Missouri Department of Social Services, Children's Division

TITLE IV-B

ANNUAL PROGRESS AND SERVICE REPORT

JUNE 30, 2016

Submitted to:
Department of Health and Human Services

Title IV-B Child and Family Services Plan

2016 Annual Progress and Services Report

State of Missouri

Department of Social Services

Children's Division

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

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

GENERAL INFORMATION

Collaboration

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

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

As the Division developed the goals and objectives for the 2015 – 2019 Child and Family Services Plan (CFSP), several groups were consulted for assistance. The CFSR Advisory Committee regularly reviews data and practice standards, and provides input and feedback. Their guidance was valuable in the

development of the five year plan. This group continues to be a part of the implementation and monitoring of the CFSP. As the Division continues to strive to meet the goals of the strategic plan, this group was consulted throughout the process.

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

A representative of the Office of State Courts Administrator (OSCA) sits on the CFSR Advisory Committee as well. The Division continues to collaborate with the courts through a variety of mechanisms. A member of the Division's management team attends the Juvenile Court Improvement Project meetings and regularly shares relevant data. There are 15 Fostering Court Improvement (FCI) sites in the state. The FCI groups are a collaborative effort to use agency and court data systems to improve case handling and outcomes through intensive data focused interaction and training for personnel in selected project judicial circuits. In addition to the above projects, an OSCA representative participates in the planning and development of the Division's quarterly In-Focus newsletter, a newsletter developed to provide guidance to the CQI teams at all levels. In turn, OSCA shares the newsletter with judges and other court personnel throughout the state.

The Children's Division will continue to seek the guidance of the above groups, and several more, for the implementation and monitoring of the CFSP.

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

Community Based Child Abuse Prevention

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

The Children's Trust Fund has historically worked with Missouri's Children's Division at the state level. Work has primarily centered on the promotion of the Strengthening Families Protective Factors in both agencies' grant programs, collaboration through initiatives such as Early Childhood Comprehensive Systems (ECCS) and the Maternal Infant and Early Childhood Home Visitation (MIECHV), and, most recently as part of a state team planning a parent leadership summit. CTF also consults with CD staff regarding information maintained by CD (services and child abuse reports) and how child abuse and neglect prevention services providers can use the data to develop family plans and improve outcomes. CTF requires potential grantees to use CD data in assessing need.

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

Background Information

Over the past 17 years, the Missouri CTF has primarily used CBCAP funding to partner with 18 communities to implement a coordinated services delivery/collaborative models to prevent child abuse and neglect. Efforts have centered on overcoming challenges which have historically diminished the effectiveness of child abuse prevention efforts.

Children's Trust Fund approaches child abuse and neglect prevention on the premise that Missouri families and children often suffer from intertwined economic, social, educational, behavioral health, and physical health problems. Families commonly have multiple issues which cannot be addressed as individual discrete problems (poverty, depression, lack of job skills, children's illness, lack of transportation, housing instability, etc.), as issues are interwoven often in complex ways and require a broad array of services which are more effective if offered as part of a coordinated and integrated system.

Many Missouri communities have multiple services that work to reduce risk factors and enhance protective factors. However, funding requirements, competition and boundary issues often leave service providers acting individually in their work with families. A lack of framework or mechanism to bring service providers together in a coordinated way inhibits collaborative work on behalf of families and makes individual services less effective, especially for families with multiple needs.

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

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

Over the past decade, CTF has pursued a powerful CBCAP network strategy which leverages community-based learning and capabilities through building network relationships. Initially the CTF implemented this project as a demonstration model incorporating a standardized set of criteria and outcome measures to support the evaluation and collection of data. Given the small number of funded sites, this data is not used for statewide planning. However, local Children's Division is often represented on the Provide Network, so may be aware of local data.

The Missouri Model

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

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

In FY16, CTF continued supporting this model by awarding Community Based Child Abuse Prevention continuation grants (CBCAP) to three sites:

Stone and Taney Counties – Great Circle – "Growing Healthy Families"

McDonald County – The Alliance of Southwest Missouri – "McCO Project CARE"

Adair County – Great Circle – "Project THRIVE"

Each CBCAP community is awarded an average of $100,000 in funding for up to five years. During the first six months of the first year of the project, each site enters a capacity building phase focusing on: 1) developing the CBCAP leadership structure (advisory board and network coordinator), 2) forming relationships in order to implement a network development strategy to leverage the diverse abilities, information, ideas, and support services that community-based organizations and professionals possess to promote family/child protective factors, resilience, and reduce risk factors in order to prevent child abuse and neglect, and 3) engaging community stakeholders in joint planning efforts to develop an integrated service delivery model that incorporates the Missouri lead agency/family support team coordination model.

In the second six months of the first year, the sites initiate the operational phase of the project, which includes enrolling and serving families, continuing efforts in developing their provider networks, enhancing provider commitment to the lead agency/family support team model, and augmenting community services to fill service gaps to meet families' needs.

Data Collection/Evaluation

An important part of this grant is the collection of data on outcomes of these services and evaluation of the overall model. In addition to the Client Satisfaction Questionnaire, required assessments include the

Parental Stress Index (PSI), the Child Abuse Potential Inventory (CAPI), the Adult Adolescent Parent Inventory (AAPI), and the Dunst Family Resource scales. The AAPI and Dunst scales were added in FY12 to gather information on the CBCAP's impact on strengthening the Protective Factors. CBCAP sites continue to show statistically significant improvement in scores of standardized measures of family risk (Child Abuse Potential Inventory) and distress (Parent Stress Index) among parents participating. Families also report high levels of satisfaction with the services they receive.

School-Based Service Worker Contracts

During the 2015-2016 academic year, Children's Division contracted with 38 school districts throughout the state for 59 school-based service workers (SBSW). The school-based service workers are employed by the school districts. The primary goals of the school-based service worker agreement include the prevention and early identification of children at risk of child abuse and neglect or other barriers which could limit full potential for success in the school setting, and early intervention and the provision of services to strengthen families. The contract reimburses school districts 35% of the school-based service worker's salary and benefits, not to exceed $12,049.80 per academic year.

Administrative staff and teachers refer children to the SBSW when concerned about attendance, classroom behavior, child abuse/neglect, physical/medical health, behavioral health/well-being, domestic difficulties, drug/alcohol issues, or personal care needs. The SBSW meets with the child and assesses the reason for referral. In response, the SBSW may contact the child's family, conduct a home visit, or provide and link the child and family to other appropriate agencies or community resources. The SBSW assumes the role of a liaison between the family, school, and community resource providers and participates in staffings/meetings to ensure continuity of services. The SBSW also develops and presents programs throughout his/her school district and community aimed to increase awareness of child abuse/neglect.

Each school-based service worker completes and submits a monthly tracking form to the Children's Division liaison by the tenth day of each following month while school is in session to reflect the school-based service worker's activities for the month. Data is reported on referral reasons, types of contact made with the child or family, and what referrals the school-based service worker made to community resources on behalf of the child or family. In addition to the aggregate data, the school-based service workers provide narrative information on child abuse and neglect prevention activities performed for the children and families served and any community collaboration they had during the month. The Children's Division liaison collects the documentation and data for potential future evaluation and quality improvement.

Restrictions under the Family Educational Rights and Privacy Act (FERPA) continue to prohibit providing identifying information on clients from the schools which limits the ability to determine effectiveness of the program. Due to the FERPA limitations on providing identifying information, CD has not had the ability to effectively measure whether the program has worked for the children/youth served. As a result, CD has revaluated the contract requirements and will be rewriting the contract in the coming year to include goals and activities supportive of Children's Division initiatives, or evidence-based practice models for working with children and families to prevent child maltreatment. The Children's Division has begun negotiations with the Department of Elementary and Secondary Education (DESE) to establish a Memorandum of Understanding for data sharing in relation to the educational

experience of children in foster care. Further data sharing may be explored following a successful completion of that process.

Crossover Youth Initiative

In 2012, Missouri was selected to participate in the Crossover Youth Initiative. Crossover youth is defined as any youth who has experienced maltreatment and engaged in delinquency and has had any level of contact with either the dependency (child welfare), or delinquency (juvenile justice) systems.

These youth have a unique set of risks and challenges and typically require a more intense array of services. Risk factors include parents who may have mental health problems, substance abuse, have an incarceration history, or exhibit severely ineffective parenting styles. A significant population of crossover youth are minority girls who have truancy and poor school performance and strong negative social influence. When compared to their delinquent peers without abuse/neglect history, crossover youth are typically perceived by professionals as higher risk and receive harsher dispositions, remain in 'the system' for longer periods of time, have more numerous placement changes which often involve congregate care, have higher need for special education, and experience teen pregnancy, STD treatment and substance abuse at higher rates.

An implementation team from Missouri, comprised of a former crossover youth and representatives from the Children's Division, Division of Youth Services, Department of Mental Health, Missouri Supreme Court, Office of the State Courts Administrator (OSCA), and Missouri Juvenile Justice Association attended training with Georgetown University in 2012. At the close of the training, the team completed a Capstone Project outlining their commitment to Missouri's youth including both system level and community level goals as part of the statewide initiative, based on the research-supported values and principles of the Crossover Youth Practice Model (CYPM).

System level goals include the establishment of a Missouri Crossover Youth Policy Team to drive the initiative forward. Team membership includes representation from the Missouri Supreme Court, Department of Mental Health, Division of Youth Services, Washington University, the Office of State Courts Administrator, Children's Division, Department of Health and Human Services, Missouri Juvenile Justice Association, and the Department of Elementary and Secondary Education. Members have become "champions" of the cause within their agency and throughout their networks, and facilitated concrete support in the form of funding to support a state level coordinator position within the Children's Division, which was filled in July 2014. Resources are provided to contract with local focus group facilitators in model sites, provide trauma training, conduct research, collect and report data, provide technical assistance to communities, as well as to develop, implement and support sustainable best practices throughout systems involving crossover youth.

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

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

Progress on Community Level Initiatives

1. The Crossover Youth Practice Model was piloted in two communities and was expanded in 2015 with two additional sites. All model sites have been provided with training and technical assistance from CJJR team and Missouri's Crossover Youth Initiative Coordinator.

   Progress: The model pilot communities were selected based on need (data on prevalence of crossover youth), interest (commitment from court and local stakeholders) and capacity (prior history with system change or reform efforts) through an RFI process. Of the submitted applications of interest, the initial sites, 31st and 23rd Judicial Circuits inclusive of two counties, were selected due to their commitment from court and stakeholders and prior history with system change efforts. The minority populations of the selected circuits were comparable to other applicants. These sites have implemented new protocols and will be evaluating process and outcome measures in May 2016. The cohort two model sites, 17th and 26th Judicial Circuits inclusive of seven counties, are in planning stages with plans to launch a new protocol in mid-2016.

2. As part of the planning process, partners mapped out the life history of approximately 40 youth. This included a review of their system involvement and identification of missed opportunities and turning points in their lives.

