retention of Resource Homes in 2013.

The Northwest Region of Missouri, as well as Jackson County, is under the purview of a contract for Privatization of Recruitment Licensing and Retention of Resource Homes. Cornerstones Of Care (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 no longer requires the contractor to be responsible for activities to support licensure/approval of requests received through ICPC as that function has been absorbed by the Children's Division. Three staff members have been assigned to cover this function within the Division with one based in Jackson County, one in the Northwest Region and a floater to cover overflow of ICPC requests. The intent of this change is for the contractor to focus efforts on recruiting and licensing families who will be willing to accept older youth, youth with elevated needs which will include therapeutic or treatment resource homes in an effort to reduce utilization of residential placements. 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.

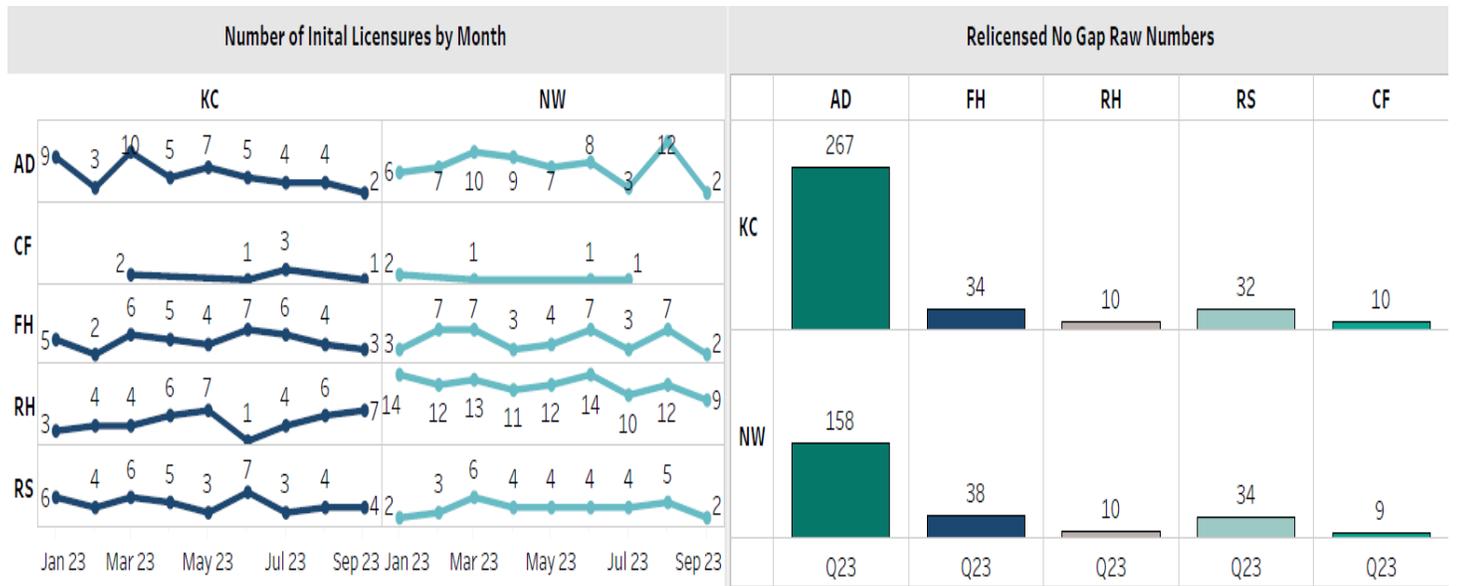
By late 2013, 865 resource home cases were transferred to COC. As of February 2022, there were 673 licensed/approved resource families in the pilot area. As of February 2023, there were 585 licensed/approved resource families in the pilot area, indicating the failure of the contractor to increase the number of resource families available in the pilot region.

During 2020 through 2023 Cornerstones of Care continued to have the contract for the Recruitment and Retention of Resource Homes in the Northwest and Kansas City area of the state. Monthly reports were provided by Cornerstones of Care that relayed the number of new homes in the regions. Another report was provided by Children's Division research that gave the number of homes lost in the region. This was to measure retention and recruitment. Consistently we found that the number of homes coming in matched the number of homes closing. Below is data from 2023 that shows that the Kansas City and Northwest regions of the state lag far behind other regions.



Below is data from 3 quarters of 2023 for the Recruitment and Retention Contract:

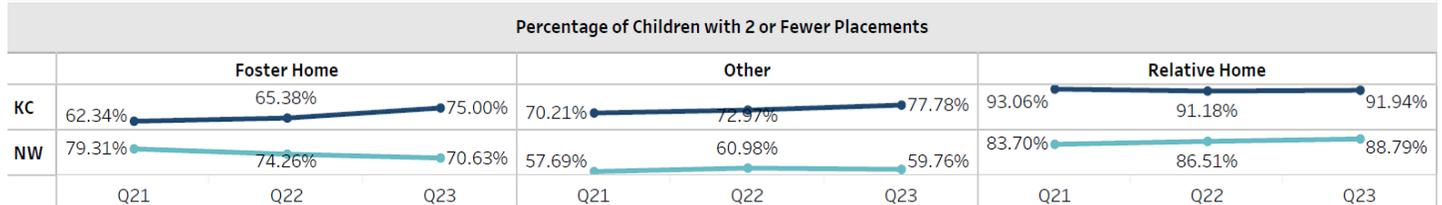
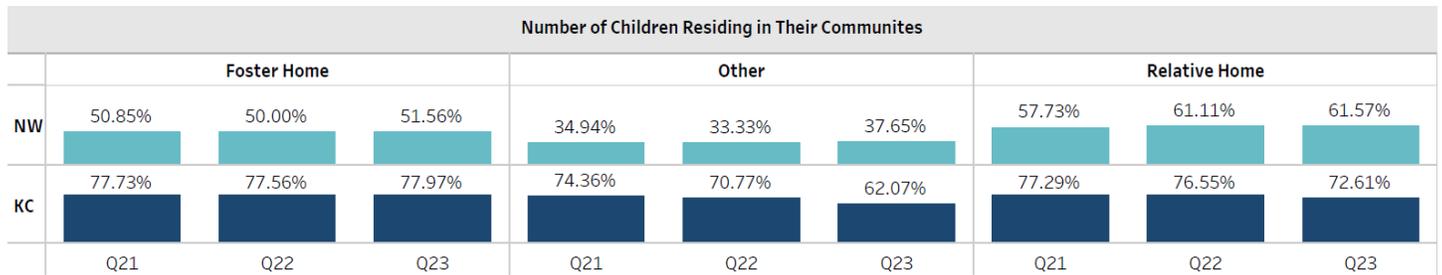




Recruitment and Retention Contract Information Jan-Sept 23

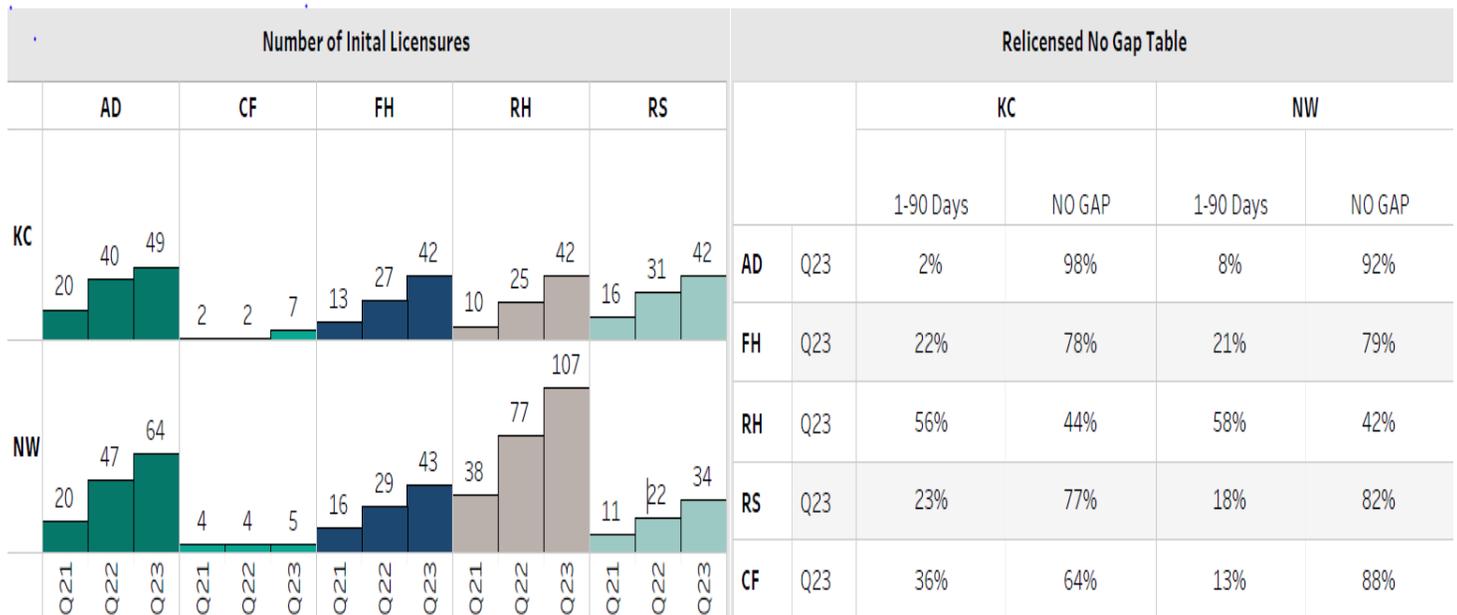
| Percentage of CD Children by Placement Type | | | | | | | | | |
|---|---------------------|-----|-----|-------------|-----|-----|---------------|-----|-----|
| | Family Like Setting | | | Foster Home | | | Relative Home | | |
| | Q21 | Q22 | Q23 | Q21 | Q22 | Q23 | Q21 | Q22 | Q23 |
| KC | 81% | 80% | 78% | 23% | 27% | 27% | 58% | 53% | 51% |
| NW | 80% | 79% | 78% | 28% | 27% | 25% | 52% | 52% | 53% |

| Percentage of Children Residing in Their Communities | | | | | | | | | |
|--|-------------|--------|--------|--------|--------|--------|---------------|--------|--------|
| | Foster Home | | | Other | | | Relative Home | | |
| | Q21 | Q22 | Q23 | Q21 | Q22 | Q23 | Q21 | Q22 | Q23 |
| KC | 77.73% | 77.56% | 77.97% | 74.36% | 70.77% | 62.07% | 77.29% | 76.55% | 72.61% |
| NW | 50.85% | 50.00% | 51.56% | 34.94% | 33.33% | 37.65% | 57.73% | 61.11% | 61.57% |



Number of Children with 2 or Fewer Placements

| | Foster Home | | Other | | Relative Home | |
|-----|-------------|-----|-------|----|---------------|-----|
| | KC | NW | KC | NW | KC | NW |
| Q21 | 77 | 116 | 47 | 78 | 144 | 276 |
| Q22 | 52 | 136 | 37 | 82 | 102 | 304 |
| Q23 | 24 | 126 | 27 | 82 | 62 | 321 |



Adoption promotion and Support Services

Adoption Services

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

When it is not possible or in the best interest of the child to return to their biological family, consideration is given to placing the child for adoption. Several factors influence this decision; the attachment of the child to his/her biological family, the parent's ability and willingness to voluntarily relinquish the child for adoption, the juvenile court's determination of whether or not parental rights will be terminated, and the desire of an older child to be placed in an adoptive family. In a case involving a child under fourteen years of age, the guardian ad litem shall ascertain the child's wishes and feelings about his or her adoption by conducting an interview or interviews with the child, if appropriate based on the child's age and maturity level, which shall be considered by the court as a factor in determining if the adoption is in the child's best interests.

Persons who are interested in becoming adoptive parents currently apply at local Children's Division offices, with the Foster Care Case Management contractors or with the Recruitment, Retention, and Licensing of Foster and Adoptive Resources Contractor in Jackson County and the Northwest region of Missouri. All applicants must complete Pre-Service training provided through the Division or its contractors. Children's Division workers and/or contracted providers, in coordination with the training, complete the family assessment, and work with families to determine suitability for adoptive parenting. The family assessment is initiated within 30 days of the receipt of the application and completed within four months for families to be considered for adoptive placements.

Children are featured on the national AdoptUSKids web site at www.adoptUSkids.org and Raise the Future, previously known as, the Adoption Exchange Website at <https://www.raisethefuture.org/>.

Children are also featured on the Missouri Adoption Heart Gallery web site at <http://www.moheartgallery.org>. The web site includes child photo profiles, child video profiles, and a digital Heart Gallery. Photo profiles and the digital child profiles are used in venues around the state for presentations by staff to raise adoption awareness. Raise the Future partners with the Division to arrange for the photography, photo preparations, updates to the web site, and updates to the digital Heart Gallery.