   Progress: A sampling plan was developed and 20 children in each community were selected for review. File reviews were conducted and a timeline from birth to present was developed, noting system contacts, services received and their duration, significant milestones, significant environmental issues and other relevant information. The purpose of the case reviews was to detail system involvement, identify missed opportunities, and turning points in their lives. OSCA compiled a list of missed opportunities which was provided to the local sites and statewide policy team. This data continues to be utilized in planning for model sites.

3. The Crossover Youth focus group coordinator and OSCA researchers conducted focus groups with youth, their parent figures, foster parents, and youth serving professionals in the 31st and 23rd Circuits to receive feedback on their experiences with the system and increase their engagement in the process.

   Progress: Two coordinators were selected in each community to recruit participants. Focus groups were held in August 2013. The major theme of the groups was "help", kinds of help given and received, its impact, and ideas for how to improve the help given to children and families. Focus group information was provided to sites and the statewide policy team. Common themes centered on information sharing and trust. This data continues to be utilized in planning for model sites. The data has been integrated in the implementation of training and programming impacting Crossover Youth. Findings have also been shared with juvenile justice and child welfare professionals at various statewide conferences.

4. The Crossover Youth State Policy Team offers training and technical assistance to communities desiring to make system improvements for crossover youth but aren't ready to launch the entire CYPM.

   Progress: An assessment and intervention process has been developed for circuits to address the unique needs of Crossover Youth. The Crossover Youth Initiative Coordinator facilitates the assessment and the State Policy Team evaluates the results to make recommendations aimed at making community level changes to improve the experience and outcomes for crossover youth. The assessment and interventions are based on the values and principles of the CYPM. The State Policy team has provided this training and technical assistance to the 2nd and 22nd Judicial Circuits inclusive of four counties. The 2nd Circuit developed and implemented an effective protocol for dually adjudicated youth committed to Children's Division and Division of Youth Services. The 22nd Circuit is drafting protocol for Child Welfare involved youth who become involved with the courts for delinquency.

Progress on System Level Initiatives

1. Develop an assessment tool for risk of crossing over/offending to administer in child welfare cases.

   Progress: Assessment tools were collected and reviewed by the state policy team. An OSCA researcher completed an initial review of a validated risk assessment tool in Los Angeles . It was determined that the infrastructure did not exist for validation and use in Missouri. The State Policy Team is seeking alternative uses of the current data collection tools to asses and address risk for crossing over. Currently model sites are using new protocols for information sharing while maintaining the use of current assessment tools.

2. Develop state policy guidance and a joint case management protocol, allowing youth to receive services in a more fluid and integrated way from multiple systems.

   Progress: Through the protocols developed in pilot sites, the State Team is in the process of gathering data to support the development of a statewide protocol. A gap analysis is in development to assess current policy and procedure influencing practice for multi-system involved youth. The State Policy Team plans to use this tool to identify areas for needed changes to policy, training and technical support to raise the level of practice for crossover youth among many youth serving entities.

3. Expand trauma informed practices and training across systems, including juvenile detention centers. Screen court involved youth for trauma exposure by modifying existing needs assessment tool.

   Progress: The Missouri Crossover Youth Policy Team coordinated with the Ozark Center in southwest Missouri. Ozark Center received a National Child Traumatic Stress Network grant through the Substance Abuse and Mental Health Services Administration to address child trauma. Through this partnership, trauma training is provided to CYPM model site court staff, community partners, and statewide to Children's Division staff.

4. Develop method to identify dually involved youth in the OSCA Juvenile Information System and implement a statewide data integration tool across youth serving state agencies.

Progress: In May, 2013, OSCA staff conducted a site visit in Columbia, SC at the South Carolina data repository, and provided a report to the Missouri State Policy Team where it was determined that additional resources are needed for this effort. The State Policy Team has submitted a letter of interest to the National Council on Crime and Delinquency for a grant to support combining data from education, child welfare and juvenile justice to mitigate risk of crossing over and intervene more effectively when youth do crossover. Missouri was not selected to receive this grant.

5. Advocate for legislative changes which are necessary to create and sustain evidences based practices effective for dependent and delinquent youth.
   Progress: There are several pieces of legislation being considered at this time which impact this population. Members of the State Policy Team have provided testimony in support of legislation which will enhance well-being of older youth involved with the child welfare system.

Challenges

At both the state and community level, the initiative has engaged many participants from a wide range of community partners. Challenges include the multiple, often competing, priorities across youth serving agencies. Another related challenge involves the level of collaboration necessary to implement wide sweeping changes to impact practice across youth serving agencies. Although there is a deep commitment to improving Missouri's youth-serving agencies, changes of this magnitude are coming along slowly and there are systemic challenges among local jurisdictions that must be addressed for successful implementation. Some of the systemic challenges include ineffective cross-agency communication, role confusion among staff and poor histories of collaborative work. As the Crossover Youth Practice Model expands to additional jurisdictions, changes must be sufficiently embedded in the system through a set of best practices. These best practices will have to accommodate variations in community characteristics. Additionally, the current limitations in data systems do not allow for the kind of data collection and sharing necessary to support needed changes. Philosophy, culture, practice, and financing will all have to align for maximum impact and sustainability. The Missouri Crossover Youth Policy Team envisions system-wide implementation of comprehensive policy and practice changes within 3-4 years.

Brief Update

The Crossover Youth Initiative includes a collaborative effort among several youth-serving state wide entities comprising the Crossover Youth State Policy Team which supports both statewide and local level priorities to improve practices for youth involved in both child welfare and juvenile delinquency. Since 2012, in partnership with Georgetown University's Center for Juvenile Justice Reform, four judicial circuits inclusive of nine counties are implementing the Crossover Youth Practice Model. Process and outcome measure reports for the first two pilot sites will be available in May of 2016. Additionally, two research efforts, state wide case reviews and pilot site focus groups, were completed to identify risk factors and missed opportunities to better serve Missouri's crossover youth. The results of this research were used in model sites to inform the protocol development for this population. There are also state-level priorities aimed at system and culture change toward best practices. One goal is the development of a data platform that breaks down silos across agencies to improve assessment of risk of crossing over, and the creation of targeted interventions. After an initial assessment of the current data platforms and review

of a potential model for data integration, it was determined that additional resources are needed for accomplish this goal. As stated earlier, Missouri submitted a letter of interest for a grant from the National Council on Crime and Delinquency in support of this effort. There is a varying degree of buy in from the statewide agencies that would be involved in information sharing.   A second and fairly comprehensive goal is the development and implementation of standard multi-system responses reflective of best practices. A gap analysis is in development to assess specific opportunities for policy and practice changes across several state agencies to improve services to this population. There are several outcomes expected through both the local and system-wide changes including a reduction in foster youth who formally crossover to delinquency, improved cross-systems functioning among youth-serving agencies, a safe reduction in out of home care, a reduction in the use of congregate care, a reduction in disproportionate minority representation, and improved transitions into adulthood.

State Youth Advisory Board

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

Through the State Youth Advisory Board (SYAB), youth have an opportunity to give policy and procedural input to CD staff, provide meaningful leadership training and experiences for board members, and empower board members who, in turn, can empower other youth in out-of-home care. SYAB members and other current and former foster youth have been involved in panel presentations and various state/area conferences regarding what the Chafee Foster Care Independence Program (CFCIP) has meant to them and how it can make a difference.

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

currently no ex-officio members and have not been for the last seven years. Youth on the board at the point of "aging out" have at times expressed an interest but have not pursued this. Community members are also invited to participate in meetings for topical issues. A community member is a non-voting member with no more than three per meeting in attendance. The community member understands and respects the guidelines that are adopted by state board members.   In SFY16, the SYAB had five community members.

Youth ages 15-18 that may be attending school are permitted to attend in some situations with an excused absence from school. Youth in college participate as well and some youth do not go to school full time or do not work full time. The youth are to weigh the pros and cons, with provider assistance, and are not always able to attend every meeting.

In September 2015, Crystal Wilson, Children's Division Program Development Specialist, spoke to the group about the new Family-Centered Services model. Carla Gilzow, Children's Division Program Manager presented information on the Five Domains of Wellbeing from the Full Frame Initiative.

In November 2015, Christine DeTienne, Child and Family Services Review (CSFR) Coordinator, spoke to the board about the CSFR process.

In March 2016, Nathan Ross, Youth Advocacy Supervisor, Midwest Foster Care and Adoption Association, is coming to discuss potential legislation regarding a youth Bill of Rights. An alumni youth and former SYAB member is attending to discuss her platform for the Miss Missouri Plus pageant. She is speaking on "Helping Children and Teens in the Foster System Have a Better Future." She wants to share her story and let other youth know that they can overcome obstacles and achieve their dreams while learning from their trials.   Amanda Williams, Consultant, Center for States Capacity Building, will speak to the board on normalcy and statewide implementation.

Tim Decker, Children's Division Director, attended all meetings in SFY16. The Director listens to the youth's opinions on various topics. He facilitated a specific discussion on normalcy at the September meeting and on advocacy at the November meeting.   The youth feel valued and empowered by his attendance and participation. Several youth have sought assistance from him outside the meetings with situations they are encountering.

In September 2015, Missouri's 2015 FosterClub All-Star became a member of the SYAB. She shared her experiences during her summer leadership internship with the SYAB and presented one of the workshops she had learned on boundaries at the September meeting.   In November, she presented on advocacy and public speaking to assist with preparation for Child Advocacy Day.   She made a one year commitment to the board and although a member, the SYAB plans to continue to use her knowledge and experience for peer training and mentoring. It is hoped that she will continue on the board an additional year to assist with conference planning in SFY17.

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

in the SYAB meetings for a one year commitment. The regional delegate/SYAB member is also asked to participate in speaking engagements and leadership activities. The Chafee contracted providers transport the regional delegates to and from the meetings and provide chaperoning throughout the attendance at SYAB meetings and activities. As of February 2016, there are 35 members on the SYAB.

The Transitional Living Program contract contains language for youth to participate in a local board as well. Contracts for Chafee were rebid in SFY16 and are in process for the Transitional Living Program however there are no changes to the requirements and process regarding SYAB. With the award of the Chafee contract in SFY16, a new provider was awarded the contract in one region. The youth had formed relationships with the Chafee chaperones and at the writing of this report, a meeting has not been held with the new chaperones.

The SYAB did not make any changes to the handbook in SFY16. The handbook will be reviewed and revised as needed in SFY17.

The SYAB met on a quarterly basis for SFY16 and will continue to meet quarterly in SFY17.

The SYAB as well as other older foster youth and alumni youth have been active in participating in speaking engagements and workgroups to promote youth in foster care needs:

In SFY16:

An alumni SYAB youth is a member of the Missouri Task Force on Children's Justice. The task force is a Citizen Review Panel that reviews the Children's Division's compliance with the State Child Abuse Prevention and Treatment Act (CAPTA) Plan, assists the Children's Division in the coordination of foster care/adoption program, the review of child fatalities and near fatalities, examines policies, procedures, specific cases, and generates an annual report to be released to the public.

Two SYAB youth are members of the Health Care Oversight and Coordination Committee. The purpose of the group is to develop a plan to coordinate and provide oversight of health care services for foster youth.