Adoption Recruitment Training Support / Adoption, Resource, and TFC Supports

In 2023, we followed through with our plans to incorporate the Resource, Treatment Foster Care (TFC), Relative foster care, and Child Placing agency programs. The name changed to The Adoption, Resource, and TFC Supports (ARTS) to reflect this collaboration.

The Adoption, Resource, and TFC Supports (ARTS) team serves as a centralized group consisting of regional adoption representatives who meet quarterly with representatives from Central Office to discuss recruitment strategies, training needs, or opportunities for support to staff. Team members share information with one another on regional recruitment events,

providing new ideas for all regions to consider for recruitment of resource homes, and informing the state recruitment plan.

ARTS serves as a forum to discuss and resolve issues faced by field staff, assist in defining best adoption practice for Children's Division and provide the necessary support to staff responsible for identifying and supporting permanent homes for children.

The focus in 2018 was for ARTS team to collaborate with faith-based partners to help recruit adoptive homes for children seeking a forever home. Faith-based partners have the passion, capability, and resources to collaborate with the 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 Missouri Traveling Heart Gallery displays, and participated in National Adoption Awareness month activities.

The ARTS group is a central meeting place for statewide diligent recruitment planning. It continues to review the streamlined approach via Raise the Future, AdoptUSKids, and The Missouri Heart Gallery. The ARTS team will continue to be a sounding board for developing policy, training, or any support necessary to field staff.

Heart Gallery

The Missouri Heart Gallery began in 2006 and continues today. Children featured in the Heart Gallery are children with the goal of adoption without an identified placement resource. Over the past five years, registrations and child video profiles have fluctuated. This can be contributed to a variety of reasons. As a result, the Division took a closer look at the Heart Gallery web site, process, and data outcomes. The Division collaborated with Raise the Future and the ARTS team to modernize the process and practice. We continue to increase the number of children that are featured on the sites for the last few years.

The most significant change to the Heart Gallery involves the 2021 creation of the digital Heart Gallery that is shared with staff and our community. The Division collaborated with Raise the Future to create the digital Heart Gallery display to be used in the community as a new recruitment opportunity. This digital Heart Gallery display can be used in the same venues, i.e. churches, school functions, and community events as the Traveling Heart Gallery display. The digital Heart Gallery display has been updated through the year and offers a better user friendly format. This approach will allow for flexibility to feature the Heart Gallery at a moment's notice in smaller venues, i.e., churches, school functions, and community events.

Prospective adoptive families are directed to the online Heart Gallery for a complete list of children featured. Family registrations also receive extra images of children from other regions.

The Missouri Heart Gallery is a joint effort between the Missouri Department of Social Services and Raise the Future.

Subsidized Adoption and Guardianship Program

Some children placed in out-of-home care will never be able to return to their birth home. Furthermore, many of these children suffer from handicapping conditions, and others are older or are members of a sibling group. These factors make it challenging to find adoptive homes. Frequently, these children have special needs, such as the need for medical care, counseling, therapy, or special education services. The cost of caring for these children can be prohibitive for a potential adoptive family, or those wanting to provide permanency through a guardianship arrangement. Adoption and guardianship subsidy provides the child with the benefit of a permanent family while assisting with the financial responsibility of adopting or becoming a guardian to a special needs child. The basic subsidy package includes maintenance, childcare, MO HealthNet, respite, and legal fees. Additional services may be added as needed and approved. The children receiving adoption and guardianship subsidy have increased, per DSS Research and Evaluation.

As of June 30, 2020 there were 16,328 children receiving adoption subsidy and 7,602 children receiving guardianship subsidy, per DSS Research and Evaluation.

As of June 30, 2021 there were 18,255 children receiving adoption subsidy and 9,029 children receiving guardianship subsidy, per DSS Research and Evaluation.

As of June 30, 2022 there were 20,394 children receiving adoption subsidy and 8,557 children receiving guardianship subsidy, per DSS Research and Evaluation.

As of June 30, 2023 there were 20,394 children receiving adoption subsidy and 857 children receiving guardianship subsidy, per DSS Research and Evaluation.

| FY | Adoptions Finalized |
|------|---------------------|
| 2020 | 1,758 |
| 2021 | 1,518 |
| 2022 | 1,582 |
| 2023 | 1,466 |

In SFY23, adoption and guardianship expenditures were \$121,437,979, compared to SFY22's expenditure of \$114,018,146.00.

Adoption and guardianship expenditures have fluctuated slightly in the last 5 years.

Adoption Savings Expenditures for Missouri are the following:

| FFY | Cumulative Unexpended Balance of Calculated Adoption Savings |
|------|---|
| 2019 | \$653,946.00 |
| 2020 | \$2,967,687 |
| 2021 | \$6,797,817 |
| 2022 | \$13,091,646 |
| 2023 | \$12,461,277 |

The amount shown for each year is the accumulated total that has been carried forward.

Child Placing Agencies

The Children’s Division is the licensing body for Missouri child placing agencies pursuant to Chapter 73 of the Children’s Division - Child Placing Agency rules in the Missouri Code of State Regulations. Child placing agencies may be licensed to provide “recommendation of foster homes for licensure,” “placement of children in foster family home,” “foster care services” and “adoption services,” which includes international placements.

In CY 2023 Missouri Children’s Division had 63 licensed child placing. Many of the agencies have multiple operating sites resulting in a total of 104 licensed sites in Missouri. Of the 63 licensed child placing agencies, 33 of these are accredited by a nationally recognized accrediting body (Council on Accreditation, Joint Commission on Accreditation, IAMME or Hague Accreditation). The licensed child placing agencies facilitated placements and adoptions of 73 domestic and 13 international children for adoption. Licensed child placing agencies provided post placement or post finalization adoption services to families. Several of the licensed children placing agencies also are contracted for foster care case management and specialized care contracted services previously described in this report.

Populations of Greater Risk of Maltreatment

The primary concern of the Children’s Division throughout the continuum of care is always child safety and well-being. The Children’s Division utilizes protocols built upon Structured Decision Making (SDM) to assess safety and risk, to address threats of danger, and to focus treatment services on families at the greatest risk of child maltreatment.

The Structured Decision Making (SDM) Safety Assessment

The SDM Safety Assessment tool assists staff in assessing whether a child is likely to be in imminent danger of serious harm that may require protective intervention. The SDM Safety assessment is required for all Investigations, Assessments, Newborn Crisis Assessments, and Out of Home Investigations (OHI) reports. The SDM Safety Assessment tool will not be required for Non-caretaker Referrals, Preventative Service Referrals, and Juvenile Assessments. The SDM Safety Assessment is required to be completed on all victim and non-victim children within 72 hours.

The SDM Safety Assessment defines the following:

- Caregiver: An adult, parent, or guardian in the household who provides care and supervision for the child.
- Family: Parents, adults fulfilling the parental role, guardians, children, and others related by ancestry, adoption, or marriage; or as defined by the family itself.
- Household: All persons who have significant in-home contact with the child, including those who have a familial or intimate relationship with any person in the home. This may include persons who have an intimate relationship with a parent in the household (boyfriend or girlfriend) but may not physically live in the home or a relative where the legal parent allows the relative authority in parenting and child caregiving decisions.

Types of SDM Safety Assessments

There are three types of SDM Safety Assessments:

- Initial—Every Investigation, Assessment, Newborn Crisis Assessment or OHI report should have at least one initial safety assessment, completed during the first face-to-face contact with at least one child victim in the household where there are allegations. However, if there are allegations in two households within a single report, there may be two initial safety assessments.
- Reassessment--A reassessment of any additional as well as any secondary households. The frequency of safety reassessments is described in Section 1, Ch. 5.4.2. There may be review/update safety assessment completed if the safety of all children was not verified during the initial safety assessment/contact.
- Closing—when the initial safety assessment was determined to be “Unsafe” or “Safe with Plan”, a review/update safety assessment must be completed prior to closing as a case should not be closed if safety threats are still present in a household.

SDM Safety Assessment Decision Outcomes

There are three outcomes of the SDM Safety Assessment:

1. Safe—No safety threats were identified and there are no children likely to be in imminent danger of serious harm and no safety intervention is needed.
2. Safe with Plan—one or more safety threats are present but based on an assessment of protective capacities, an Immediate Safety Intervention Plan and/or Temporary Alternative Placement Agreement (TAPA) can be used to control the threat.
3. Unsafe—one or more safety threats are present. An Immediate Safety Intervention Plan or TAPA were considered but would have been insufficient to control the threat(s). Protective custody must be requested. Staff will submit a copy of the “Unsafe” SDM Safety Assessment with the Juvenile Office Referral (CD-235).

Completing the SDM Safety Assessment

For a new Child Abuse/Neglect Report, the SDM Safety Assessment is completed following the initial face-to-face contact with all child victim(s). The safety assessment should be entered into FACES within seventy-two (72) hours of the report date.

Staff should attempt to see all children (victim and non-victim) per policy timeframes as well as interview the parents within 72 hours of the report being alerted. If all victim and non-victim children are not present upon initial contact and verification of safety, staff must complete a review/update safety assessment when the other children have been seen and verification of safety has been completed.

The SDM Safety Assessment is completed on households. If a child’s parents do not live together, the child may be considered a member of two (2) households. If the alleged perpetrator is not a member of the child’s household, but there is a failure to protect allegation of the child’s caregiver, complete a safety assessment for the child’s caregiver’s household.

Workers should always be on the alert to changes in the family, new dynamics, the interaction of multiple threats of danger and other “red flags” that indicate that the threat to the safety of a child is no longer manageable. If such safety threats occur, a new safety assessment should be completed.

Family Risk Assessment Tool

The SDM protocols are utilized to assess risk for CAN reports and applies to assessments, investigations, Newborn Crisis Assessments and Juvenile Assessments. The risk assessment must be completed by the close of the report. The Family Risk Assessment Tool should assist the supervisor and investigator in the collection and analysis of information to determine what key factors are present that increase the likelihood of future maltreatment to a child. By completing the risk assessment, the worker obtains an objective appraisal of the likelihood of

child maltreatment in the next 18 to 24 months. Key factors that are discussed while utilizing the Family Risk Assessment Tool:

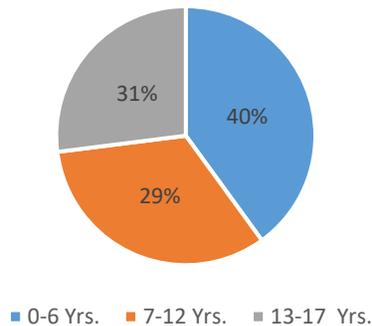
- How does the family's past history relate to the current report?
- What services have been previously provided to the family?
- Were the services successful in reducing safety concerns?
- How do the biological and developmental ages of the children affect their ability to protect themselves?
- Does the parent/caretaker(s) exhibit protective capacities consistent with the child(ren)'s needs?
- Is there a history of mental health or substance abuse needs within the family?
- Is mental health or substance abuse a current concern within the family?
- Is there a history of domestic violence within the family?
- Is there a current concern for domestic violence within the family?
- What was the parent/caretaker(s) response to the current report?

The Family Risk Assessment Tool is a guide to assist staff to make more informed safety decisions about the extent of safety planning that may be required to enhance child safety and decrease risk to children. The Family Risk Assessment Tool informs decisions on opening or referring families for prevention services.

Identified Population

Pre-school aged children are typically more vulnerable and at the greatest risk of maltreatment because they are dependent on others to meet their nutritional, physical, and emotional needs. No changes in the population of children at the greatest risk of maltreatment have been identified since the development of Missouri's Child and Family Services Plan. Young children lack the ability to protect themselves from abuse or neglect. They lack speech capacity and important social, cognitive, and physical skills, which are developed in early childhood. They may also have limited contact with entities outside their immediate families.

Substantiated Victim Children by Age



Based on the chart, children birth through age six constituted 40% of all substantiated victims in SFY23. By Missouri statute, children must be enrolled in school by the age of seven. The most vulnerable population for child abuse and neglect in Missouri are those children who may not be visible within society.

Children birth through four years old constituted approximately 29.5% of all children involved in substantiated investigations. This demographic supports the Children's Division's goal to target services to Missouri's most vulnerable children.

Services Targeted to this Population

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

Children Referred to the First Steps Program:

In calendar year 2023, 983 children were referred to the First Steps program by the Department of Social Services Children's Division. Of the 983 children, 501 children (51.0%) had a referral source of CAPTA, and 482 children (49.0%) had a referral source of DSS.

Of the 501 children referred with a referral source of CAPTA, 119 children (23.8%) were found eligible and reached the status of an IFSP. The remaining 382 children did not reach IFSP status due to the following reasons: 213 were withdrawn by a parent or guardian; 75 were Part C ineligible; 63 were unable to contact/locate; 25 were inquiry only*; three were refused by SPOE; and three had moved out of state.

Of the 482 children referred with a referral source of DSS, 169 children (35.1%) were found eligible and reached the status of an IFSP. The remaining 313 children did not reach IFSP status due to the following reasons: 120 were withdrawn by a parent or guardian; 101 were Part C ineligible; 62 were unable to contact/locate; 21 were inquiry only*; six were refused by SPOE; two had moved out of state; and one was deceased.