Two SYAB youth are members of the Children and Family Service Review (CFSR) Advisory Committee.

An SYAB member is available to participatein the Continuous Quality Improvement (CQI) Statewide meetings as requested. CQI is a process by which all staff looks at the agency as a whole and develop plans for improvement. However, in SFY16, their attendance was not requested. The voice of youth has been added as a regular feature to the CQI InFocus Newsletter each quarter beginning in 2016. Two youth from SYAB did participate in a two day CQI Assessment workshop in January 2016.

SYAB members participate ongoing in STARS training.

At least one Missouri youth participated in Congressional Youth Shadow Day in Washington, D.C. in May 2015.

Numerous youth from the Southwest Region participated in Older Youth Summits held in Jasper and Greene Counties. All of the SYAB youth from this region were involved as well as many of the local

youth and youth participating in Chafee and TL services. The event was youth facilitated and a panel discussion as well as several presentations and small group discussions were held. The Older Youth Summits are an extension of the Youth Independence Interdepartmental Initiative that began in April 2010. Missouri plans to continue summits throughout the state and youth will be an integral part of these events.

In February, youth applied for the FosterClub All-Star internship.

Youth were nominated for FosterClub's Outstanding Young Leaders.

Youth have and will participate in the Aim High Fellows Program through Foster Care 2 Success.

Missouri encourages youth to apply for the Congressional Coalition on Adoption Institute internship but it is not always known if a Missouri youth was selected.

An SYAB member is participating in the newly formed Youth Empowerment Task Force which will meet through SFY16 and SFY17.

Youth are made aware of opportunities for speaking engagements and memberships in advisory committees and internships as they become known or requested at the local, state and national level via meetings, email, and Facebook and this will continue in SFY17.

The Children's Division provides SYAB members and other current and former foster youth with a $25 per day stipend for attending speaking engagements or participating in requested events, such as a program workgroup. The youth also receive mileage reimbursement for their travel to any such event if they are transporting themselves.

The SYAB provided youth input on several different topics in SFY16:

Members developed talking points and a brochure for Child Advocacy Day;

The SYAB's thoughts were asked for inclusion for the In-Focus Continuous Quality Improvement quarterly newsletters throughout SFY16:

July 2015 – Voices of youth on well being

January 2016 – Voices of youth on visits with case managers

Input was also requested for projects on the topics of normalcy, health insurance for former foster youth "Frequently Asked Questions", myths of being in foster care, and proposed Bill of Rights.

Members contributed quotes for a training manual on the importance of youth visits with case managers.

Members contributed to feedback on memorandums released in 2015:

CD15-16 "What's It All About? A Guidebook for Youth in Out-of-Home Care" (Guidebook revisions)

CD15-70, NYTD Enhancements for Performance Improvement Plan (Survey and letter to youth)

Input will continue to be provided as needed in SFY17.

In April 2016, SYAB members and youth from regional boards participated in Child Advocacy Day. Missouri's annual Child Advocacy Day is an opportunity for parents, providers, youth, and community members to speak up and ask lawmakers to make the health, safety, and education of Missouri's children a top priority for the state. The SYAB developed talking points and met with legislators from their area to talk about issues which are important to the youth. Youth participated in a rally at the Capital. An educational workshop on advocacy was provided. Lunch was hosted by the State Youth Advisory Board which allows all youth in attendance to meet one another, talk about their experiences during the day, and hear what is happening with the State Youth Advisory Board.

In 2015, youth did not have specific topics in which they advocated on but did meet with legislators on individual issues that they deemed important. Organizational issues from the SYAB prevented a brochure/talking points from being developed. At Child Advocacy Day, youth were able to hear remarks from Governor Jeremiah Nixon on the importance of youth in the State of Missouri. Sixty-two youth and adults were in attendance. In 2016, youth will be advocating for a foster care Bill of Rights, normalcy legislation to mirror HR 4980, and re-entry legislation which enhances legislation that was previously passed, removing barriers that have been presented from some Judicial Courts. Participation in Child Advocacy Day will continue in SFY17.

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

It is the philosophy of the agency that by providing this type of leadership training and national exposure that this one youth will be able to directly impact the lives of many youth within the state of Missouri. This youth will also be a trained leader in which he/she can better advocate within the system on behalf of youth in foster care. Since 2006, Missouri has sponsored an All-Star participant and will again sponsor a participant in SFY16-17. Each of these youth has and is expected to participate in CD workgroups, state agency advisory boards and various speaking engagements.

The 2015 All-Star became a peer consultant for the State Youth Advisory Board for the youth conference planning. She attended every State Youth Advisory Board Meeting from September 2014 through July 2015. She shared her experiences with FosterClub and advised the youth on workshop topics. She also assisted Missouri in statewide train-the-trainer training on the Permanency Pact along with other FosterClub All-Stars in March 2015.

The 2016 All-Star became a member of the State Youth Advisory Board and has participated in the CQI Assessment Workshop and the Youth Empowerment Task Force.

In SFY16, interviews will be held and a youth will be selected to represent Missouri as a FosterClub All-Star in Seaside, Oregon for the summer. As of March 2016, 10 applications have been received. It is anticipated that participation in the FosterClub All-Star program will continue in SFY17.

Each year, in addition to the FosterClub All-Star internship, FosterClub, the national network for youth in foster care, recognizes 100 outstanding youth who have been in foster care across the nation in celebration of National Foster Care Month. The recipients were honored by FosterClub for their demonstrated resilience, leadership, accomplishments, educational achievement, and community service. In 2015, 4 youth received this honor. In SFY16, staff and providers were encouraged to nominate youth. As of January 2016 nominations had been accepted but recipients had not yet been announced. Missouri will continue to nominate youth for this honor in SFY17.

The SYAB hosted an Adult and Youth Leadership and Empowerment conference in July 2015. The theme of the conference was "It's Not Over." The conference was held over three days in Jefferson City with over 200 youth and adults participating from throughout the state. The event was planned and hosted by members of the SYAB throughout SFY15. This biannual conference has workshops and presentations geared toward topics related to transitioning and life skills, including NYTD, Chafee, and ETV. The event is fun, educational, and allows youth to interact with other youth and supportive adults throughout the state. The five workshops presented were designed to empower and educate youth on subjects relating to their independence. The workshop topic areas included: Permanency Pact, self-esteem, boundaries, transitioning, and bullying/suicide. Additional presentations included a scavenger hunt, alumni motivational speaker, and Independence City from Foster Club. Independence City is a "life on your own" simulation game. The activity is designed to teach young people how to access community resources to help overcome obstacles they will encounter as they transition into adulthood. Independence City is set up in a large room in the layout of a city. Arranged around the perimeter of the room are Resource Stations that represent community organizations and agencies that a youth could access. The resources are presented as a means to solve obstacles that arise in everyday life; they are available to the population and provide information necessary to handle situations. Youth got to "cash in" their "earnings" for real prizes. Children's Division employees donated prizes as well as other community partners. Informational brochures were made available on various topics/resources.

The SYAB feels it will be a great opportunity to bring together youth and adults to share what they have in common and to empower them on leadership and self-advocacy. Youth in attendance were between the ages of 15 to 20 and youth of Native American descent were specifically asked to be considered for attendance. Department and Division Directors were the opening speakers. Governor Jeremiah Nixon attended as a speaker as well. Fun activities included a dance, carnival, and talent show.

The majority of meeting time for SFY17 will be devoted to planning for another conference.

The SYAB developed a strategic plan in SFY12 to direct their work after the youth conference and no changes have been made to the plan. The youth continue to value and work on the goals set out in the strategic plan.

The three goals are as follows:

SYAB will plan and facilitate a conference for youth in summer 2017 – including developing workshops, eligibility for attendance, and seeking donations.

SYAB and regional boards will continue to make a difference in communities by establishing annual or bi-annual goals, maintaining consistent communication and completing a community project.

SYAB will be an effective, educated, and productive board by receiving training as deemed necessary, advocating, providing input, attending local advisory board meetings, and staying informed on policy updates.

Although the SYAB has grown and been stable throughout the last seven years, some local regional boards struggle with implementation and development in some parts of the state and work on this issue will continue in SFY17. In an effort to understand what is happening at the local level, the State Independent Living Coordinator, who is the SYAB liaison, began attending some of the local meetings and will continue to do so in SFY17 until each region is visited.

In SFY15, the St. Louis and Kansas City local boards were visited. In SFY 16, the 25th Circuit board was visited. Although the 25th Circuit agency was one of the original providers for Chafee services when contracting this service out began, it was one of the areas with the most difficulties in establishing a local advisory board. Membership consisted of state board members only. The ILC attended the inaugural meeting in October 2015. The youth had many ideas that they wanted to do and are off to a good start with meetings being held on a regular basis now. One example of an activity occurred in December. The board rang bells/collected money for the Salvation Army.

In SFY15, an increased effort was made to address the frequent turnover on SYAB and at the September 2015 meeting, all youth members were in attendance which has not happened in the past eight years. The Independent Living Coordinator (ILC) communicates on a regular basis with members between meetings sending personal emails to each member after each meeting as well as sending a personal note on a youth's birthday to keep youth engaged. The ILC began following up with the Chafee provider on youth who were not at the meeting and reasons for this as well as discussing with members the importance of commitment and asking the right questions related to this in the interview process. Time has also been spent discussing the need to make all youth feel welcome by other youth and seniority youth have been paired up as roommates with new attendees. The fluctuation is in part due to the nature of youth moves and other obligations, but work will continue to maintain stable board members. An additional Older Youth Transition Specialist position in the region with high turnover has also improved communication.

As of March 2016, there are two youth with membership of over 3 ½ years, one youth with 3 years of membership, and one youth with 2 ½ years membership. As members are asked to make a year commitment, members with a longstanding history reflect the importance of the board to youth and are vital to the success of the board for historical knowledge, particularly in a conference planning year. Even though these youth with longstanding history do not always serve in the role of an officer, they do become natural leaders of the group. It is also typical for many youth to join after a conference and remain until another conference is held – a two year timeframe - the conference inspiring them to get involved and wanting to stay involved to be on the other side. This was experienced in this last year where six members with two years of membership resigned after the conference as they achieved what they had initially strived to be a part of and felt it was a good ending point. This then makes room for new members to follow suit. As the membership age has been slightly lowered in recent years, it is anticipated that Missouri will continue to see longevity in membership.

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

The Children's Division will continue efforts to include Native American youth participation in leadership activities. Representation has been on the board from March 2012 to September 2015. The Children's Division will continue efforts to include Native American youth participation in leadership activities in SFY17 as well as incorporate diversity of all cultures. Older Youth Transition Specialists receive a monthly listing of all youth's information and monitor these youth for referrals for Chafee services. Chafee and Transitional Living providers are asked to extend leadership activities invitations to youth as appropriate (update: a youth of Native American descent participated in the March 2016 meeting and has since joined the board).

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

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

The SYAB will continue to be the voice of youth in care and increase their visibility and participation in communities in SFY17.

The Children's Division is always looking at ways to improve practice with older youth. The youth voice is powerful and when possible and feasible, the CD acknowledges the needs of the youth with programmatic and practice changes and will continue to do so in SFY17.

State Foster Care Advisory Board

The Children's Division meets on a quarterly basis with the Missouri State Foster Care and Adoption Board (MSFCAB). The members of this board are appointed by the Governor of Missouri. The board was organized in 1986 by the then Director of the Division of Family Services to be an advisory board to communicate 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 the 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;

(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. Some examples of policy that the board reviewed during FY2016 include:

- Medication guide document for resource parent in-service training credit
- OHI correction action plan for resource homes
- Form revisions in respose to CQI process
- Revisions to the adoption staffing process
- Successor guardianship policy revisions

In addition to policy revisions, the Foster Care Advisory Board also received a condensed Five Domains of Well-Being training.

Task Force on Children's Justice

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

The Task Force has been laser focused on improving the investigation and prosecution of child abuse and neglect and reducing trauma to children over the past two reporting periods. The Task Force has also been making efforts to connect its work to other child welfare program areas and objectives. At the December 10, 2015 meeting of the Task Force, in an effort to help the Task Force better understand how the work of CJA and other child welfare program improvement efforts come together and impact each other, Children's Division Director Tim Decker presented the Task Force with an update on the progress of the Child and Family Services Plan (CFSP) 2015 – 2019 and the Annual Progress and Services Report (APSR). This update also included an overview of the Children's Division's progress on implementation of "Signs of Safety", "Five Domains of Well-Being", piloting of the Differential Response Model, and Trauma and Secondary Trauma Training. Director Decker provided the Task Force a two page handout and a graphic outlining the Five Year Plan and plan for improvement. The Task Force was able to review the plan, ask questions of Director Decker, and provide feedback. In the future, the Task Force intends to consider these efforts, plans, and programs when discussing and planning activities and making recommendations for potential projects for improvements in the investigation and prosecution of child abuse and neglect cases.

In addition to its regular activities, in 2015, the Task Force reached out to community stakeholders and other child protection service organizations and agencies to gain a broader perspective on statewide concerns related to child welfare programming and the investigation and prosecution of child abuse and neglect through the use of a survey designed in response to the three year assessment requirement for the Task Force. The Task Force received survey responses from juvenile officers, judges, prosecutors, child advocacy centers, foster parents, CASA workers, GALs, attorneys, school officials, law enforcement officials, Children's Division workers, medical examiners, coroners, citizens and other stakeholders. Evaluating the survey results in conjunction with other activities of the Task Force, including recommendations from the critical incident case reviews, proved valuable and assisted the Task Force in its efforts to obtain a "big picture" view of the child welfare system in Missouri and how the work of the Task Force fits into the Five Year Plan.

Missouri Coalition Against Domestic and Sexual Violence

The Missouri Coalition Against Domestic and Sexual Violence (MCADSV) unites Missourians with a shared value that rape and abuse must end, and advances this through education, alliance, research and public policy. While work with adult survivors of child abuse and neglect is not the program's focus area, individuals coming to the programs may have a long history of abuse (or multi-abuse trauma history) which may include childhood abuse and neglect. MCADSV is a key partner in Missouri's child welfare system who has been actively involved in the Task Force on the Prevention of Sexual Abuse of Children, assisting in curriculum development for mandated reporter training, as well as work being done around children with problem sexual behavior. The Children's Division has contracted with MCADSV since the nineties to provide training and technical assistance on domestic violence for frontline staff. MCADSV is in the process of updating this training curriculum to better meet the needs of staff, with plans to eventually create advanced training modules. As a part of the curriculum updates, MCADSV has partnered with the Children's Division to update the Division's policy related to domestic violence. MCADSV is currently working with The Full Frame Initiative to incorporate the Five Domains of Well-Being into the practice of its member agencies, which the Children's Division is also actively incorporating into its foundation of practice. The Children's Division has recently incorporated MCADSV's standards and guidelines for batterer intervention programs into service and provider requirements under the Children's Treatment Services (CTS) contract. MCADSV has recently brought domestic violence agencies, Child Advocacy Centers (CAC), and the Children's Division together to improve collaboration in Missouri's response to child abuse and neglect. MCADSV has also worked with the Children's Division's Continuous Quality Improvement (CQI) process to include information on domestic violence, and was recently invited to be on the Child and Family Services Review Advisory Committee.

Full Frame Initiative

Beginning in 2013, Missouri Children's Division began a partnership with the Full Frame Initiative (FFI) to embed the Five Domains of Wellbeing philosophy on a child, family, agency and system level. The Missouri Children's Division, in partnership with FFI and with support from Casey Family Programs and Dinky Pictures, hosted a series of seven Community Conversations across Missouri in late 2014. In the Community Conversations, FFI uses the award-winning documentary film RICH HILL to illuminate the lives of families facing poverty and other challenges; introduces FFI's Five Domains of Wellbeing as a

lens through which to understand children and families more completely; and facilitates, with the co-sponsoring agency, discussions about resiliency, family engagement, and sustainable change.

The goals of the Community Conversations were as follows:

Enable stakeholders to collectively explore the system's approach to families (i.e., their "starting place") and what else might be possible for both the system and the families if there were a different approach.

Find allies and champions for change within public agencies, nonprofit organizations, and communities.

Introduce FFI's Five Domains of Wellbeing, a lens which helps understand children and families in the "full frame" of their lives, and has potential to amplify the impact of other strengths-based, trauma-informed practices and models.

Identify opportunities and readiness for applying this wellbeing framework within public agencies, organizations, and the community.

Nurture collaboration and connection across programs, agencies, and fields.

Create a forum that signals the commitment of the co-sponsor's leadership to learning across programs, agencies, and fields, and to making fundamental change.

Evaluations from participants were resoundingly positive, with individuals describing their realizations that there is "more to a family than what is seen initially," and "not everyone sees things the same way." The Community Conversations offer a space to confront one's own assumptions and practice: "I have had very preconceived opinions based on first observations," noted one participant. Participants identified many areas into which they would like their agencies and programs to incorporate a wellbeing framework. Participants articulated value of this work in multiple areas, from "the front end to prevent foster care entries and unnecessary involvement," to "assessment," and more. They have suggested ways that the common language of the Five Domains of Wellbeing and its asset-based approach might help facilitate communication, such as between the courts and child welfare agencies. A Community Conversation document explaining the process, reaction from participants and data was released to the public.

In 2014, FFI and CD designed and implemented an introductory training for all staff to recognize the Five Domains of Wellbeing in their own lives. The key concepts of the training were;

- Seeing families in the Full Frame of their lives
- Understanding the concept of tradeoffs
- Exploring how individuals can support making change that last
- Understanding choices, behaviors and how families balance tradeoffs within the Five Domains of Wellbeing

To prepare for the training, FFI held a two day train-the-trainer session for staff. The two days consisted of experiencing the intro training in its entirety, skill building, practice sessions and coaching. FFI also observed each trainer conducting the training and certified the trainers before they were allowed to continue presenting the material. FFI also provide in-person and conference call coaching sessions to

ensure competencies with the material. FFI also provided a frequency asked question documented to further support the preparedness of the trainers. In 2016, a subsequent conference call is schedule to explore deeper the safety domain and answer any questions the trainers may have.

In 2016, FFI presented the Intro training to the Foster and Adoptive Board of the State of Missouri. The training was modified to include a discussion on minimizing tradeoffs to reduce trauma and support foster parents in new placements. Further work is planned to collaborate with the Five Domains of Wellbeing around the Reasonable and Prudent Parenting Standard.

In 2016, FFI, in partnership with CD, held three half day workshops for program development specialists (PDS). The workshop key concepts for participants are to:

- Gain a deeper understanding of the concept of tradeoffs in the Full Frame Initiative's Five Domains of Wellbeing framework,
- Be introduced to a policy tradeoff tool which will help guide discussions and support policy calls,
- Explore options for minimizing tradeoffs created by policies, and
- Receive additional skill development for facilitating conversations with colleagues about identifying tradeoffs.

The policy tool and process have been dispersed to unit managers in state office. PDS will begin using this process in development of new policy, and workgroups meetings. FFI also provide CD with Five Domains of Wellbeing in a Policy document. This was shared with PDS staff and top level managers to aid them in sharing the Five Domains of Wellbeing with stakeholders.

FFI prides its organization on true collaboration which was experienced again in 2016. FFI and CD were tasked with designing a supervisor training which supported the Five Domains of Wellbeing Framework. Instead of FFI creating training and then submitting it to the Children's Division; FFI chose to involve the supervisors from the beginning of the design. Conference calls were held with supervisors from across the state and FFI explored with them strengths and challenges in their daily work. The training was then introduced to the Supervision Advisory Committee in early 2016. At the end of the training session, supervisors were asked to give feedback on how to improve the training. Two follow up conference calls and a survey were conducted to obtain additional feedback. FFI is incorporating the supervisors' feedback and will begin implementation in South East region in late April 2016. The goals of the supervisor training are as follows;

- Increase understanding of the Five Domains of Wellbeing
- Understand how the Five Domains of Wellbeing is to be used in a clinical supervisory context
- Understand how our brains filter information without our realizing it, and how this contributes to bias

FFI is also partnering closely with other outside providers on the Children's Division new practice model. For example FFI is working with DMH trauma specialist to create a crosswalk to share with staff. FFI also worked with CD to create a workshop for the 2016 Leadership Conference to promote wellbeing in the workplace. FFI also participated in the newly designed Family Centered Services model. FFI created a CD values presentation to be shared with all staff. FFI in partnership with CD presented at several conferences including the Fostering Strategies for change conference and MJJA. Also FFI partnership

with CD was highlighted in the Synergy; The newsletter of the Resource Center on Domestic Violence, Child protection and custody for Juvenile and Family Court judges.

In 2015, CD presented the Five Domains of Wellbeing to the State Youth Advisory Board. This presentation included a discussion of the Five Domains of Wellbeing and Diamond McMillion, MA Unaccompanied Homeless Youth Commission representative's advice for young people moving into housing.

FFI is extremely responsive to requests from the field. For example in 2015, FFI designed a workshop for the South West region after the Regional Director requested engagement skill building. Furthermore, FFI joined forces with CD to create a half day workshop for specialists in charge of On-The-Job training/coaching. The workshop provided hands-on application of the Five Domains Wellbeing for staff.

FFI is working with CD in 2016 on the following:

- Training approximately 250 supervisors on the new supervisor curriculum;
- Incorporating Five Domains of Wellbeing in CD Older Youth program by curriculum development, training, consultation and support;
- Working with Central Office training staff and senior management on their broader ongoing curriculum review and development, to ensure it is aligned with the Five Domains of Wellbeing and reinforces concepts throughout;
- Training for staff on running Community Conversations; and
- Providing targeted review for alignment and feedback on tools and materials created by Children's Division for the field or for administrative and accountability purposes.

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

Program Manager meetings are held quarterly. These meetings now serve as the state level tier for the CQI process. This meeting is co-facilitated by a contractor and state agency representative. These meetings provide a forum to work on unresolved issues from the regional CQI meetings and an opportunity to share best practice. In recent years the group has discussed strategies to increase

parent/child and sibling visitation, identify evidence based mental health practitioners, transition foster youth to adulthood, and improve placement stability.