In July of 2016, the Comprehensive Addiction and Recovery Act was signed into law. The Comprehensive Addiction and Recovery Act (CARA) established a comprehensive, coordinated, balanced strategy through enhanced grant programs that would expand prevention and education efforts while also promoting treatment and recovery.

The Comprehensive Addiction and Recovery Act (CARA) requires statewide laws, policies, and/or procedures requiring healthcare providers involved in the delivery, or care of infants born and identified as affected by substance abuse, withdrawal symptoms resulting from prenatal drug exposure, or Fetal Alcohol Spectrum Disorder to notify state child protective services for the occurrence of such conditions of infants.

New legislation regarding CARA was introduced during the 2018 Missouri legislative session. Then current law indicated a health care provider may refer a family to the Department of Health and Senior Services (DHSS) when a child may have been exposed to a controlled substance and DHSS was required to offer service coordination services, upon referral, to the family. In August 2018, Senate Bill 819 changed that health care providers may refer to the Children's Division within the Department of Social Services and removed the requirement that the DHSS offer coordination services to the family.

The language of SB 819 did not require health care providers involved in the delivery or care of infants born and identified as affected by substance abuse, withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder to notify the Children's Division of the occurrence of such conditions of infants. Rather the language stated that the providers "may" refer to the Children's Division.

Though Missouri has mandated reporter laws, there could be infants that could potentially be missed due to the permissive wording of "May" within the statute. To gain compliance for CAPTA and assure that practitioners specifically "shall" report infants that are affected by substance abuse, withdrawal symptoms resulting from prenatal drug exposure, or "a Fetal Alcohol Spectrum Disorder", in 2019, Senate Bill 514 added the following to Section 191.737 RSMo.:

2. Notwithstanding the physician-patient privilege, any physician or health care provider shall refer to the children's division families in which infants are born and identified as affected by substance abuse, withdrawal symptoms resulting from prenatal drug exposure, or "a Fetal Alcohol Spectrum Disorder" as evidenced by:

- (1) Medical documentation of signs and symptoms consistent with controlled substances or alcohol exposure in the child at birth; or
- (2) Results of a confirmed toxicology test for controlled substances performed at birth on the mother or the child.

The statute change went into effect on August 28, 2019. Missouri notified external parties of the statute change as well as internal staff. A letter explaining the statute change and Plans of Safe Care was disseminated to all of the birthing hospitals in Missouri.

CARA amended sections of Child Abuse Prevention Treatment Act (CAPTA) to remove the term “illegal” as applied to substance abuse affecting the identified infant and to specifically require that Plans of Safe Care address the needs of both infants and their families/caretakers. It also added requirements relating to data collection and monitoring. Additions to the Children’s Division’s policy manual included guidance on recognizing infants affected by substance abuse, withdrawal symptoms, Neonatal Abstinence Syndrome, and Fetal Alcohol Syndrome Disorder (FASD). New manual additions also included things to consider when assessing a family that has been identified as having a child with substance abuse exposure.

When determining if an infant has been “affected” by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder, Children’s Division staff shall assess if the child’s physical, mental, or general well-being is affected by the use of substances by the parent/caretaker and a Plan of Safe Care is needed. Examples include:

- Infant tests positive at birth for a substance but is not exhibiting withdrawal symptoms. After assessment by a physician and/or a Children’s Division staff, it is determined that this exposure will have a probable adverse effect on infant’s physical, mental, or general well-being.
- Infant is displaying withdrawal symptoms due to exposure to substances as determined by a physician.
- Infant is exhibiting Fetal Alcohol Spectrum Disorder symptoms as determined by a physician.
- Infant’s safety could be jeopardized by the continued use of substances by parent/caretaker or other household member.
- Infant tested positive for a substance at birth and did not exhibit withdrawal symptoms, but the parent/caretaker’s continued use may adversely affect the safety and well-being of the infant or other children in the home.
- Infant did not test positive for a substance at birth nor did they exhibit withdrawal symptoms, but parent/caretaker’s continued substance use may adversely affect the safety and well-being of the infant or other children in the home. This could include parent/caretaker’s inability to make coherent decisions in regards to feeding, caring, or transporting the infant or other children in the home.

If during the initial assessment of the family, staff identifies an infant born being affected by substance abuse, withdrawal symptoms, Neonatal Abstinence Syndrome, Neonatal Abstinence Syndrome, or a Fetal Alcohol Spectrum Disorder, a Plan of Safe Care shall be developed with the family. A Plan of Safe Care should address the health and substance use treatment needs of the infant and affected family or caregiver. The plan should be developed with input from the parents or other caregivers as well as any collaborating professional partners and agencies involved in caring for the infant and family. Staff should observe and assess the needs of each member of the family. The Plan of Safe Care should be distinctly reflected in documentation of the record.

A Plan of Safe Care should be inclusive of the following:

- Parents' or infant's treatment needs
- Other identified needs that are not determined to be immediate safety concerns.
- Involvement of systems outside of child welfare
- Plan that is able to continue beyond the child welfare assessment if a case is not opened for further services.

In March 2018, changes to FACES were implemented to reflect if a Plan of Safe Care was developed. The three data reporting criteria that are now captured in FACES are as follows:

- Number of infants identified under the law
- Number of such infants for whom a Plan of Safe Care was developed
- Number of such infants for whom a referral was made for appropriate services including services for the affected family or caregiver.

In May 2018 Missouri Department of Social Services Children's Division (CD) and Department of Mental Health's Division of Behavioral Health (DBH) identified mutual interest in collaborating to identify a potential SUD intervention for pregnant and post-partum women with the goal of providing access to treatment and services in their own home and community. DMH-DBH offered their Assertive Community Treatment team (ACT) model for consideration; ACT teams are already planted in 20 sites within Missouri. The ACT team model could provide the foundation for a new community-based SUD treatment project. The ACT model is a nationally recognized evidence-based model supported by SAMHSA that focuses on serving people with serious mental illness within their own homes. The ACT has vetted fidelity tools that help ACT providers follow the model to attain the highest chance of success with clients. ACT teams have rigorous reporting requirements to SAMHSA and DMH in order to receive funding. SUD is not a requirement to participate in the traditional ACT program, although ACT provides SUD services when needed. A decision was made to name the team a Coordinated Specialty Care

(CSC) team instead of ACT because a few changes were made in service delivery of the program. There are a few key differences between the ACT and the CSC team. ACT team's primary focus is on Mental Illness; SUD is not a requirement to participate in the ACT program. Clients who participate in ACT do not have to be pregnant or parenting. The CSC pilot's primary focus is treatment and services for pregnant and post-partum mothers of children under three, who have SUD and a co-occurring Mental illness, or they are at risk of mental illness. The CSC's team has more knowledge and competence around SUD treatment and recovery, prenatal care, NAS, MAT during pregnancy, breastfeeding, post-partum depression, parenting, child development, etc. Because the CSC team's services look a bit different than the traditional ACT, it is not assumed this model is evidence-based even though its foundation was built upon the highly regarded ACT model. This is the reason for the name change to Coordinated Specialty Care Team. This is primary and secondary prevention work, as mothers can be referred who are not involved with the Children's Division and of course, the Children's Division can make referrals as well. This pilot is fully funded by DMH-DBH. The program's title was adopted as IMPART (Infants, Mothers, and Prenatal Assessment Recovery Team).

The IMPART program has now been serving clients for approximately two years. A Memorandum of Understanding (MOU) was completed in 2020 so that Burrell and the Children's Division can share data to get a better understanding and demographic of those served and success rate.

Burrell has reported that they have completed internal assessments of progress of clientele by using the General Anxiety Disorder-7 (GAD-7), Patient Health Questionnaire (PHQ-9), the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) and the Daily Living Activities Functional Assessment (DLA-20). They found that overall, with the aid of IMPART, clients experienced improvements in their symptoms related to anxiety and depression, as well as reductions in substance use. Additional data indicated progress in community functioning, as related to employment, independence in housing, regaining or keeping custody of children, and personal care. These conclusions are evidenced by improvements in the GAD-7 and PHQ-9 scores indicating improvements in symptoms of both anxiety and depression, as well as reductions in ASSIST scores that are indicative of decreases in substance use among the client population. Finally, the increases in DLA-20 scores show improvements in housing stability, overall communication, alcohol and drug use, leisure and self-care, access to community resources, productivity at work and school, and coping skills. All taken together, there is significant evidence of improved client outcomes through the participation in IMPART over time.

The Children's Division, in conjunction with the Department of Mental Health, will continue to monitor progress with the IMPART pilot program to see if efforts can be replicated throughout other areas of the state in the future.

Kinship Navigator Funding

The Children's Division was awarded funding in the amount of \$298,404 for fiscal year 2023, \$298,348 for fiscal year 2022, \$230,196 for fiscal year 2021, \$344,838 for fiscal year 2020, \$347,032 in 2019, and \$329,761 in 2018 to be used to develop, support, and enhance the Kinship Navigator program. Missouri is continuing the partnership with the ParentLink program at the University of Missouri and other essential community partners in advancing the Kinship Navigator program in Missouri. The last six years of funding has been provided to our contractor, ParentLink to establish, enhance, and begin the evaluative process of Missouri's Kinship Navigator program. ParentLink has an established relationship with this population having served kinship caregivers/GrandFamilies since 1992. The Missouri Kinship Navigator 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 well-being.

Missouri Children's Division and ParentLink, as our contractor, collaborate with a number of private and public partners including, Missouri Family Resource Centers, Missouri Community Partnerships, University Extension County offices, and faith partners, such as the Care Portal. This collaboration promotes equitable access to services and resources by relative/kinship caregivers utilizing the established toll-free 1-833-KIN-4-KID, 833-546-4543 phone line. When a caregiver reaches ParentLink through the KIN-4-KID line, a knowledgeable and equipped staff member is available to identify and assist with immediate needs of resources, problem-solving support, and evidenced-based information in real-time. During the initial and ongoing follow-up contacts with kinship caregivers, ParentLink staff work to remove barriers to services and continue to provide support until access to services have been achieved. Connecting kinship caregivers 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. ParentLink is accessible when parents are available across a wide range of working hours, both inside and outside of the home, weekdays from 8 am-10 pm and weekends from noon-5 pm. A messaging system is also connected with the 833-KIN-4KID toll-free line that allows caregivers to leave their contact information 24 hours/7 days a week, providing a response to the caller within one business day.

ParentLink’s kinship navigators offer relative/kinship providers with access to research-based information and resources pertaining to the challenges of raising relative children, the impact of trauma on children and caregivers, parenting strategies, child development information and early childhood developmental screenings through the toll-free 1-833-KIN-4-KID line connecting directly with an equipped Master’s-level professional. Kinship caregivers can also be connected to Missouri’s Kinship Navigator Program through the established kinship navigator website, <https://education.missouri.edu/navigators/> (administered by ParentLink) that provides information on statewide resources, services, and benefits. The Kinship Navigator website promotes connections to ParentLink navigators and other statewide navigators through their links to the toll-free phone line, text messaging, email, and social media. This variety of accessible, mobile-friendly technologies accommodates the preferences and needs of kinship caregivers from various demographic groups. The toll-free line and website are connected on the 2-1-1 network allowing maximization of the services currently offered by 2-1-1 throughout the state of Missouri. In November 2020, ParentLink reached out to the originator and curator of the national 2-1-1 taxonomy in LA and was able to get the term “Kinship Navigator Program” created, defined, and added to the national 2-1-1 taxonomy to allow for kinship caregivers and professionals to search for kinship navigator services. ParentLink also continues to offer a large lending library which includes a collection of adult and children’s educational books, DVDs, and curricula specifically related to parenting and other needs relevant to kinship care providers, the children they are raising, and professionals working with kinship families. Books are mailed to families, so there is information and support available in all formats to meet the individual needs of the kinship caregiver and the children they are raising.

The target population for these services include relative/kinship providers caring for children in both formal and informal arrangements, i.e., individuals who are caring for children in and outside of the formal foster care system. The geographic service area for Missouri’s Kinship Navigator Program is statewide through the statewide information and referral system, toll free KIN-4-KID line and website, both administered by University of Missouri ParentLink. While ParentLink continues to have kinship navigators serving the eight counties in the southeast region of the state (Pemiscot, Dunklin, Ripley, Scott, Stoddard, Butler, Mississippi, and New Madrid), the kinship navigator in Central Region has transitioned to state-wide support and outreach to avoid duplication of local kinship navigator services. 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 other community agencies across the state to reach families throughout Missouri.

When kinship caregivers contact ParentLink and need one-on-one client support, ParentLink navigators connect the kinship caregivers to one of the three Missouri Family Resource Center agencies that serve the caregiver’s geographical area. In 2022, the Family Resource Center partners were able to expand their geographic presence and service area to include the entire state of Missouri. Central Missouri Foster Care & Adoption Association (CMFCAA) provides

direct one-on-one kinship navigator services along with advocacy in 24 counties in central Missouri serving both formal and informal relative/kinship caregivers. FosterAdopt Connect (FAC) provides direct one-on-one kinship navigator services to both formal and informal relative/kinship caregivers in 85 counties that includes the Kansas City metro, northwest, northeast, southeast, and southwest areas of Missouri. Foster & Adoptive Care Coalition (FACC) provides kinship services to relative/kinship caregivers in the St. Louis metro (includes six counties) area raising children through the formal child welfare system, providing relative/kinship care trainings, licensing, and wraparound support services. In April 2024, FamilyForward began providing one-on-one direct kinship navigator services to the informal relative/kinship caregivers in the St. Louis Metro area. FACC lead the community initiative efforts in recruiting a community agency to close the existing service gap of a kinship navigator program serving informal kinship caregivers in St. Louis metro area. This growth and expansions in the Family Resource Center also included an increase in kinship navigator staff and an improved capacity to serve this population, especially in rural areas that have few resources and direct services. The funding for the Family Resource Center and Family Forward kinship navigator services was provided through various grants along with private donations from the local communities they serve.

ParentLink strives to connect kinship families to high quality, culturally competent, language appropriate services intended to address the unique needs of the kinship families in each area of the state. To address any language barriers among non-English-speaking parents, translation services are available through Language Select when callers contact ParentLink. Kinship navigators hired by ParentLink often share a cultural background with those they serve and have lived experience in navigating the same services and supports. ParentLink navigators are credentialed community health workers (CHW's), with specialized training in connecting families to community supports and services such as assisting caregivers with entering and processing Medicaid applications. In 2023, ParentLink expanded their service array to include access navigators, staff who are able to access, enter, and process SNAP and TANF benefits as well as Medicaid through Missouri's Department of Social Services. This new service has been extremely beneficial to our kinship caregivers who sometimes have difficulty with navigating the online applications or require additional one-on-one assistance in understanding the complexities of the benefit programs available to support the kinship caregiver and the children they are raising. Family Resource Center and Family Forward kinship navigators are now able to quickly connect kinship caregivers to the ParentLink access navigators to get immediate answers regarding the eligibility or provide assistance in completion of a benefit application while the kinship navigator is meeting with the family.

Connecting relative and kinship caregivers to other caregivers through statewide and local support group continues to be prime focus of ParentLink. These support groups contain an education/training component while also allowing relatives/kin to learn from one another, establish relationships and supportive connections with other relative/kinship families.

ParentLink continues to both pursue and support local relative/kinship support groups through partnerships with University Extension County offices, local county resource coalitions, and local county health departments across Missouri. Primarily the focus is on connecting kinship caregivers to resources and services they need, but also includes 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. ParentLink developed weekly virtual support groups in April 2020 to provide needed support and trainings during the pandemic. They have continued to grow and provide an opportunity for not only caregivers to learn and connect, but also professionals serving relative/kinship caregivers.

Dr. Joseph Crumbley, renowned kinship care expert, presented a four-week training and consultation series via the weekly zoom kinship support meeting in June 2020. The support group's training topics are selected to meet the needs of the caregivers and consist of topics such as mental health for children and families, legal information, state benefits, tax information, and self-care. The presenters consist of professors and professionals from the University of Missouri Extension, ParentLink, and local, state, and national agencies and organizations.

In April 2020, ParentLink formed a Kinship Caregiver Advisory Committee made up of ParentLink Kinship staff and seven relative/kinship caregivers across Missouri. ParentLink's Kinship Caregiver Advisory Committee members offer insight regarding their experience with ParentLink and the Kinship Navigator program. Specifically, the committee consults with ParentLink staff regarding how to shape the Kinship Caregiver programming by building on current strengths and identifying potential gaps in processes, services, and resources. Kinship Caregivers from this Advisory Committee also participate in the Kinship Navigator Steering Committee providing additional representation of current and former kinship caregivers. In response to feedback received from the Kinship Caregiver Advisory Committee members, ParentLink began work during December 2020 to offer a new monthly virtual kinship peer support group meeting to connect kinship caregivers with other kinship caregivers across the state. The virtual peer support group meetings launched in February 2021.

Missouri Children's Division and the partners are tasked with operating a steering committee under the leadership of the Children's Division's and ParentLink Associate Director of Kinship Caregiving/New Programming. The committee includes kinship navigator representatives from the three Family Resource Centers (CMFCAA, FAC, and FACC) and FamilyForward, relative/kinship caregivers, youth residing with relatives/kin, community-based organizations, state agencies, and contracted foster care case management partners. The steering committee continues 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 through advocacy and policy changes. The steering committee members represent both public and private organizations serving kinship providers and children. This provides for collaboration between members in sharing information

on their own resources and services as well as other resources available for kinship providers across the state. In December 2021, ParentLink began a 3-year project with the Missouri Foundation of Health (MFH) to dismantle existing systemic policy and resource barriers to allow older adults who provide kinship care (formal and informal) for children equitable access to legal, financial, and health supports needed to maintain their well-being and achieve family stabilization. This new partnership has brought in additional state and local partners with a wealth of experience and expertise into the Kinship Navigator Steering Committee to assist in advocating for new policies to best serve all kinship caregivers and the children they are raising.

ParentLink and the collaborative partners originally served kinship caregivers through a program modeled after the Kinship Navigator Model –Family Connections Grantee and continued to develop the program through research and consulting with other established kinship navigator programs. While waiting on a Kinship Navigator Program Model to pass the rigorous review of the Title IV-E Clearinghouse, Missouri continued to make enhancements to the program based on feedback from kinship caregivers, continued consultation with other state kinship navigator programs, and national recommendations. In 2021, ParentLink engaged the services of the Institute for Public Policy (IPP) at the University of Missouri (MU) to begin the evaluation process of the Missouri Kinship Navigator Program. Through this work with MU IPP, it has been determined that the current Missouri Kinship Navigator Program was not ready for an evaluation as there is not a consistent unified Kinship Navigator Program Model being implemented across the state by all the different agencies providing kinship navigator services. A Core Kinship Navigator workgroup was formed between the Children’s Division, ParentLink, and the three Family Resource Centers (CMFCAA, FAC, and FACC) to collaborate and agree on a kinship navigator model that builds on the strengths of each agency while providing services to meet the identified needs of kinship caregivers across Missouri.

Over the past two years, efforts were underway to review the Arizona Kinship Support Services model, Colorado Kinconnected Kinship Navigator Program, Foster Kinship Navigator Program, and Ohio Kinship Supports Intervention/ProtectOHIO all models rated on the IV-E Clearinghouse with at least a promising rating. In early 2024, Missouri Children’s Division began discussions with the Institute of Public Policy (IPP) at the University of Missouri and the Human Services Research Institute (HSRI) regarding the evaluative process of implementing an existing rated kinship navigator model in Missouri. Currently, CD is working with IPP and HSRI in developing a scope of work and contract for a comparative assessment of the above rated kinship navigator models and implementation plan for the selected model and a separate data collection system. The program model selected will provide a unified model that can be replicated by the Missouri Kinship Navigator program agencies, creating consistency and program fidelity. The new program model will also be the best fit to provide needed services and support to both informal and formal relative/kin caregivers raising their relative children throughout Missouri.

The Missouri Kinship Navigator program changed their name to MO KIN-4-KID Kinship Navigator Program. In late 2023, a subcommittee to update website, event planning, and

outreach was created. Enhancements to the website include name change, direct links to the three Family Resource Centers (CMFCAA, FAC, FACC), Family Forward, ParentLink, and Children's Division by clicking the logo, new formatting changes recommended by kinship caregivers and many other improvements are in the process. There has been a marked improvement in the collaboration and partnership of the CORE kinship navigator agencies, and all are excited about moving forward with the implementation of a rated kinship navigator model, providing consistency amongst all the kinship navigator agencies and having a shared data system that allows for accurate data collection and reporting as a state.

ParentLink continues to expand promotion and outreach through both advertising campaigns and distribution of outreach and promotional materials directing kinship caregivers to the established toll-free 1-833-KIN-4-KID line. These materials are being widely distributed as this project expands their social media presence and each of the developed materials, as well as contact numbers and website address, are posted on the ParentLink kinship navigator webpage for ease of access along with relevant articles, videos, and training/support group listings. ParentLink's Kinship Navigator website, <https://education.missouri.edu/navigators/> is fully developed and provides several different options for relative/ kinship caregivers to directly contact a ParentLink trained staff member via the statewide referral line seven days a week or to get connected to kinship navigators in their area. There are also links to the two statewide virtual kinship support groups, two ParentLink Facebook pages along with information on state benefits, housing, legal, and numerous other resources available for kinship families across the state. In recognition of Kinship Caregiver month, ParentLink again contracted with media companies to produce, air, and disseminate advertisements promoting the Missouri Kinship Navigator toll-free 1-833-KIN-4-KID line and kinship navigator staff through targeted radio and social media advertisement campaign during the month of September 2021.

In July 2023, the Kinship Navigator Program moved back to the Permanency and Resource Licensing Unit. The Children's Division once again filled the Relative First PDS position and created a new Senior Program Specialist that supervises the Relative/Kinship Navigator and TFC Program. The new Relative First PDS has oversight of the kinship navigator programming which includes co-facilitating the steering committee meetings, ensuring the implementation and continuation of media and outreach campaigns, establishing and monitoring the toll-free phone line and its connection to the Missouri 2-1-1 network, championing the continued collaboration and partnerships between ParentLink, the Family Resource Centers, FamilyForward, and other public and private community agencies that provide relevant services and resources, along with advocating for continued growth and expansion of direct kinship navigator services across Missouri. The Kinship Navigator program will measure its success by review of relative placements, data captured by the ParentLink database and the Family Resource Centers databases, and the stability rate of those placements as well as a survey of relative placement providers for satisfaction and support outcomes.

Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits

The Children’s Division has successfully reported the monthly caseworker visit information as required for the past five years. Missouri has met the percent of monthly visits with children by caseworkers every year since the new standard was implemented.

In FFY23, 95% of Missouri’s children in care had monthly visits based on the data reporting methodology, consistent with the changes in the law made by P.L. 112-34 as explained in ACYF-CB-PI-12-01. Additionally, 96% of the visits conducted during FFY23 were held in the child’s placement.

Worker Visit Measure #1: Monthly Worker Visit with Child

- Number of Children: 16,933
- Total full months kids were in care during FFY23: 143,038
- Total months with visits: 136,507
- Percent Visited Every Month: 95.4%

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

- Total months with visits: 136,507
- Total number visit months where child was visited in the placement: 130,818
- Percent for Worker Visit Measure #2: 95.8%

The following chart provides Missouri’s performance for the past five fiscal years.

| | Measure #1 | Measure #2 |
|-------|------------|------------|
| FFY23 | 95% | 96% |
| FFY22 | 96% | 96% |
| FFY21 | 96% | 97% |
| FFY20 | 97% | 96% |
| FFY19 | 97% | 95% |

Missouri’s strong performance in this area is due to a priority focus by Children’s Division leadership, Quality Assurance Practice Improvement team members, and field supervisors reinforcing the importance of this practice on child safety and wellbeing. Successful use of several reports created for monitoring and improving visits has been a key strategy.

Case managers are to have face-to-face contact, individually and jointly, with the child and resource provider, at the placement, the next business day following placement, when possible. The worker must meet face-to-face with the child and resource provider a minimum of one time

per month thereafter. However, the staff is likely to visit with children more than once a month and frequency is to be determined based on the child's need. The majority of the visits must occur in the placement home to assess safety, separation from family, understanding of case plan, adjustment, and sibling/family relationships.

Policy enhancements have been made to require supervisors to observe at least one worker/child interaction per worker each quarter, providing the supervisor the opportunity to offer feedback and coaching around the worker's ability to engage youth in quality interactions. Multiple reports used to monitor and improve performance at the State, Region, Circuit, Office, Supervisory Unit, and Frontline Worker Level, continue to be made accessible to supervisory and management staff.

Continued use of the electronic FACES monthly worker visit report, which drills worker visit data down to the case level and is accessible by the case manager, supervisor, QAPI team members and Managers. Contracted Case Management Agencies can also access this report.

The monthly caseworker grant will continue to be used to address any barriers to visitation with children. In SFY23, the grant was used to fund mobility and remote work options for staff. This project provides all frontline staff with iPads and/or iPhones, allowing for data entry and ease of communication. The Children's Division has rolled out WiFi in the offices, expanding where necessary. Data plans are also purchased for the iPhones. This allows iPad users to access the iPhone's hot spot to increase internet connectivity. It is anticipated the caseworker grant will continue to be used in funding mobility options for staff in the future.

The quality of visits with children is addressed through the use of the FACES case review tool.

Federal Fiscal Year 2024 caseworker visit data using the full population will be submitted by December 15, 2024, as required.