CEO meetings are also held on a quarterly basis. Items of discussion have included resource development, improving outcomes for older youth, performance measures, and SACWIS compliance.

Joint QA/QI initiatives at the regional level includes Program Improvement Plans to address deficiencies identified through the circuit self assessments and Peer Record Reviews. Contracted staff, including their QA Specialists, is invited to attend the local CFSR/PIP meetings. The desired outcome is the development of joint QA/QI plans to address areas of concern and sharing of best practice.

Joint QA initiatives at the state level include federal reviews such as worker visits with children and CFSR and AFCARS/data integrity. Contracted QA staff is invited to attend CD QA Unit meetings. The contracted QA specialists are now routinely engaged in data quality initiatives developed to achieve improved data integrity.

The Foster Care Case Management agencies have case management representatives on the CFSR/PIP committee, which continues to meet on a quarterly basis.

In February 2009, Children's Division and contracted QA staff attended a two day training sponsored by Kids Hope United. This provided an opportunity for private and public staff to collaborate, share ideas for quality assurance and best practice, and share tools. Summits in 2013 and 2014 focused on the importance of effective messaging when relaying data and were sponsored by Casey Family Programs.

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 Missouri Court Improvement Program Strategic Plan is available for review as Attachment L. 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:

- Honorable Elizabeth Swann, Associate Circuit Judge, 11th Judicial Circuit. Judge Swann is also the liaison to the Family Court Committee.
- Honorable H. Mark Preyer, Associate Circuit Judge, 35th Judicial Circuit
- Honorable Anne-Marie Clarke, Family Court Commissioner, 22nd Judicial Circuit
- Ms. Beth Dessem, Executive Director, Missouri CASA
- Mr. Phil McIntosh, Guardian ad Litem, 2nd Judicial Circuit

- Mr. Aaron Martin, Attorney at Law, 19th Judicial Circuit

- Ms. Cindy Garrett, Deputy Court Administrator, 13th Judicial Circuit

- Mr. Robert Prue, Assistant Professor, University of Missouri-Kansas City, School of Social Work

- Mr. Dean Aye, Foster Parent

- Ms. Susan Savage, Deputy Director, Children's Division, Missouri Department of Social Services

- Vacancy due to retirement

Fostering Court Improvement Project

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

Fostering Court Improvement was initially implemented in four judicial circuits: Circuit 13 (Boone and Callaway Counties); Circuit 22 (St. Louis City); Circuit 31 (Greene County); and Circuit 35 (Dunklin and Stoddard Counties). These circuits were among those with the highest populations of children in out-of-home placement. They received initial training in October 2006 and several circuits have requested re-fresher training as needed. Over the next several years, the project expanded to include the following nine circuits: Circuit 23 (Jefferson County), Circuit 25 (Pulaski, Maries, Phelps, and Texas Counties), Circuit 26 (Camden, Laclede, Miller, Moniteau, and Morgan Counties), Circuit 2 (Adair, Know, and Lewis Counties), Circuit 5 (Andrew and Buchanan Counties), Circuit 45 (Pike and Lincoln Counties), Circuit 19 (Cole County), Circuit 42 (Crawford, Dent, Iron, Reynolds, and Wayne counties), Circuit 11 (St. Charles County) and Circuit 12 (Audrain, Montgomery and Warren Counties). The 32nd Circuit (Cape Girardeau, Perry and Bollinger Counties) was added in January 2015. Currently, 15 of Missouri's 45 circuits participate in the FCI project. Two additional circuits are in the planning stages of joining this effort.

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

The circuits are responsible for reviewing the data collected by the Children's Division and the Juvenile Court to determine areas for improvement. Several circuits have conducted extensive case reviews on children in care in order to ascertain the needed changes. Because of these reviews, circuits have

developed parent education materials to help parents have a better understanding of the child welfare and court process when their children are placed in care. These materials range from pamphlets to videos to classes. Older youth are becoming more involved in their own decision-making by participating in Permanency Planning Reviews and attending court hearings.

Court and agency practices have changed to better serve children. Guardian's ad litem are being appointed sooner. Older youth are educated about their rights and responsibilities. Cross training is occurring between court staff and agency staff. 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.

Statewide meetings are held for all of the participating FCI sites on a bi-annual basis. Training on trending child welfare topics is generally provided at the statewide meetings. There are also networking activities such as breakout sessions on different child welfare topics as well as program updates given by each FCI circuit.

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

The future of the FCI Project continues to grow as additional circuits continue to request to participate. Utilizing a judicial engagement project will be a way 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.

Adoption Resource Centers

Missouri adoptive parents have had the benefit of having Adoption Resource Center (ARC) services available since House Bill 11 (2007) provided funding for establishing centers in Kansas City and St. Louis. The motivation for these centers was the prevention of adoption disruption. The centers were developed to create and utilize local and regional partnerships with other agencies providing similar services to maximize the funds available and avoid duplication or gaps in services. These centers in effect served the eastern and western portions of Missouri and were staffed by Midwest Foster Care and Adoption Association in Kansas City and Foster and Adoptive Care Coalition in St. Louis. During the 2013 legislative session, funding was increased by $150,000 to fund two new ARCs, the Midwest Foster Care and Adoption Association of Southwest Missouri located in Springfield and the Central Missouri Foster Care and Adoption Association located in Jefferson City. Support was given to the existing ARCs in western and eastern Missouri in the amount of $300,000.

As the ARCs expanded in SFY14, the four groups met to develop common goals for succinct reporting of outcomes to the Missouri legislature regarding efficacy of the program.

To assist with the expansion and build collaboration with the four ARCs, Children's Division enlisted the assistance of the National Resource Center for Adoption. As a result of that assistance the four ARCs decided to meet quarterly, once per year in each of the ARC locations, with the intent of sharing the activities occurring at each of the ARCs as well as reviewing the outcome measurements established in the quarterly reporting form which captures numbers served in the following areas:

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

In FY15 there were 3,678 families served, 5,358 children served and 131 adoptions disruptions avoided.

In addition to post adoption supports being provided by the Adoption Resource Centers, the Eastern and Western Centers were awarded funding in the SFY14 budget to carry on Extreme Recruitment Activities. Extreme Recruitment (ER) is a 12-20 week intensive intervention to identify relatives and kin for youth awaiting permanency in foster care. The ER staff includes family finders, as well as a private investigator, that mines the records of waiting children and identifies and then locates relatives and kin to be explored for potential placement. In addition to ER, the Adoption Resource Center on the eastern side of the state is using 30 Days Family™ which focuses on family search, engagement, and placement efforts for youth entering out-of-home care.

State Technical Assistance Team

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

STAT is managed by a DSS Deputy Director and is available 24 hours a day to respond to requests for assistance. STAT's investigative responsibilities are considerably different than those of the CD. During CY15, STAT opened 180 investigative cases, down from 195 cases in CY14 and down from 191 cases that were active in CY13. Of the 180 cases, (61) 34% were sexual abuse, (84) 48% were exploitation, (7) 4% were child fatality, (7) 4% were physical abuse, zero were neglect related and (16) 9% were listed as other. It should be noted that additional felony charges may have been filed by other investigative agencies, but if STAT was not the primary investigative agency, they would not be included in these totals. In 2015, there were an additional 11 cases of sexual abuse which resulted in high technology forensic examinations. 48 individuals were arrested and charged with more than 120 felonies as a result of the High Technology Unit investigating exploitation cases.

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

The Missouri Child Fatality Review Program (CFRP) State Panel, consisting of members from various child protection professional disciplines, meets bi-annually to review topics of concern and identified trends and patterns of risk. The State Panel continues to recommend prevention efforts related to child deaths from same surface sleeping, unsafe bedding and abusive head trauma involving infants, among other types of child deaths. The Children's Division and STAT continue to promote safe sleep for infants with the use of brochures and materials provided by the Missouri Children's Trust Fund and the Department of Health and Senior Services. The CFRP Annual Reports from 2002 to 2014 are available for review at the following website: http://www.dss.mo.gov/re/cfrar.htm.

As a result of the reviews of individual child fatality cases, local CFRP panels made other specific recommendations for prevention during CY15. Some of these included adequate prenatal care during pregnancy; appropriate safe sleep arrangements for infants; traffic safety, proper restraints and following traffic laws; appropriate parenting techniques and adequate supervision of young children; suicide prevention; firearm safety; when to seek medical care; fire safety; never leave a child alone or unattended in or around a vehicle; signs of child abuse and when to report; water safety; outdoor weather safety; ATV and bike safety; farm equipment safety; illegal drugs and prescription abuse; recognition of mental health concerns; and road signage and maintenance.

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

Missouri Prevention Partners

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

Goals for this group are:

- Administration and Leadership - Create an infrastructure to enhance and support child abuse prevention in Missouri
- Public Education and Outreach - Increase public awareness and involvement in child abuse prevention efforts in Missouri

- Prevention Programming – Promote the identification and use of evidence-based practices and promising approaches
- Resource Development – Develop flexible and sustainable funding mechanisms to support child abuse prevention efforts statewide
- Influencing Policy and Legislation – Impact policy and legislative issues through child abuse and neglect prevention focused advocacy

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

Head Start

During FY15, the Missouri Department of Social Services, entered into a statewide contract with the Curators of the University of Missouri on behalf of the University of Missouri – Missouri Head Start State Collaboration Office (MHSSCO) - Columbia. This contract includes both Early Head Start and Head Start. The contract period is for March 1, 2015 through February 29, 2016. The funding amount is a firm, fixed price of twenty-five thousand dollars and zero cents ($25,000.00) for services provided pursuant to the contract.

The local collaboration plan is designed to improve the coordination of services for the children and families served by both agencies. Children's Division may use the Head Start/Early Head Start Referral form to refer children/families to the Head Start agencies in the area that may be eligible. If an opening is not available at the time of referral of a foster child, he/she is placed at the top of a waiting list and provided services as soon as the opportunity becomes available. Head Start/Early Head Start services, when accessed, can have a direct bearing on the actions Children's Division workers use in their day-to-day interactions with families. By accessing Head Start/Early Head Start services, families can ensure their children are receiving quality child care services to help with school readiness. Accessing services also aids in ensuring:

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

Missouri Community Partnerships

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

The way CD utilizes these partnerships varies by community. There are some specific examples listed below. Local offices have a strong relationship with their community partnerships. When needs are identified, local staff approach the community partnership and collaborate to come up with 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 state department heads and leaders from the corporate and civic arenas. This 19 member board provides guidance and direction to the 20 partnerships. The board meets regularly each year and most of the Community Partnerships are represented at those meetings. The FACT web site is www.mofact.org. Since 2014, FACT has been the Annie E. Casey Foundation KIDS COUNT grantee for Missouri.

The ability to address each community's unique needs is greatly enhanced by the large source of local volunteerism. During this fiscal year the partnerships have generated over 200,000 hours of volunteer service to their respective communities. In addition to the many service hours generated by the partnerships, they leveraged over $8 for every $1 of state funding provided them in FY15. They continue to be a good return on investment.

The main focus of the 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. Here are some examples of the work the Partnerships are spearheading all over the state.

The Jefferson County Community Partnership has a successful Safe Babies program that is aimed to decrease the number of tragic infant deaths by increasing awareness of preventable risk factors. They directly impacted 104 people this fiscal year. Their Parenting Network provided 184 home visits.

The Ripley County Community Partnership focuses on children succeeding in school by providing comprehensive wrap around case management services, they provide a mentoring program to help youth transition from care in DYS, they provide Youth Mental Health First Aid and continue to offer the curriculum Building Strong Families. All these programs focus on the wellbeing.

At the heart of The St. Francois County Community Partnership efforts is a program called Project Sunshine. It strives to end the cycle of child abuse and neglect in that region of Missouri. It uses a multipronged approach to raise awareness of abuse and neglect, facilitate community initiatives targeting prevention and coordinates resources so assistance is readily accessible for those who need it.

The Alliance of Southwest Missouri holds an annual HOPE Conference that focuses on domestic violence and each year a track within the conference offers workshops to help community leaders focus on child

wellbeing in their community.   The conference continues to grow and reaches over 300 people each year. This Partnership also provides Child Parent Relationship Training led by a licensed counselor to help parents hone their parenting skills with a child centered approach.

The St. Joseph Youth Alliance has focused their work on what they call "5 Keys for Kids". Their partners and the Youth Alliance have agreed on a platform that includes crisis intervention, early childhood education, substance abuse prevention, youth asset development and youth mentoring.

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

CFSR Advisory Committee

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

The responsibilities of the CFSR Advisory Committee are as follows:

- To provide feedback on the Child and Family Services Plan
- To provide assistance to the Children's Division with the CFSR process
- To identify additional local stakeholders throughout the state of Missouri who might provide assistance and/or services through or in conjunction with the Children's Division
- To assist the Children's Division in identifying and increasing resources for at risk families
- To assist in the development of a PIP
- To develop a stakeholder process to collaborate on the PIP

For more information regarding the CFSR Advisory Committee and Charter, see http://dss.mo.gov/cd/cfsr. The Charter provides the scope of work which includes a review of the Program Improvement Plan and the Title IVB Plan, including progress data.

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

During recent quarterly meetings, the committee has been encouraged to expand their role as an advisory body. While there will continue to be opportunities to educate the committee on child welfare issues, the Division appreciates the wealth of knowledge available from the members of this group. The committee has been asked for input on a variety of topics, including recruitment and retention of foster parents, reasonable and prudent parenting legislation, and service array. The conversations on these subjects were structured so as to assist the Division in writing the CFSR statewide assessment.

In August 2015, the Committee was provided with an overview of the Division's strategic direction by Director Tim Decker. The response was largely positive. The number and quality of questions and comments has assisted central office staff in formulating the manner in which information on the Division's initiatives is shared with staff and stakeholders. The members asked for regular updates on the progress of implementation, and that is provided at each meeting.

Missouri KidsFirst

Missouri KidsFirst is a statewide not for profit organization located in Jefferson City, Missouri. They are committed to protecting Missouri's children by improving the response to child victims and educating communities on how to prevent child abuse from occurring. The Missouri KidsFirst Board of Directors is comprised of community and business leaders from across Missouri with a wide variety of backgrounds. They operate under an approved set of detailed by-laws. Missouri KidsFirst provides child abuse investigative training to Missouri's Children Division workers. Missouri KidsFirst has three main program areas: The Missouri Network of Child Advocacy Centers, Prevent Child Abuse Missouri and Sexual Assault Forensic Exam, Child Abuse Resource and Education (SAFE-CARE).

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

Prevent Child Abuse Missouri, a program of Missouri KidsFirst, strives to create a statewide movement that explains how child abuse and neglect can be prevented and the role 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.

Missouri KidsFirst contracts with medical resource centers to provide training and support to medical professionals working with children who are suspected victims of child maltreatment. In the coming year, eliminating child fatalities will be an area of focus and infant drug exposure will be addressed in an educational webinar. The Mandated Reporter Training educates mandated reporters to report suspicion of child abuse and/or neglect, to include infant drug exposure. Missouri Child Advocacy Center's provide access to qualified trained SAFE-CARE providers. Quality SAFE-CARE evaluations are an integral part of the response to child maltreatment. The primary objective of the SAFE-CARE Network is to provide comprehensive, state-of-the-art medical evaluations to alleged child victims in their own communities. The Network includes medical professionals from a wide range of experience, from urban to rural, small private practice to large children's hospitals. Each plays a valuable role in providing a coordinated multidisciplinary response to child maltreatment in Missouri.

Supervision Advisory Committee

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

During August 2015, the Supervision Advisory Committee reviewed the strategic plan and determined which goals and objectives had been achieved or if not met, then needed to be refreshed with new strategies developed. SAC also discussed new goals for 2015. The following description includes a summary of each revised or new strategic goal, corresponding action items and progress towards completion.

Strategic Goal 1: Supervision Skill Building

This goal focuses on enhancing supervision skill building by improving the overall training of supervisors. The Quality Assurance /Quality Improvement unit developed training on Excel, Results Oriented Management (ROM) and assessing PERforM measures. Data training is available upon request through each QA/QI regional unit.

During August 2015, the SAC decided to focus on developing an intranet based resource page for supervisors. The supervisor resource page will be designed to include tools to enhance clinical supervision and consultations, human resource and personnel links, team building and self-care. The committee is exploring ways to incorporate a supervisor message board in order to share information and resources with other supervisors across the state. The committee members chose categories for the supervisor resource page based on responses received from a survey monkey which was sent to all supervisors asking for input on resources deemed most valuable to supervisors.

Professional development within the Children's Division became de-centralized in 2015, with the intent that management at the regional level would allow development of skills to be targeted to the unique workforce needs of each region. SAC's involvement in the restructure of the regionalization of professional development has been utilized through ongoing updates and feedback on the process.

During 2015, supervisors participated in initiatives to increase leadership development of supervisors through the National Child Welfare Institute's Leadership Academy for Supervisors. The first cohort of supervisors began in July 2015 and included approximately 38 participants. Peer learning sessions and coaching was provided by middle managers and quality assurance and quality improvement specialists. The SAC was integral in providing feedback during the initial roll-out and will continue to be included in discussions at SAC meetings, advisory/workgroups and in on-going efforts to sustain this project.

Strategic Goal 2: Supervisor Conference

This goal focuses on developing a supervisor conference to create and maintain bi-annual supervisory leadership and peer networking opportunities for all supervisors across the state. The committee secured funds for a 2016 Supervisory conference. The committee is currently developing the date, venue, topics, workshops and agenda for the conference.

Strategic Goal 3: Child Welfare Career Ladder

This goal focuses on developing a child welfare career ladder.   The career ladder for front-line Children's Service Workers has been a recent achievement in 2014 for the Children's Division. It is this precedence that is now established for the Supervision Advisory Committee to promote and advocate for supervisors to have a career ladder track. Much work needs to occur, beginning with research to gather data and information to begin to define priorities within this goal. This SAC goal is in the initial phases of development and is in tangent with another goal within the strategic plan of having PERforM evaluations and Employee Development Plans that are objective, based on child welfare practitioner competencies, and have measurable outcomes. It will be these evaluations and plans that any career progression must be based on. The committee is currently researching options for MSW incentives, promotions for levels of supervisors with pay scale and requesting input from Human Resources regarding pay rated.

Strategic Goal 4: Recruitment and Retention

This goal focuses on increasing the recruitment of employees and increasing the retention of all employees.   The Children's Division created a Management Analysis Specialist II position dedicated to statewide recruitment and retention efforts. The Management Analysis Specialist met with SAC members in February 2016 and shared information on turnover rates, demographic information on degree background, location, and years of experience, recruitment efforts with universities and the current recruitment and retention initiatives throughout the state,. The committee agreed that the recruitment and retention strategies identified by the Management Analysis Specialist were in alignment with SAC action plans and therefore SAC agreed to support these efforts and not pursue additional strategies at this time. The current recruitment and retention strategies include increasing recruitment efforts with colleges and universities, offering employment presentation to CD staff, including student loan forgiveness information at hiring, reviewing different hiring practices around the state to develop a more comprehensive statewide hiring approach and reviewing and piloting incentive programs such as work from home and using virtual desktop on the phone and personal computers to conduct agency business.

The SAC has experienced success with some of the previous SAC goals and although some goals have been tabled at this time, the committee will begin to revise or continue tabled goals once the above stated goals are in full development.

The following goals were completed or tabled on the SAC strategic plan for 2015.

Data Usage:

SAC continues to be an advocate for the review process and the use of data within case consultations. The previous committee members were supportive of a standardized caseload analysis tool, universal case review process, and enhanced supervisor education and communication of how to use data effectively and

where to find useful, relevant data. The strategic plan reflects activities in which the committee members can integrate themselves into workgroups tasked with making improvements in these aforementioned areas. In 2016, the SAC members received an update from the Quality Improvement Unit manager on the development of a FACES online case review tool. The committee provided recommendations on the development of the tool which included training for all reviewers to enhance inter-rater reliability and the recommendations that reviewers should be chosen to review programs in which they have practical knowledge and experience.

Communication:

The SAC has always advocated for information to be provided to supervisors in a timely manner before releasing the information to staff. In 2014, a new process was developed to communicate, via Adobe Connect or conference call, with supervisors, specialists and managers about upcoming program and policy changes. The process provides awareness, solicits feedback and answers questions. The calls also give supervisors early notification prior to implementation.

There previous committee made some efforts to resolve communication issues between Children's Division inter-departmental partners, such as Family Support Division and other departments, with whom Children's Division actively engaged, such as Department of Mental Health. Currently, Children's Division has a part-time DMH and Children's Division employee to assist with enhancing communication and support between the two agencies. The remainder of this goal has been tabled by the current committee.

For the 2015 PERforM evaluation year, new objectives were created across job classifications, including Children's Service Workers, Specialist, and Supervisors, with future intent to complete more objectives for other job classifications, including Program Managers, Circuit Managers, Field Support Managers, and Administrative Office Support Assistants within 2015. SAC was solicited for feedback throughout the process: initially input was sought on the proposed objectives; during implementation of these new objectives SAC feedback was requested; and after implementation feedback for improvement was requested from all supervisors, specialists and management through the process of the policy and practice conference call.

Other SAC strategic plan items that are of importance but will not be pursued by SAC at this time as there are other committees designed specifically to move these items forward includes: determining service gaps and service array needs and communicating and partnering with community to address these needs; and determining how to utilize Division of Legal Services effectively to increase timeliness to permanency for children and families. The SAC is aware these are statewide, systemic issues and are willing to offer specific and unique strategies in which supervisors can contribute and make a positive impact.

Regional Collaborations

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

Northern Region:

- All 23 circuits in the Northern Region are expected to provide and work with schools on mandated reporting for child abuse/neglect reporting. The trainings are typically provided before the school year to ensure all schools are aware of reporting and signs of abuse and neglect.