Adoption and Guardianship Incentive Funds

Over the previous 7 years, Missouri has received the following Adoption and Guardianship Incentive Payments:

FY 2015 \$1,395,500

FY 2016 \$3,312,500

FY 2017 \$1,486,000

FY 2018 \$2,232,500

FY 2019 \$995,000 Representative of 61.65% of the Missouri allocation due for 2019

FY2020 \$580,000

FY2021 \$306,000

As cited from Earning History by State:

[Adoption and Legal Guardianship Incentive Payment Program - Earning History by State: FY 1998–FY 2021 \(hhs.gov\)](https://www.hhs.gov/adoptedchildrenandguardianship/adoptedchildrenandguardianship-incentive-payment-program-earning-history-by-state-fy-1998-fy-2021)

These funds have been utilized to support the Missouri Adoption Heart Gallery media site and financial support of the Missouri Family Resource Centers. Each year the Division has been able to expand support of the centers with this funding, and as a result, since FY2022 three 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; Southeast Missouri at Poplar Bluff and Cape Girardeau; and Northeast in Macon and Hannibal. The number of families and children served and increased in services is referenced in the Adoption Resource Center section of this report (See Collaboration section). 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 Resource Center availability, there have been no challenges with spending the allocated funds.

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, as well as funding activities identified in the diligent recruitment plan (Attachment D).

Adoption Savings

Missouri plans to continue to use the Adoption Savings to provide Behavioral Interventionist (BI) programming for adoptive families in 2023 and 2024 as well as providing additional funding to the Family Resource Centers for their Adoption programming and funding Behavioral Personal Assistants for adopted children.

Behavioral Interventionist:

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 for the child to be successful and safely remain in their home. The intensity of services is intended to diminish over time as the child or youth improves; however, the treatment plan and extent of services should be assessed and documented on a no less than quarterly basis.

Resource Centers Adoption Programming:

Missouri adoptive parents have had the benefit of having Resource Center services available since House Bill 11 (2007). Funding is currently being provided for centers located in St. Louis, Kansas City, Springfield, Jefferson City, Rolla, Columbia, Northwest, and Southeast. The Division intends to use adoption savings funding to further support the resource centers as well as support opening of a resource center in the Northeast which is the only remaining region without such service.

Adoption Savings Expenditures for Missouri is the following:

| FFY | Cumulative Unexpended Balance of Calculated Adoption Savings |
|------|---|
| 2017 | \$242,204.00 |
| 2018 | - |
| 2019 | \$653,946.00 |
| 2020 | \$2,967,687 |
| 2021 | \$6,797,817 |
| 2022 | \$13,091,646 |

The amount shown for each year is the accumulated total that has been carried forward.

Family First Prevention and Services Act (FFPSA) Transition Grants

Missouri has begun initial utilization of funds awarded through FFPSA Transition Grants, which provide financial assistance to states for FFPSA implementation costs for FFY 2020-2025. In addition to initial utilization surrounding residential facility readiness, Missouri has also identified planned areas for utilization of funds. The identified planned areas for utilization of funds were included as a New Decision Item in proposed budget to the Legislature, which included transition funds in addition to general revenue.

- Assist with Residential Facility Readiness** – Many residential facilities will have to change their current operations to meet the new requirements of FFPSA. These include being trauma-informed, being licensed and accredited, providing discharge and aftercare planning, and providing registered or licensed nursing staff 24/7. Funding has been utilized to assist facilities with transitioning their current practice to meet the new requirements. Focus areas for assistance addressed agency accreditation, agency training (trauma specific), and program development/implementation associated with FFPSA implementation. Funding utilized for this support occurred through the release of two New Funding Opportunity solicitations. These awards were for up to \$10,000 upon award. Solicitation of the New Funding Opportunities resulted in submission of proposals from respondents, which were thoroughly evaluated. Contracts were awarded in accordance with applicable statute, policies, and guidelines. The procurement process will occur through the Missouri Office of Administration. To date, \$87,303.76 has been awarded.

- **Residential:** To further assist in Missouri’s efforts and progress forward regarding residential placements/congregate care and implementation of FFPSA and maximizing federal revenue, a QRTP readiness assessment and an IMD screening and assessment of children’s residential treatment providers occurred 6/1/21 – 3/2/22 by Public Consulting Group, LLC. These assessments were \$197,581.00
- **Prevention-** Efforts to support development and start-up of prevention programs have been included for planning. Currently, planning efforts are taking place surrounding support for ongoing service provision, expansion, and evaluation of an existing program in Missouri. Exploration is also occurring for other prevention programs.

In 2023, Children’s Division purchased COPE24 Changing Our Parenting Experience training to be provided to field staff. The first series of trainings occurred in November 2023 and additional trainings will occur in 2024. This is parenting skills education that can be viewed/completed by workers with families. Expenditures for this training and materials \$11,600.05.

In 2023, Children’s Division entered into partnership with Chapin Hall at the University for the development of a community pathway. This work will include conceptualization and plans for implementation of a community pathway, which is a way to have prevention services delivered to families further upstream in the community without the necessity of open child welfare involvement. The contract was signed September 2023 for work October 2023 – September 2024; This work will continue through September 2025. Missouri is one of 17 states or jurisdictions investing in community pathways; 7 states are conceptualizing; 5 states are readying; and 5 states are in stages of implementation. The agreement for Year 1 is for \$607,712. The budgeted amount from Chapin Hall for Year 2 is \$612,101 and does not reflect administrative fees for the contract mechanism. Expenditures in State Fiscal Year 24 are \$303,148.65 thus far.

Children’s Division is utilizing transition funds to support Team Decision Making Training for Prevention Staff and Supervisors. Team Decision Making™ (TDM) is a collaborative approach to child safety planning. The TDM model includes meetings at integral parts in a case and consists of facilitated meetings to develop collaborative, informed decisions. There are three (3) TDM meeting types: Initial TDM meetings occur every time a safety threat arises and before separating a child from their caregivers; Placement stability TDM meetings are held for children already in out-of-home care if a placement source indicates a disruption has occurred; and Permanency TDM meetings are held when reunification or a legal goal change is considered or a youth needs lifelong connections and a plan after foster care. Children’s Division entered into contract with Evident Change on January 19, 2024 for this work. Expenditures have not occurred thus far, but budgeted expenditures for the first two years of this work, including training and TDM Data Application costs equate to \$907,920.

Children’s Division is currently exploring opportunities for training of staff in Motivational Interviewing, including building internal capacity for trainers of

Motivational Interviewing; technology options to support fidelity monitoring for Motivational Interviewing; and a short-term, exploratory contract with Sobriety Treatment and Recovery Teams (START) that would provide the opportunity to work together on cross-walking the START model with existing efforts in Missouri to see how they might co-exist as well implementation feasibility, readiness, site selection preparation, and model/initiative alignment.

- **Development of Community Settings** – To further reduce the number of youth placed in residential placements, Missouri has identified a need for continued development and expansion of additional community settings for youth in care, with a focus on Treatment Foster Care (TFC). The Children’s Division recognizes that targeted approaches and resources are necessary to build capacity, increase the number of TFC homes and TFC services available statewide to meet the placement needs of children within the Missouri foster care system. Through collaborative efforts of external TFC consultants and the TFC Provider Council, the Children’s Division has implemented or in the process of implementing the following TFC capacity building strategies.

The core strategy the Children’s Division has employed is the development of a TFC Capacity Building contract that is offering a funding opportunity to all Missouri Child Placing Agencies approved and contracted for TFC services. The contract will include a one-time TFC Capacity building grant to use specifically for Targeted TFC Recruitment and expansion of the TFC service coverage area with additional incentives for underserved geographical areas of the state. The second funding component of the TFC Capacity Building contract includes outcomes-based grants that offer fixed reimbursement rates to TFC agencies for providing required foster parent training, family assessment/home study, and the licensing/approval of foster families available and equipped to care for the high-level needs children in family home settings. This TFC Capacity Building funding is expected to be available in June 2024 as the contract is in the approval process.

The Children’s Division also provided trainings specific to Targeted TFC Recruitment and TFC Capacity Building to each of our seven (7) contracted TFC Agencies. An external trainer with expertise in targeted foster care recruitment met both in-group setting and one-on-one with each of the TFC Agencies to develop an individualized targeted TFC recruitment plan. External consultants in collaboration with the Children’s Division and the TFC Agencies created a TFC Capacity Building Plan template and a customized TFC recruitment-tracking tool (Forecasting Model). The current Capacity Building plan, Targeted Recruitment plan, and the Forecasting Model tracking tool will all be required as part of the new TFC Capacity Building Contract. The Children’s Division plans to develop a contract with external consultants with expertise in Treatment Foster Care to assist both CD and the contracted TFC Agencies in implementing and

monitoring the TFC Capacity Building contract. Expenditures for the trainings in State Fiscal Year 23 were \$5,282.61 and in State Fiscal Year 24 are \$2,097.75 thus far.

- **Coordination and development of community settings** - In July 2023, the Department of Mental Health and the Department of Social Services executed a contract with the Center for Healthcare Strategies to provide technical assistance to improve access and outcomes for children and youth with behavioral health needs in Missouri. The intent of this collaborative project was to support the state's desire to assess the current state of behavioral health in Missouri by conducting an environmental analysis of the current structure of Missouri's approach to behavioral health services. This analysis will examine utilization trends, costs, policies and practices around existing access and delivery of behavioral healthcare for children and families in Missouri. The result of the analysis will provide a list of recommendations and strategies to support the development of an effective continuum of care that includes: prevention services, effective coordination of services and funding as well as building more comprehensive pathways to community resources. The environmental analysis will serve as a roadmap with goals and strategies to guide the work for the development of a more comprehensive approach for a mental and behavioral health system better equipped to serve Missouri children and families. Expenditures were \$24,534.57 in State Fiscal Year 23 and \$42,325.79 in State Fiscal Year 24 thus far.

Additionally, work is taking place for technology to better track kids in hospital admission, discharge, and beyond medical necessity. This work is a collaborative process with the MO Behavioral Health Council and the MO Hospital Association. This is in progress and there have been no expenditures thus far.

In 2023, work began for Upstream Workshops that will gather youth service stakeholders in 46 judicial circuits to create local action plans and a statewide report on both local, regional, and state system issues and solutions. This is collaborative work with the Missouri Behavioral Health Council, in partnership with the Missouri Department of Mental Health (DMH), the Office of State Courts Administrator (OSCA), the National Center for State Courts (NCSC), Children's Division, and the Missouri Juvenile Justice Association (MJJA). This work began in 2024 and will go through 2025. There have been no expenditures thus far.

- **Support for Kinship Navigator:** The Children's Division (CD) is continuing the work of enhancing the Missouri Kinship Navigator Program in providing services and supports to kinship caregivers to prevent the children they are caring for from entering the foster care system and prevent children from being placed with strangers in non-related foster homes. The CD is engaged in conversations with the University of Missouri, Institute of Public Policy (IPP) to assist Missouri in the research and evaluative process of implementing an evidence-based Kinship Navigator Model that has been reviewed and rated as "promising or supported" through the Title IV-E Clearinghouse. Currently, Missouri is considering the Nevada Foster Kinship Navigator Program Model to

determine if this model would be the best fit for Missouri's current program that is currently serving Missouri's informal and formal kinship caregivers through statewide information, referral, and support system and case management services. No expenditures thus far but has been included in planning efforts.

The aforementioned plans for FFPSA Transition Grant funding will not fully utilize the total amount awarded to Missouri. Additional planning for appropriate use of the funds will occur to address support of implementation needs in Missouri.

Family First Transition Act Funding Certainty Grants - The grants were only available to states that operated a title IV-E child welfare waiver demonstration project through the end of the waiver authority on September 30, 2019. Missouri did not apply for or receive any of this funding.

Chafee Foster Care Program for Successful Transition to Adulthood

Accomplishments 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 2025-2029 Child and Family Service Plan.

Staff –

- **Older Youth Program Coordinator:**

The Older Youth Program Coordinator (OYPC) 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, and National Youth in Transition Database (NYTD). Additionally, the coordinator will oversee the Missouri Youth Leadership Academy (MYLA) and the Quality Improvement Center on Engaging Youth in Finding Permanency (QIC-EY) pilot project. OYPC directly supervises six Older Youth Transition Specialists.

The OYPC is a member of the Child and Family Services Review Advisory Committee and the Healthcare Coordination Committee.

- **Older Youth Transition Specialists:**

The Children's Division continues to 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. The Older Youth Transition Specialists in the Northwest and Southeast regions are not supported through CFCP funding.

The OYTS will continue to assist with quality improvement and quality assurance for the Older Youth Program (OYP) in each of the regions. The OYTS are members of various community groups such as Teens in Transition, Coalition of Homeless Youth Provider Services, Greater Kansas City Coalition to End Homelessness, St. Louis Older Youth Resource Network, SPOT-Coach Project, Homeless Adolescent Task Force, MICH-Missouri Initiative to End Homelessness, Missouri Interagency Transition Team, Pilot Peer Mentoring, and Indian Child Welfare Association (ICWA) Roundtables. OYTS report many of the same challenges for SFY24 that include staff turnover, high caseloads, limited opportunities for youth to participate in life skills classes, as well as local youth advisory board participation/opportunities, and difficulty in obtaining youth personal documents.

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 guardianship or adoption after the age of sixteen, to achieve positive outcomes in their transition to self-sufficiency. This program encompasses Chafee services to youth ages 14-21, as well as the Transitional Living Program, Education and Training Voucher and Missouri Reach Program, and Independent Living Arrangements. In February 2024, there were 3,845 youth in the Chafee eligibility age range. Missouri's criteria are youth in the care, custody, and control of the Children's Division regardless of case plan; however, youth with extreme special needs are excluded from being referred for services upon consideration and agreement by the Family Support Team. Youth in detention, hospitalized, and on run status are not referred for services until the circumstances change for the youth.

The CFCP is contracted to private agencies to administer and deliver services and funding to older youth in foster care, adopted youth, or youth who have obtained legal guardianship after the age of sixteen, as well as former foster youth. Services have been contracted since January 2008. In SFY19, the contract was rebid and awarded to three agencies to provide services in five regions of the state. Two providers are Community Partnership agencies and do not bid on the contract, but rather sign an agreement. This contract has the option of four annual renewals. This contract is up for rebid in November 2024.

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

Missouri has provided supervision of youth over the age of 18 who are in foster care from another state but placed in Missouri for the purpose of attending college, living in an Independent Living Arrangement (ILA), or a Transitional Living Arrangement (TLA) since SFY14.

Children's Division continues to work to ensure youth are referred for Older Youth Program services. The referral status information for Chafee services was added to a Tableau dashboard in SFY22 so management staff have the ability to see this data at any time. As of February 2024, per Tableau, 93% of Foster Care Case Management eligible youth are referred for Chafee services and 95% of Children's Division case managed youth are referred.

The Older Youth Program serves youth in transitional and independent living placement settings. As of February 2024:

- 152 youth are in Independent Living Arrangements
- 4 youth are in the Transitional Living Advocate Program
- 130 youth are in Transitional Living Scattered Site Placements
- 59 youth are in Transitional Living Group Homes

- **Transitional Living Program:**

The Transitional Living Program contract was awarded in SFY22 to ten agencies in six regions.

On-going communication occurs with the providers of Chafee and TLP services via electronic mail from the Older Youth Program Coordinator, as well as quarterly visits from the OYTS. Annual statewide provider meetings are held as needed and topical presentations are provided. Upon contract award, a meeting was held with the new Transitional Living Program providers to review the contractual requirements.

- **Independent Living Arrangement:**

Another placement option for youth in care is an Independent Living Arrangement (ILA). The Independent Living Arrangement Checklist (CD-282) and the Self-Developed Case Plan for Independent Living Arrangement (CD-283) are used to ensure youth readiness and eligibility. The ILA Checklist was developed for use with all youth being considered for an ILA placement and is completed each time the youth move to a new ILA to ensure the living environment is safe and meets ILA requirements. The checklist is reviewed quarterly by the case manager and the supervisor during case consultation. The Self-Developed Case Plan for Independent Living Arrangement is used to assist with preparation and budgeting for an initial ILA placement. Prior to placement being made, the Social Service Specialist sends the completed ILA Checklist and the Self-Developed Case Plan for Independent Living Arrangement to the Circuit Manager (CM) for review.

After reviewing, the CM will indicate whether the placement constitutes an ILA per the criteria in the Child Welfare Policy Manual. A decision as to whether the placement meets ILA criteria is determined within 30 days after the checklist is initially received. This process ensures the placement is planned and evaluated. One of the Regional Older Youth Transition Specialists monitors ILA placements to ensure youth are receiving visits and contacts and notifies Regional Directors of any concerns.

- **Tools:**

There were no changes to the tools utilized in SFY24.

- **Transition Planning:**

The Children's Division policy currently requires staff to begin transition planning for all youth ages 14 and older. To prepare youth for their exit from the foster care system, the Social Service Specialist meets with their youth to coordinate exit planning 90 days prior to release from custody. The Adolescent FST Guide and Individualized Action Plan Goals are used to capture the transition plan for the youth and are intended to be a proactive, youth-driven case planning tool. This tool should be discussed and utilized, at least every six months, during Family Support Team meetings with youth ages 14-21. A critical alert is received notifying the Social Service Specialist that a youth's transition plan needs to be updated per the federal requirement within 90 days of turning 18 and 21.

Exit packets are also provided to youth upon discharge from foster care. Exit packets contain information on ETV, MO Reach, MoHealthNet, Chafee Aftercare Services, National Youth in Transition Database (NYTD), Healthcare Treatment Decisions, options for re-entry, Foster Youth to Independence (FYI) Housing Voucher Brochure, Show Me Healthy Kids information, and local community resources. A verification letter indicating the youth's time in care is provided to aid the youth in receiving assistance for services which require eligibility verification.

An exit information checklist is housed in FACES and displays at case closing for older youth. The screen/checklist allows date entry for documentation when exit packet information was provided for youth. It displays for youth who leave care after age 17.5.

There is an Exit Packet and Personal Documentation Checklist available to staff on the intranet. Information on transition/exit planning is available in the Child Welfare Manual and as a resource on the intranet. Documentation of youth receiving exit packet material is completed in FACES on the youth's transition plan, the Adolescent FST Guide, and Individualized Action Plan Goals. Chafee and TL providers note possession of youth's personal documents on a quarterly basis on youth outcome reports. Providers are to attend the exit meeting (when invited) with youth who are aging out of care and share information regarding the contractor's aftercare program with the youth. OYTS attend these meetings if they are able.

- **National Youth in Transition Database:**

The Children’s Division implemented the requirements of the National Youth in Transition Database (NYTD) in October 2010. A handout is included in the exit packet and a poster is available to be displayed where visible to youth. The Children’s Division website has a section on NYTD. Step-by-step instructions regarding service reporting, youth surveys, and an online tracking screen in the FACES system of survey completion has been provided to staff. Missouri has designated the OYTS to locate and survey youth no longer in care. Social Service Specialists continue to follow up with youth in care. A Social Service Specialist receives an email when a youth on his/her caseload with an active Alternative Care function, care and custody with CD, turns 17 or 19. The email is sent only on youth who are in the NYTD survey population as a reminder that the youth needs to complete the NYTD survey. It is an ongoing challenge to locate youth formerly in care and engagement is critical.

A one page information sheet is included in the mailings with NYTD surveys as an outreach to keep youth informed of services they are eligible for and information youth may find interesting. The sheet has information on how to access the Children’s Division website, the Older Youth Program’s Facebook page, and the “What’s It All About?” guidebook for youth.

Missouri has been compliant with NYTD reporting for SFY23. During the period of April 1, 2023 to September 30, 2023, Missouri surveyed a cohort of 17 year old youth; 86% of youth participated. From October 1, 2023 to March 31, 2024 Missouri is surveying the first cohort of 21 year old youth.

- **Regional Older Youth Advancement of Life Skills Unit (ROYALS) Case Management Program:**

In SFY21-22, Children’s Division implemented the ROYALS unit in each region of the state. The ROYALS unit is a specialized, intensive case management service which prepares older youth in foster care for their transition to adulthood and independence. The ROYALS provide comprehensive support to older youth to ensure they have stable housing, employment, a support network, and other important life skills before they transition from Children’s Division custody. The ROYALS outcome data focuses on youth enrolled in an educational program/trade school, percentage of youth employed full or part-time, percentage of youth who have bank accounts, percentage of youth with a Permanency Pact Agreement with at least one supportive adult, and percentage of youth with a permit or driver’s license.

The ROYALS Unit eligibility criteria includes youth ages 17-20. As services are limited, due to the number of specialists, priority is given to pregnant and parenting youth, youth preparing to discharge from congregate care within 3 months, youth exiting care in the next 12 months, youth in independent and transitional living placements, and youth who have re-entered care under the re-entry legislation. The ROYALS Unit Social Service Specialists are available to the young adults 24/7.

Youth need to be ready for intense case management services as the ROYALS Specialist meets with the youth 2-4 times each month. A youth's judicial situation should be post-permanency and they should not have a goal of reunification when referred. Youth must be ready to work intensely on independent living skills.

There are two units comprised of 11 Specialists and two Supervisors, with each region of the state having at least one Specialist.

- **Older Youth Efforts:**

Youth continue to receive information about available Chafee services through their Social Service Specialist, OYTS, youth boards, Children's Division website, and Facebook page. Youth are involved in their case planning to address the development of skills and resources needed to facilitate the transition to self-sufficiency. Portfolio Assessment and Performance Assessment are used to establish goals and monitor progress and achievement. The Adolescent Family Support Team Guide and Individualized Action Plan Goals are utilized by Children's Division workers for development and documentation of the youth's transition plan.

The use of technology as a means to stay connected to youth will continue in SFY25. SYAB utilizes a GroupMe chat for communication in between meetings. Events, web resources, leadership opportunities, NYTD information, and general information pertaining to older youth are posted in this chat. Several of the OYTS have a Facebook page through work and have used this as a means to connect and contact youth to complete the NYTD survey. The Department of Social Services maintains a Facebook page and publishes resource information for older youth.

In 2023, the Children's Division created the Missouri Youth Leadership Academy (MYLA). MYLA is designed to be an interactive, curriculum-based program to help youth learn about life skills, leadership skills, and learn about opportunities for activities, employment, and community involvement. The goal of MYLA is to increase youth confidence, connection, and contribution. There are two cohorts of MYLA per year. Once both cohorts are completed, youth are able to attend a group graduation celebration. The Department of Natural Resources and The Department of Conservation partner with CD to provide a two-day camp and graduation ceremony. Since its development in 2023, MYLA has been contained within the ROYALS unit. In SFY25, CD would like to incorporate more youth across the state, including those who are not in the ROYALS unit.

In 2023, Missouri Children's Division began a partnership with the Quality Improvement Center on Engaging Youth in Finding Permanency (QIC-EY). The QIC-EY is charged with advancing child welfare programs and practice to ensure they are authentically engaging and empowering children and youth in child welfare practice, especially in relation to permanency decisions. This pilot project lasts until September 2026; the Southwest region is the intervention site and the Northeast region is the comparison site. CD will identify, implement, and evaluate an authentic

child and youth engagement program model, implement child welfare training and coaching curriculum, identify and implement systemic changes, and partner with courts to implement a training for court professionals and staff. In SFY25-29 we hope to successfully complete our pilot and, subsequently, expand this model throughout the state of Missouri.

CFCP Purpose #2:

To help children who have experienced foster care at age 14 or older achieve meaningful, permanent connections with a caring adult; Young people transitioning out of or who have exited foster care need to develop a support network. The influence of informal role models to serve as mentors in a support network is critical.

Missouri currently offers personal and emotional support to young people through job placement, extracurricular activities, community involvement, and formal and informal mentors. Committed and caring adults are essential in guiding young people and helping them maneuver in their community.

The Adolescent FST Guide assists Social Service Specialist's and the Family Support Team to become aware of available services to the youth. The youth is aware and fully engaged in this process. This tool requires up to three adult supports be identified by the youth and this is an integral part of the NYTD requirements.

Contracted Chafee staff communicate by phone calls, voicemails, texting, emailing, virtual videos, giving youth rides home from school, meeting at sports events, and/or meeting during youth's work breaks to ensure that all youth are seen as often as possible.

Youth were connected with community supports such as Peer Mentoring through Vocational Rehabilitation as well as Pre-Employment Transition Services through the University of Missouri Extension Centers. Youth were connected to Family Counseling Centers, Boys and Girls Club, FosterAdopt Connect, I Pour Life, local churches, and community action agencies. Community groups/individuals were also sought and introduced to youth in order to build relationships and act as natural supports for the youth as they transition from the foster care system.

- **Permanency Pact:**

Children's Division utilizes the Permanency Pact for the permanency options of Placement with a Fit and Willing Relative or Another Planned Permanent Living Arrangement (APPLA). The purpose of the Permanency Pact is to identify permanent supports for the youth who will continue to play a permanent role in the youth's life. The Permanency Pact is a tool to be used for the ongoing conversation regarding permanency planning. It is a pledge by a supportive adult to provide specific supports to a young person in foster care. Developed by FosterClub, the Pact provides the structure needed to help both youth and adults establish a positive, kin-like

relationship. It is important that both the youth and the identified permanent connection understands their involvement with the youth.

- **Other Supports:**

Community service or volunteering is a critical component in life skills training. Youth who volunteer in community service programs have an opportunity to develop work skills and to meet and develop relationships with adults and other youth who are involved in the same projects. The State Youth Advisory Board's strategic plan states that local boards complete at least one community service activity per year. Youth regularly report about community activities with which the local boards are involved.