- Adopt a Children's Division Worker (ACDW) has been implemented in two circuits in the northwest. This consists of churches being matched with FCS and CAN workers to provide support to families, including material items, as well as skill based support to include: mentoring, job preparation skills, tutoring, organization, cleaning assistance, etc. The goal of the program is to support prevention of abuse/neglect by creating supports for families where none or little exists, and by also providing basic necessities families need. Two examples of recent support provided by this program include: churches arranging and providing a taxi service for a child to attend an after school program and a retired school teacher providing mentoring to parents and tutoring to a child. Both these cases are high risk, Family Centered Services cases.

- Two Circuits are working with local churches and community organizations to provide Strengthening Families, a skill based intervention program for the entire family. The local churches and community "wrap around" the program to ensure no barriers are present and that the family has a positive experience. Childcare, meals, and transportation are provided. "Table hosts" will be present during meal time to sit with families and at a minimum, provide modeling and healthy conversation. The hope is through these relationships, more informal supports can be developed for the families. The main components of the curriculum are: Nurturing, Improving Communication, and Boundary Setting. The vision is in five years to see faith partners and community agencies providing this evidence based intervention program to families. Currently the involvement for this includes a few Children's Division staff from each office, several local faith partners, a few non-for-profit agencies, and the local Juvenile Offices.

- Bright Futures works with the Mexico Public School in Audrain County to identify needs of the youth who attend the school and connect them with local resources. The thought is 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 a higher education, and being successful. The group meets monthly over lunch. In attendance at the meeting is the principal, school counselor, numerous faith based community partners, Juvenile Officer, Children's Division, and a youth from the school (high school level).

- The 14th Circuit Children's Division is collaborating with the City of Moberly and the Moberly Police Department. The City has obtained grants to purchase buckets full of cleaning supplies for families. The buckets contain anything from trash bags and laundry detergent to lice removal kits. This is a program the City plans to continue and the local office is excited to work with them on it.

- The 13th Circuit Children's Division has been working with the Child Advocacy Center, Rainbow House, in Columbia for the past two years to develop a protocol on how to address, investigate, and provide services to children who have been Commercially Sexually Exploited. The core group working on a protocol has been the Circuit Manager, Central Office program specialist, the Rainbow House, Boone County Sheriff's Department, Columbia Police

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

Jackson County:

- Jackson County continues to have workers co-located with several community partners to support wellbeing and decrease the need for foster care in the community. Jackson County has memorandums of agreement with five municipal jurisdictions to have workers co-located at a local law enforcement station. There are two workers located with Kansas City, Independence and Grandview law enforcement agencies and one worker co-located with Blue Springs, Lee's Summit and Sugar Creek police departments. For nearly three years, one or two specialists work from an office within The Children's Place, a therapeutic day treatment child care center and for nearly two years, there has been a Children's Division specialist co-located within the Social Work Department at Children's Mercy Hospital. The presence at The Children's Place amplifies treatment coordination and seamless service delivery, and an office at Children's Mercy Hospital augments health and safety planning collaboration and supports discharge planning for children in families who may be involved with the agency and extraordinary medical needs. In addition, Jackson County has collaborative efforts with workers on site as needed at one of the state's largest child care centers, Operation Breakthrough and Amethyst Place, a transitional housing program for families facing issues of recovery in substance abuse. Again this year, Synergy Youth Resiliency Center provided space 3 times at no cost to the county for adoption recruitment/ family funfest activities, providing a natural festive arts and recreation venue for children and families to get to know each other and make a possible permanent connection.

- In the past three years, Jackson County's collaborative efforts alongside the faith community have blossomed. A terrific partnership with Global Orphan Project in Kansas City via Tate Williams has provided a ministry connection to several local congregations for a variety of services that support positive wellbeing. In late March, there was a celebration for the one year anniversary of Care Portal, which is an on line request system that connects state workers with congregations who may be able to fulfill needs of a family - such as concrete/ physical goods. Jackson County is the first jurisdiction in the country to pilot Tier Two of requests in the Care portal, which are requests for relational services such as mentoring and tutoring. King's Church provides new toys and books for teams to give to children entering care to help reduce trauma; 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 volunteer to provide snacks and drinks for adoption recruitment/ family funfest activities and each spring, there is coordination by a local church for prom dress boutique which provides prom dresses at no cost to youth in care. Several congregations called out to their congregations to develop or support new foster and adoptive parents.

<u>Southwest Region:</u>

- The 40th Circuit currently engages with the Friends of Newton/McDonald Counties to increase the health and wellbeing of children and families. Friends provides monetary assistance for preventative services (gas vouchers, prescription assistance, utility assistance, furniture, etc.) as well as assists with the wellbeing of children in foster care by sponsoring school supply drives, toy drives, and the foster kids Christmas parties. Friends have enabled foster children to attend camps, Boys State, and proms/dances they may not have been able to attend without this assistance.

- Dade County has a monthly meeting – County Connections – which includes individuals from Health Department, Work Force Development, Emergency Management, Ministerial Alliance, OACAC, Conservation Department, CD, schools, County Commissioners, BARCEDA Families, Community Partnership, and other individuals who have an interest in service to the community. The group has been involved in Drug-Take Back programs, school back pack weekend food projects, domestic violence prevention, child abuse/neglect prevention discussions, foster parent recruitment opportunities and other activities.

- In the 31st Circuit, the Child Abuse and Neglect Collaborative began meeting in January 2013. Five sub-committees were created to focus on supporting children in child welfare, family support, marketing, bringing in the faith community, and mental health issues. Membership includes representatives from many areas including: mental health, schools, child advocacy, BACA, childcare, victim's services, health/medical services, and public and private child welfare agencies. The Child Abuse and Neglect Collaborative has created six priorities with 19 tasks:
    o Priority # 1: Prevent Child Abuse and Neglect
    o Priority # 2: Develop a state of the art child welfare system in Greene County, ensuring all children, families, and caseworkers will have the necessary resources and services needed for successful outcomes
    o Priority # 3: All abused children will be reported into the system
    o Priority # 4: Enhance the competencies of child protection professionals called on to investigate and repair families damaged by abuse
    o Priority # 5: 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. (This is a modified goal from the State Task Force on Preventing Child Sexual Abuse)
    o Priority # 6: All businesses, civic, and faith-based organizations in Greene County that work with children will be prepared to prevent and respond to child abuse and neglect

- The 27th Circuit Children's Division has developed a strong relationship and works collaboratively with the 27th Circuit Juvenile Office. The 27th Circuit Juvenile Officers are involved with open investigations when necessary, attend Family Support Team meetings on Family Centered Service families, attend home visits with Children's Division staff, etc. The 27th Circuit holds monthly court staffings between the Juvenile Office, GAL and CD staff for all three counties to better prepare for each month's juvenile court hearings. Normally, these court staffings are held the Monday prior to the scheduled Juvenile Law Day. These court staffings allow for CD, the Juvenile Office and GALs to review the CD's court reports and discuss if further information will be needed for the Juvenile Court Hearing. The 27th Circuit CD and JO

managers also meet every other month to discuss upcoming statute and practice changes for each agency and how those changes will affect the circuit.

- The 27th Circuit, through the Community Organization for Drug Elimination (CODE), has partnered with Pathways (mental health administrative agent), law enforcement, schools, local attorneys, faith based community members, and other community members to develop prevention awareness activities. The team is dedicated to promoting safe, drug-free and healthy lifestyles for the youth and adults of Henry County. The team has been involved with the Henry County schools and community for several years and support activities such as Red Ribbon Week and Henry County Sheriff's Office Drug Take Back boxes.

- 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 needs that may go unmet, and to also provide mentoring and other programs and efforts to help nurture local children into the thriving, successful, contributing adults the community knows they can be. Children who are hungry, cold, tired, humiliated, etc. cannot learn and succeed. It is the goal of Bright Futures Clinton to combat these barriers to success by forming relationships, connecting, and working together. Currently, CD has a staff serving on the Advisory Board. Examples of their projects including the following: community book drive, Monday with Mom, Back to School Fair, mentoring program, adopt a class/school, meeting individual students' needs, etc.

- Fostering Hope, in the 29th Circuit, is a faith-based, nonprofit organization founded to provide support to children in foster care, raise awareness of child abuse and neglect, recruit and support foster families, and support CD staff. Fostering Hope is primarily made up of foster parents but they have a wide network of faith and non-faith-based connections which contribute to their overall mission. Within the last few months, they opened The Caring Closet, where foster children can go to get clothes and some other needs met, above and beyond what the state can and does provide. They also partnered with CD to hold a community child abuse prevention and awareness event. Also, they are important partners in holding 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.

Southeast Region:

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

- We Can Be Drug Free Coalition, 36th Circuit – This group meets monthly with various community partners including Probation and Parole, schools, Department of Mental Health, Family Counseling Center and Southeast Behavioral Health. Their goal is to lower the incidence of drug and alcohol use and abuse in their young population. Activities include putting up billboard and yard signs, and promoting responsible beverage service.

- Meetings are held quarterly in Dunklin County with all area school superintendents, Juvenile Office, the juvenile judge, and CD supervisor and Circuit manager.   Various topics are discussed including mandated reporters, SAFE exams and the procedure, legislation and how all agencies can work more closely together.

- The 37th has a strong working partnership with the Oregon County faith based group. The group arranges for a 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. They have a site 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.

- Pemiscot County has the worst outcome data for adult and child health, infant mortality, socioeconomic status, etc., in the state. As such, the local hospital, Pemiscot County Memorial Health Systems, sponsors a monthly meeting of community partners (law enforcement, CD, hospital staff, school staff, community resource providers, city government staff, etc.). Discussions are about how to improve the community and to learn about different community resources that are available. Out of this meeting has grown the Grants Meeting which is a smaller group of community representatives who have just begun looking into writing grants for needs identified by various disciplines at the meetings. Children's Division staff has not been able to attend the monthly meeting in recent months due to on-going case management responsibilities.

- The Delta Area Economic Opportunity Corporation (DAEOC) is based in New Madrid County. DAEOC is a community action agency which serves the six counties which comprise the Bootheel.   They offer the Headstart, Early Head Start, and MIECHV programs.   CD has had a great working relationship with DAEOC for many years.   Headstart and Early Head Start have a Policy Council Board which includes parents from each Headstart and Early Head Start facility in the program area.   Bylaws state that there are two community representatives present at each Policy Council Board meeting. The 34th Circuit Manager served as a community representative for a three year term and now the CD supervisor is finishing her first year as a community representative.   The Division is able to find out information at these meetings which is relative to CD staff and the families and children served.