Children's Division promotes interaction between youth and dedicated adults through the Transitional Living Advocate program. Through this program youth are connected with adults who become their advocate or mentor. These adults receive 18 hours of training from Children's Division staff on adolescent issues, including three hours each in cultural/race sensitivity, Older Youth Program life skills training overview, adolescent development with an emphasis on what to expect from adolescent behavior, emotional obstacles out-of-home care youth must overcome, adolescent sexuality, and behavior management via natural consequences. The adult advocates provide the youth a safe place to stay, continued life skills training, encouragement and guidance with regard to employment, education and/or training, and preparation for successful transition from CD custody.

Missouri Court Appointed Special Advocates play a vital role in mentoring Older Youth. These volunteers, as a statewide organization, have assisted youth throughout the state in advocating for their needs and providing emotional support as well as teaching life skills in some areas of the state.

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

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

Local and State Youth Advisory Boards are a means for youth to have peer mentorship opportunities.

Youth participating in ETV/Missouri Reach have a virtual mentor through Foster Care to Success (FC2S). The Academic Success Program partners the dedication of trained, supported volunteer coaches with the resources of FC2S's experienced staff to provide students with the encouragement and guidance they need to do well academically and personally. Coaches make a one-year commitment to support three to four students with at least weekly communication. Coaches generally dedicate from one to three hours a week to the Academic Success Program. Coaches can text, email, phone, Skype, or use postal mail to talk with their students. This is not a face-to-face communication program.

CFCP Purpose #3:

To help children who have experienced foster care at age 14 or older engage in age or developmentally appropriate activities, positive youth development, and experiential learning that reflects what their peers in intact families experience; To ensure children who are likely to remain in foster care until 18 years of age have regular, on-going opportunities to engage in age or developmentally-appropriate activities (as those terms are defined in section 475(11) of the Act.

- **Supporting Healthy Development and Normalization for Foster Children**

Children's Division has policy, procedure, and practice to ensure that young people have the opportunity for 'normal' life experience. In SFY24, there were no changes on Missouri's practice or policy on normalization supports for youth.

Both Chafee and TL contracted providers were able to assist youth with purchasing items needed to participate in extra-curricular activities such as sports, camps, and leisure activities during SFY23. Assistance has also been given to youth to attend college events and other events hosted throughout communities. Prom attire and financial support for tickets were provided to youth. Further, Chafee has assisted youth in paying for dual enrollment classes.

CFCP Purpose #4:

To support all youth who have experienced foster care at age 14 or older in their transition to adulthood through transitional services such as assistance in obtaining a high school diploma and post-secondary education, career exploration, vocational training, job placement and retention, training and opportunities to practice daily living skills (such as financial literacy training and driving instruction), substance abuse prevention, and preventive health activities (including smoking avoidance, nutrition education, and pregnancy prevention); and

CFCP Purpose #5:

To provide financial, housing, counseling, employment, education, and other appropriate support and services to former foster care recipients between 18 and 21 years of age (or 23 years of age, in the case of a state with a certification under subsection 477(b)(3)(A)(ii)14 to provide assistance and services to youths who have aged out of foster care and have not attained such age, in accordance with such subsection) to complement their own efforts to achieve self-sufficiency and to assure that program participants recognize and accept their personal responsibility for preparing for and then making the transition from adolescence to adulthood:

See Educational Training Voucher Section for additional information on the Missouri Reach Credential Completion and Employment Financial Assistance Program, Education Training Vouchers, and Missouri Reach Tuition Waiver Program.

Social Service Specialists provide an exit packet to youth that are getting ready to exit custody. The contracted Chafee providers present these packets to all referred youth ages 17.5 and up. Through the exit packets, youth are able to obtain information about services available to them and resources that they are eligible for in the future.

In order to ensure that youth are able to move toward self-sufficiency, youth have the opportunity to participate in employment services through local agencies.

Life skills classes are arranged and taught by contracted Chafee and TL providers throughout the state. These classes include an array of topics such as resume building, interviewing, college exploration, career exploration, daily living tasks, vehicle maintenance, budgeting, as well as other items that youth will need in order to be successful as an adult. Local businesses are also often partnered with to simulate real life experiences. Life skills are taught based on the youth's need and individual goals and can also be provided in a one-on-one setting.

Driver's education is a need for the youth as it is not taught in most Missouri schools. Chafee contractors have helped numerous youth with the funding needed to participate in community driver's education programs. Footsteps Transitional Living Program in the Southwest Region has vehicles designated for driver's education purposes so that youth may practice this skill to work toward obtaining their license. In 2023, Keys to Independence began operating under a grant in Missouri. While funding has been limited in its first year, the hope is to expand this program throughout Missouri to offer more driving support in the future.

In March 2023, the GHSA/Ford Driving Skills for Life grant was awarded to MoDOT. \$94,000 in funding will support teen traffic safety programs. With this grant opportunity, the Missouri Department of Transportation is sponsoring driver education training opportunities for teens in foster care.

Post-secondary visits take place frequently in all areas of the state. Youth have the opportunity to tour both colleges/universities, trade schools, and military to assist them in making a more informed decision about their educational future. Not only do youth have the opportunity for financial assistance through ETV, but The Community Partnership and Steppingstone have several scholarships that they award through their agencies. Missouri Baptist Children's Home TL program has partnered with Southwest Baptist University and Hannibal LaGrange University to assist youth with their college education as well as free room and board.

- **Housing:**

In 2019, Children's Division began collaboration with the Department of Mental Health, Public Housing Authorities (PHA), and the Continuum of Care/Balance of State to procure the Foster Youth to Independence (FYI) Tenant Protection Vouchers released by the U.S. Department of Housing and Urban Development (HUD). These housing vouchers are designed specifically for youth ages 18-24 who have exited foster care after the age of 16 or are preparing to exit care to independence and are facing homelessness. Applications for each Public Housing Authority require a Memorandum of Understanding (MOU) and a protocol plan between the Public Housing Authority, Continuum of Care/Balance of State, Public Child Welfare Agency, and Supportive Service Agency. As of February 2024, sixteen MOU's inclusive of 55 counties and six cities have been fully executed. Information on these services has been placed on the Children's Division internet and shared via GovDelivery to all staff. A brochure was added to the exit packet for youth leaving care. Missouri participates in calls throughout the year with HUD leadership and Administration for Children and Families leadership regarding this project. While Children's Division helps youth become connected to, and understand, the process of applying for FYI Housing Vouchers, referrals and next steps are completed through HUD.

- **Employment:**

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

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

The Workforce Development Unit of the Department of Social Services contacts youth in foster care to discuss resources available to them. They are available to assist specific youth as needs arise.

Missouri plans to continue to support and sponsor national internship opportunities for youth through FosterClub All-Stars and Foster Care to Success as well as other opportunities that present themselves for Older Youth in SFY25.

The Workforce Investment Opportunities Act (WIOA) Committee has met regularly throughout SFY24.

- **Education:**

The Children's Division utilizes the Adolescent FST Guide and Individualized Action Plan to assess and plan for positive educational outcomes. Chafee and TLP contracted providers are required to assist youth participating in their programs with academic achievement by providing an array of services. These include, but are not limited to, advocating, planning, and coordinating for education needs, goals, and aspirations, assisting youth in assessing financial aid opportunities, ensuring the development of technology skills, and preparing the youth to make the transition from high school to post-secondary education or employment.

As a result of state legislation, youth 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. As of February 2024, 185 youth in care have a documented visit.

The legislation allows for this requirement to be waived by the Family Support Team for youth who are disabled and will not be attending college due to the severity of needs. Children's Division plans to continue providing ETV and Missouri Reach services to youth as well as providing support and training to staff who work with older youth.

- **Health:**

Since 2012, the Department of Health and Senior Services (DHSS) has collaborated with the Children's Division on implementing Missouri's Personal Responsibility Education Program (PREP) in some capacity. The services are still viewed as an extension of the Chafee services as the program is for youth in foster care and the training is provided by Chafee providers. However, the agreement is directly between DHSS and the Chafee agencies with invoicing and reporting going to a DHSS staff person. This greatly expanded these services for youth in foster care in Missouri.

Youth in the providers' referral base, who receive the service, are reported for life skills services in CD's database. "Making Proud Choices (MPC): A Safer-Sex Approach to Reducing Sexually

Transmitted Diseases (STD), Human Immunodeficiency Virus (HIV), and Pregnancy”, is an eight-module curriculum designed to empower adolescents to change their behavior in ways which will reduce the risk of becoming infected with HIV and other STIs, and significantly decrease their chances of unintended pregnancies. The funding comes as a result of the Patient Protection and Affordable Care Act which amended Title V of the Social Security Act to include PREP. The Administration of Children and Families and the Family and Youth Services Bureau (FYSB) jointly oversee the program. DHSS was named as the designated state agency to administer and coordinate PREP, including DHSS and DSS collaborative efforts to serve youth in and aging out of foster care.

- **Financial Capacity/Trust Fund Program:**

Missouri has not established a trust fund program for youth receiving independent living services or transition assistance. However, to encourage financial responsibility and capacity among youth, the Chafee and Transitional Living Providers are to work to establish Individual Development Accounts (IDA) for youth.

Some of the Transitional Living Providers and Chafee Providers have been able to initiate Individual Development Accounts within their regions through their own funds, private donors, and the United Way. Epworth has partnered their IDA program with Frank Leta Charitable Foundation (a used car dealership) in order for youth to get their funds matched to purchase a reliable vehicle.

Transitional Living Providers are required, contractually, to help youth transition to all aspects of independence, including financial stability. Per the TL contract, each contractor shall have a savings account for each youth. When the contractor requires the youth to be independent and pay bills that the contractor is receiving funding for, the monies the contractor is receiving from the state agency for these bills shall be deposited in the youth’s savings account for future use. The funds shall be used for the youth such as aging out expenses, transportation expenses, or other needed services specifically for the youth. This is usually done by developing a savings account to be used when the youth exits care, with the agency and youth both contributing.

- **KIDS Account:**

Children’s Division has a KIDS Account – Children’s Income Disbursement System. A youth who is placed in Alternative Care and has an independent source of income (i.e., Social Security Income (SSI), Old Age Survivor Disability Income (OASDI), Veteran’s Affairs benefits (VA), and/or Railroad benefits, [excludes the child’s personal income, inheritance, or settlement income] etc.) have a KIDS account established. A KIDS account is a type of savings account for youth who receive benefits. Expenses are paid towards the youth’s care from their KIDS account. For youth receiving income from SSI, the maximum amount that a youth can have in the account and still qualify for this benefit is \$2,000. Child support, however, is placed in a separate account. Child support funds collected on behalf of youth under age 16 while in custody are utilized for the cost of the child’s care.

At age 16, a savings of up to \$999.00 of the money deposited into the KIDS Account will begin to accrue to assist youth when they leave care. Regardless of age, there may be a balance of funds in the KIDS account once the youth leaves care. Any back state debt from the previous five years that could have been paid from this account but was not, will be recouped to other funding sources. However, if a youth leaves care after age 16, the savings (up to \$999.00) will be released to the youth's guardian, adoptive parent, or released directly to emancipated minors. For youth no longer in care, KIDS account funding is dispersed with help from the OYTS via a withdrawal request. Any remaining funds from social security benefits will be returned to the Social Security Administration.

- **Credit Reports:**

Per the provisions of the Child and Family Services Improvement and Innovation Act and the Preventing Sex Trafficking and Strengthening Families Act, each child age 14 and older in foster care receives a copy of their consumer credit report each year until discharged from foster care; the youth is assisted in interpreting the credit report and resolving any inconsistencies. The Division of Legal Service assists in resolving any inconsistencies or identity fraud. If there is a need to further educate youth regarding credit, Social Service Specialists are to document this on the Adolescent Family Support Team Guide in the credit report section and on the Individualized Action Plan Goals, submitting the new goals to the Chafee provider. The Chafee provider will assist with the identified tasks related to the new goals. All documentation pertaining to the credit checks is filed in the Older Youth Section of the youth's case record. Supervisors are to monitor completion of credit reports on a yearly basis during case consultations. Documentation of this service is also to be included on the NYTD Older Youth Services and Financial Expenditures Screen in FACES and entered by the Social Service Specialist.

Missouri has an agreement with TransUnion to use a web-based portal for 14-17 year olds in a batch process. A designated OYTS runs the process and sends information via email to staff regarding the credit checks. TransUnion will assist with children under the age of 14 if there is a reason to believe that the child's identity may have been compromised. This has been a request of staff and allows for proactivity beyond the requirements of Child and Family Services Improvement and Innovation Act and H.R. 4980.

Information on credit report documentation is contained on the Older Youth Data Dashboard. The discussion of these checks and increased documentation is discussed quarterly with the Regional Directors and Foster Care Case Management Program Managers.

- **Aftercare:**

Missouri continues to provide services and support for youth in foster care, youth adopted or who have obtained legal guardianship after the age of 16, and former foster care youth between 18 and 23 years of age. Aftercare services are flexible, short term and used as a safety net to meet the needs of the youth after they have exited Children's Division custody and are provided by Chafee contracted providers. The array of services varies depending on the need of the former

foster youth. Aftercare services may include emergency/crisis intervention services, housing/room and board, educational/job training/employment assistance, and other support services. Room and board services are only available to youth who exited custody at age 18 or after. Room and board may include security and utility deposits, rent, utilities, food, start-up kits, basic necessities, and basic furniture. Support services provided include life skills training, transportation, childcare, clothing, and other expenses as needed. Housing assistance through the FYI Housing Program, extended Medicaid, and post-secondary supports are available to assist youth who exited care after age 18.

As of February 2024, there are 52 youth in the aftercare service population. This is a slight decrease of youth from SFY23.

- **Re-Entry:**

Missouri has had re-entry legislation since 2013. Youth who left care and are over age 18, but are not yet 21, may elect to come back into care, if it is deemed to be in the best interest of the youth. The youth may have his/her custody returned to the Children’s Division through a petition to the Court from the youth, Children’s Division, or Juvenile Officer regardless of where the youth lives or which Circuit originally had jurisdiction. Youth are expected to participate in the case plan, meet with his/her Social Service Specialist, Juvenile Officer, and Chafee provider, and go to school and/or work to demonstrate his/her own efforts towards independence. Frequently Asked Questions are on the CD internet and a re-entry brochure is incorporated in the exit packet.

As of February 2024, point in time, there are fifteen youth in care who have come back into care under this legislation from the Southeast, Southwest, Northeast, Kansas City, and St. Louis Regions.

- **Extended Medicaid:**

Missouri has extended medical and behavioral health coverage through MO HealthNet Division (MHD) for youth who are “in foster care under the responsibility of the state of Missouri on the date such persons attain the age of eighteen years, or at any time during the thirty-day period preceding their eighteenth birthday, without regard to income or assets, if such persons:

- Are under 26 years of age;
- Are not eligible for coverage under another mandatory coverage group; and
- Were covered by Medicaid while they were in foster care.”

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

If a youth moves out of the state of Missouri, coverage can still be provided in another state if a provider is willing to participate in that state's MHD program. This is not typically the case as most providers have not been willing to do so.

One barrier to MoHealthnet services is that youth who return to care under re-entry legislation are not eligible for this service if the last time they exited care was prior to 30 days before their 18th birthday. While in "re-entry" status youth are eligible for MoHealthNet services, but do not have this service upon exit from care up to age 26.

- **Out of State Former Foster Care Youth Extended Medicaid:**

Coverage is provided up to age 26 for youth who were in foster care under the responsibility of another state for at least six months, are currently residing in Missouri, are at least 18 years of age, are not eligible for coverage under another mandatory coverage group and were covered by Medicaid when they were in foster care. Memorandum CD20-24, effective July 9, 2020, introduced this.

Eligibility and Application:

- When case management staff learn a former foster care youth from out-of-state is under age 26 and uninsured, a referral is made to the Older Youth Transition Specialist in the appropriate region. The OYTS verifies residence, eligibility, and coordinates with the former state and Family Support Division (FSD) Central Office for FSD to begin the application and approval process.
- If FSD determines the youth does not qualify for a mandatory category of coverage and the youth meets the criteria for former foster care health care coverage, FSD will make the approval for the youth's eligibility. This is reflected in the FACES Health Care for Former Foster Care Youth screen.

The Children's Division website contains the MoHealthNet Exit Pamphlet and MoHealthNet Outreach Poster. The intranet has a PowerPoint presentation on exit planning for older youth. The pamphlet is part of the exit packet for youth transitioning from care and case managers, Chafee providers, and Transitional Living Program providers assist with providing information to youth. Information is contained in the youth guidebook "What's It All About? A Guide for Youth in Out-of-Home Care". The Children's Division maintains a separate email account questions and is managed by a Program Specialist in Central Office. Older Youth Transition Specialists educate staff regarding youth benefits.

- **Youth Future Career Program**

The Youth Future Career Program is intended to build upon the assistance provided by the Chafee providers by offering young people age 16 and over intensive career planning, coaching

and case management. This program is intended to reduce the poverty rate, curb the intergenerational poverty cycle, and reduce dependency on government benefits. The Youth Future Career Program promotes positive outcomes by providing opportunities, fostering relationships and offering support that is needed to develop young people, reduce risky behaviors and increase their capability to live economically independent lives. The program provides a life coach to train participants to cope and thrive in spite of certain conditions. Individual career plans are developed for each participant, complete with goals, timelines, and steps for reaching goals. Through this evidence-based program, youth are prepared and empowered to live independent, healthy and dignified lives. Life skills, supportive services, and employment and training opportunities will aid in building a foundation of skills that serve to increase employability and positively impact any career choice.

This program is administered by staff from the Missouri Work Assistance Program in the Department of Social Services. The Older Youth Program Coordinator has assisted with implementation as requested in regard to reporting for NYTD services and Chafee requirements.

Activities Undertaken to Involve Youth in State Agency Efforts, such as the CFSR/PIP Process:

(See State Youth Advisory Board in the Collaboration section of this report for more information)

Local Youth Advisory Boards contribute to efforts at the community level and this information can be provided if requested.

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 2023-2024 (Attachment I).

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. Missouri’s ETV program is implemented through the contracted provider, Foster Care 2 Success. Children’s Division has contracted with Foster Care to Success since 2006 to provide ETV services, allowing consistency and familiarity. Foster Care to Success’ current contract was awarded on July 1, 2023 through June 30, 2024 with the option to renew for additional one-year periods. The contract was bid as a Single Feasible Source contract. Missouri is able to pursue a Single Feasible Source contract as Foster Care to Success is the only vendor that responded to the last four procurements and Foster Care to Success has had a longstanding agreement with the State of Missouri.

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 many different types of post-secondary, accredited institutions which provide education and/or training beyond the high school level.

The Children's Division, through specific contract requirements, plans to utilize all of the ETV funding received and to continue collaboration with Foster Care to Success to provide these services. Missouri has utilized all of its ETV funds for the past 14 years contractually. The contracting of services has allowed for a central application method as well as provided a database and access to evaluative reports. As part of the contract, Foster Care to 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 to Success provides promotional brochures and posters and has a website. As long as Foster Care to Success is able to contact youth, they continue to reach out to youth who do not start school after application and eligibility determination to offer suggestions about how they can develop a plan for on-going education. Foster Care to Success continues to send e-mails and texts to youth who correspond with them, even when no longer receiving assistance.

Educational Training Vouchers may also be used for advanced degrees to assist young people in attending law school, a Master's Degree, Ph.D., or other doctoral programs.

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:

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 with the 2010 fall semester or term. This funding is dependent on annual 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.

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. There were no changes to this program in SFY24.

Missouri Reach CCE:

In SFY17, additional funding was provided as a line item in the budget to assist youth to obtain post-secondary 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 Foster Care to Success. The program compliments 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 traditional college experience.

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. No changes have been made to this program in SFY24.

Outreach:

A brochure and description of the ETV/Missouri Reach programing is on the Children's Division internet and intranet. 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 are on the website as well. Information regarding ETV and Missouri Reach is in the Child Welfare Manual. The brochures are included in the exit packet information. The Department of Social Services shares information on Facebook. The Department of Elementary and Secondary Education has also provided links for ETV/Missouri Reach on their agency's website. FAFSA has the Older Youth Program Coordinator's contact information available to individuals who apply and the OYPC responds to these inquiries. Most of these inquiries are not eligible, but it is an added measure of outreach and assurance. Missouri Children's Division has a scholarship listing for youth and this handout is shared with all those who inquire.

In addition to financial assistance, Foster Care to Success 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 to Success. Although Foster Care to 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 to Success has developed a portal for Missouri Public Colleges and Universities to make the process easier for schools reporting on financial aid for ETV and for MO Reach students. The process allows for online reporting as soon as the student applies versus faxing paperwork. The student's digital signature meets the FERPA requirement that the student authorizes the school to release data to Foster Care to Success 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 to 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. Foster Care to 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 to improve outcomes for older youth.

For SFY25, Missouri plans to continue providing ETV and Missouri Reach services and to continue education and outreach efforts to youth and stakeholders regarding the program.

Chafee Training

All new Children's Division employees are trained on a statewide curriculum which provides information on working with older youth.

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. Other topics include positive youth development, permanency issues specific to older youth, cultural competency, and community collaboration. Professional Development and Training Unit staff have on-going processes for adjusting training as needed to meet current policy. They seek input from the Older Youth Program Coordinator and Older Youth Transition Specialists to ensure it is meeting the needs of the local agency. In addition to the formal training provided, the Older Youth Transition Specialists provide coaching on the use of the tools and forms to Children's Division workers, contracted staff, and supervisors in their respective regions as concerns are identified or requested.

The Casey Family Programs "Ready, Set, Fly" curriculum is an in-service training for foster parents. It provides foster parents and youth with hands on activities to develop independent

living skills. Foster parents licensed for older youth are required to receive the training, as are Transitional Living Advocates. The training is conducted by Children’s Division training staff.

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. Participants may receive three hours of college credit.

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 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 working with older youth.

Missouri is currently participating in the Quality Improvement Center on Engaging Youth in Finding Permanency (QIC-EY) pilot program to implement a youth engagement model, a training and coaching model for the child welfare workforce, and a training on youth engagement for courts.

Chafee – Consultation with Tribes

All benefits and services under the Older Youth Program, which includes Chafee and ETV services, are made available to indigenous 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/TLP support and services. As of February 29, 2024, 44 of 54 youth with indicators of race, Native American, or tribal affiliation have been referred for services and all youth have been referred that are eligible or due for a referral.

There are 10 youth identified with tribal affiliation. Of these 10 youth, 8 are receiving Chafee services either through the Chafee or TLG provider. Two youth have a referral due in May 2024.

The Older Youth Program Coordinator and Older Youth Transition Specialists monitor referral status and services for indigenous youth throughout the year to ensure referral and service equity.

Consultation and Coordination Between Tribes and States

The number of foster children in Missouri that are identified as American Indian/Alaska Native or who have AI/AN heritage, 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.

As of July 1, 2022, Quick Facts Missouri (United States Census Bureau), the population was 6,196,156 with 0.1% being AI/AN alone. Southwest Missouri continues to have the highest documented foster care population of AI/AN children.

Although Tribes in Oklahoma are often those who Missouri works with, staff report working with Tribes all over the US.

In southwest Missouri, the Children’s Division is fortunate to work with the Southwest Missouri Indian Center, located in Springfield, for consultation and mediation services.

There are two active Missouri Indian Centers the Children’s Division is fortunate to work; the Kansas City Native American Indian Center and the Springfield Indian Center. Coordination and consultation continue to be maintained with these Indian Centers over the past 5 years with in-person meetings, phone and email conversations.

To more thoroughly capture the AI/AN population who are served by the Child Welfare system, the Child Abuse and Neglect Hotline Unit continue to ask the reporter, during the intake process, if a child identifies 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 ICWA compliant.

When a referral for protective custody is made on 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, as well as 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 child’s 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, Children’s Division-116, to document if the child does or does not have American Indian/Alaska Native heritage. The worker also completes the ICWA Checklist, Children’s Division-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 of 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 through the Capacity Building Center for States to work on enhancing the Division's identification of ICWA eligible youth as well as coordination with Tribes. Missouri is also receiving technical assistance provided with the Capacity Building Center for Courts, so as to strengthen the partnership with the courts in meeting the needs of American Indian/Alaska Native children.

Quarterly Roundtable meetings continue with participation from the Children's Division staff, contracted agencies, and Native American partners to increase the communication, partnership, and planning efforts, and 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 Children's Division consults with tribal representatives to coordinate services for children and families in Missouri.

All benefits and services under the programs are made available to American Indian/Alaska Native youth in the state on the same basis as other youth. All youth, ages 14 and older, regardless of descent, per policy, are to be referred to the Older Youth Transition Specialists for Chafee/ILP support and services.

Missouri's APSR is posted on the Children's Division website and available to all Tribes.

Statistical and Supporting Information

Education and Training Vouchers

Please refer to the Annual Reporting of Education and Training Vouchers Awarded document attached to this report.

Inter-Country Adoptions

The Children's Division (CD) is the licensing body for all child placing agencies in Missouri. Many of these agencies conduct international adoptions. The rules for licensing child placing agencies require that such agencies conduct a variety of adoption services. The adoption services provided to families adopting internationally include pre-placement planning, and post-adoptive services, placement supervision, assessment of the child's adjustment into the home, and support

services. Adoption disruptions are also assessed by the child placing agency on the RPU-17 Statistical Form. For calendar year 2023, the Missouri Child Placing agencies reported three (3) international adoption dissolutions or disruptions that resulted in children adopted internationally entering state custody.

Monthly Caseworker Visit Data

Please refer to the Caseworker Visit Formula Grants and Standards for Caseworker Visits section of this report for details of the FFY23 submission. Data for FFY24 will be submitted by December 15, 2024.