St Louis Region:

- The St. Louis Family and Community Partnership works to support families, prevent child abuse and neglect, and help ensure that children have permanent relationships that help them safely

thrive with families in their own communities. It is a coalition of more than 60 child-serving agencies and community partners in metropolitan St. Louis. Members include social service agencies, courts, police, schools, government leaders and state agencies.   The Partnership has several active workgroups. The *Communications Workgroup* assures communication occurs between the St. Louis Family and Community Partnership and the St. Louis region about strategies and outcomes. This workgroup is the driving force behind Blue Ribbon month. The *Disproportionality Workgroup* was established to raise awareness, promote dialogue and explore solutions to racial disproportionality, disparity and other inequities facing families and children served by individual agencies and the child welfare system as a whole. The *Making Connections Workgroup* was established in 2010 and creates a new group to explore some of the previous work of Building Community Partnerships, Strengthening Families, and Team Practice. The *Recruitment, Training, and Support Workgroup* finds and maintains local resources that can support children and families in their own neighborhoods by recruiting, training, and supporting foster, adoptive, and relative caregivers. The *Safe Places for Newborns – Standing Committee* works with community and institutional groups concerned with the welfare of infants to ensure services for families are known and available in order to prevent child abuse and neglect. Partnerships are formed with legislators to support the protection of infants. The *Self-Evaluation Workgroup* uses hard data linked to child and family outcomes to drive decision making and show where change is needed and progress has been made.

- Project LAUNCH (Linking Actions for Unmet Needs in Children's Health) is a child wellness promotion grant program of the federal Substance Abuse and Mental Health Services Administration (SAMHSA). In Missouri, Project LAUNCH is a collaborative effort led by the Department of Mental Health, in partnership with the Department of Health and Senior Services. The project's purpose is to create a coordinated system that addresses the needs of children ages 0–8 and allows them to thrive in safe, supportive environments and enter school with the social, emotional, cognitive, and physical skills they need to succeed. Through education and awareness efforts, Missouri Project LAUNCH is charged with connecting and strengthening the supports for parents, pediatricians, educators, social service agencies and child care providers so that children ages 0–8 can thrive in safe, supportive environments and enter school with the social, emotional, cognitive, and physical skills they need to succeed. This program is specific to limited zip codes within St. Louis City.

- Fostering Healthy Families partners with Cardinal Glennon Hospital. Cardinal Glennon provides pediatric specialized healthcare services, focusing on continuous, comprehensive, coordinated, compassionate and culturally sensitive primary care. This medical provider is a resource to the state agency, community coalitions, and kinship, foster and biological parents, in an effort to improve the health and well-being outcomes of children (birth -12 years of age) in foster care. Services include entry to care health exam, comprehensive health assessment, standardized developmental screening, in clinic mental health evaluation, counseling recommendations, referral and treatment, education and anticipatory guidance to agency staff, fostering resource providers, as well as families, regarding normal child development and issues specific to children in foster care. They also provide ongoing primary care throughout placement, extending into reunification.

- The SPOT (Supporting Positive Opportunities with Teens) program offers health care services to regional youth ages 13-24. Youth within these ages can access health and prevention services, obtain positive and educational health information, and youth can also be linked to the existing healthcare systems when needed. The Children's Division currently works with the SPOT's Coach program. This program is designed to ensure that foster youth are able to have stable and consistent access to health care services. Any foster youth (age 13-17) in St. Louis City or County are referred to the COACH Clinic to receive their initial 30 day comprehensive exam that is mandated by the State of Missouri. Following this appointment, youth will also be given an opportunity to participate in a voluntary health education program that focuses on healthy relationships, safe sex practices, and teen pregnancy prevention. Once enrolled in COACH, youth have continuous access to medical care, psychiatric services, dental services and case management until age 25. While priority is given to youth newly entering care, foster youth who lack a primary care physician can still be referred to the program.

ASSESSMENT OF PERFORMANCE

Universal Case Review Tool

This Case Review Tool will be within the FACES system, will be able to draw random samples of cases and provide individual case review data for workers and supervisors as well as aggregate data.

In 2015, the Children's Division made the determination that a universal case review tool was needed, instead of separate tools for various purposes. Missouri has created an outline of features and needs for the case review tool to be developed in SACWIS. Missouri is awaiting approval from ITSD to submit the request to contractors for a bid. Once this occurs, design meetings will be held with contractor and Q staff. The case review tool should be available for use by Fall 2016. The case review instrument includes all 18 CFSR items based on safety, permanency, and wellbeing. During development, Q staff is encouraged to continue to use Best Practice Reviews, Targeted Case Reviews and the online case review instrument created by the Children's Bureau. A copy of the Alternative Care Best Practice Review tool is provided as Attachment M.

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

The Maltreatment in Foster Care federal data indicator shows an observed performance of 1.58 victimizations per 100,000 days in foster care. Although this increases to 2.32 with the risk adjustment, Missouri is well below the national standard of 8.50 or less.

Item 1: Timeliness of initiating investigations of reports of child maltreatment

The Child and Family Services Review Data Profile dated June 30, 2015, indicates the average time to investigation is 23.7 hours for FFY14. This is an improvement from the FFY13 average time of 24.8 hours. The State records the date of the first actual face-to-face contact with an alleged victim as the start date of the investigation. Therefore, the response time indicated is based on the time from the log-in of the call to the time of the first actual face-to-face contact with the victim for all report and response types,

recorded in hours. State policy allows multidisciplinary team members to make the initial face-to-face contact for safety assurance. The multidisciplinary teams include law enforcement, local public school liaisons, juvenile officers, juvenile court officials, or other service agencies. CPS staff will contact the multidisciplinary person if appropriate to help with assuring safety. Once safety is assured the multidisciplinary person such as law enforcement official will contact the worker assigned. The worker is then required to follow up with the family and see all household children within 72 hours. Data provided for 2013 includes contacts made by multidisciplinary team members. In Round 2 of the CFSR, Missouri entered into a PIP for Timeliness of Investigations with a negotiated improvement goal of 83.5%. Missouri was determined to have met the goal for Item 1 with the submission of the May 2012 data. The State continues to meet and exceed this goal. The most recent PERforM report shows 87% of all reports from January - December 2015 were initiated in a timely manner. Data for this report is pulled from the SACWIS system and is used in the field for circuit improvement planning and monitoring of worker performance.

The Children's Division Annual Report produced by Research and Evaluation shows the time between receipt of a report and initial child contact in 0 – 24 hours was 86.3% based on Table 4: Time between receipt of report and initial child contact for completed investigation/assessment during FY 2015.

The annual report information uses completed reports and does not include expunged reports or reports where the only category is educational neglect, which requires contact within 72 hours per state policy. The annual report is also calculated on the state fiscal year format

There will be a change in the way the data for timely initial contact is collected in 2017 due to a review of NCANDS submission that occurred 2015.   Multi disciplinary contacts will be removed from NCANDS reporting, but will continue to be allowed by policy. The needed coding changes have been discussed with Children's Division ITSD department and plans are made for the work to be completed by January, 2017. For more information, see the Quality Assurance section.

In contrast, the PERforM report pulls data from the worker's ID who verified safety whether through actual contact or use of multi-disciplinary contact. Staff will be required to document initial contact and assured safety on the Contact Communication Log screen for all child (ren), victims and household members. This report is generated on the calendar year format. The Division continues to encounter challenges in timely initial contact due to legislation passed in 2012. The law prohibits Children's Division from calling prior to a home visit or leaving a business card or other documentation when responding to or investigating a child abuse or neglect report if:

- No person is present in the home,
- The alleged perpetrator resides in the home and the child's safety may be compromised if the alleged perpetrator becomes aware of the attempted visit,
- The alleged perpetrator will be alerted regarding the attempted visit, or
- The family has a history of domestic violence or fleeing the community.

There are many times when a Children's Service Worker will attempt to make contact, but no one is home. Without the ability to let the family know we would like to speak to them, the worker must go back out to the home, possibly during a time not conducive to the family. However, initial contact visits can occur while the child is at school. This law has a significant impact on CD's ability to make timely

contact. The Division had planned to propose legislation for the 2016 legislative session to provide improved language for this statute. However, due to other priorities, the Division decided not to pursue the change this year. The decision to propose improved statutory language will be revisited for the 2017 legislative session.

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

The State of Missouri has several preventive service programs to help prevent children's removal from their homes by providing the family with services to ensure the child's safety while in the home. One of the program areas is Family Centered Services. According to the FY15 Child Welfare Outcome report, of the number of families served in the program (9,600), only 1.95% had a substantiated report within the same time period. The FCS program provides different types of services to intact families and is discussed in the Service Description, Promoting Safe and Stable Families section of this document. Furthermore, Missouri offers Intensive in-home services for families with children at risk of being removed from the home. Of the total families served by IIS (1,825) 0.16% had a substantiated report within three months of exiting the program.

The Missouri Child Welfare Outcomes Report also reflects the State's positive performance in preventing the recurrence of maltreatment. In SFY15, 3.90% of children with a substantiated report of abuse or neglect had a prior substantiated report within six months. This includes children experiencing an investigation or an assessment, regardless of conclusion, prior to the substantiated event.

Item 2: Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care

The Best Practice Review (BPR) tool for Investigations and Assessments asks the following question: "Were concerted efforts made to provide or arrange for appropriate services for the family, to protect the child(ren) and prevent their entry into foster care?" The question was asked in Best Practice Reviews (BPR) of 610 intake cases during 2015. Agency reviewers found in 592, or 97% of the applicable reviews concerted efforts were made. Re-entry cases were not excluded from this review; however, they were not separated out as a subset.

In CY14, the Division began the process of completely revamping the Family-Centered Services model for working with intact families. Part of this initiative includes thoroughly assessing the family, identifying services to meet their needs, preventing future maltreatment and preventing entry into foster care.

One measure that is used to look at this item is Measure #6: Enhance Service Delivery to Prevent Child Abuse/Neglect in Intact Families (FCS) which is taken from the Child Welfare Outcomes Quarterly Report.   This measure looks at Intact families involved in FCS cases with no children in CD (Children's Division) custody during the quarter. Families counted as having Child Abuse activity are those with children reported for child abuse while active in FCS and with incident dates during the quarter.

For FY2015, Children's Division served 9,600 intact FCS families. Of those, 1.95% had a substantiated report during the time their FCS case was active. For more information about the development of a new

model, please see the Promoting Safe and Stable Families, Family Support Services section of this document.

Another outcome measure used is Measure #7: Enhance Service Delivery to Prevent Child Abuse/Neglect (IIS).

This measure is based on families exiting IIS during the State Fiscal Year. Child abuse activity is counted in situations where a child was reported for child abuse/neglect within 3 months of the family exiting IIS. The columns "% with other report within 3 mos." include assessments (any conclusion) and investigations not concluded substantiated.

For FY2015, there were 1,825 families served. Of those, 0.16% had a substantiated report during the time period of review.

Item 3: Risk and safety assessment and management

Missouri is required to assess safety and reduce risk of harm to children in their homes and while in foster care. During child abuse and neglect investigations and assessments, a chief investigator is required to assure safety with the worker by reviewing the case file, conferencing with the worker and reviewing the safety plan. Missouri monitors this information through performance measures. During 2015, Missouri was at 80% of investigations and assessments during the same time period being documented as having been reviewed in the FACES system (49,068 of 61,115 reports).

Risk and safety assessments are conducted throughout the life of a case. Best Practice Review (BPR) results for intact families show that initial safety assessments were completed in 92% of the cases reviewed during 2015 (198 of 215 cases reviewed). Ongoing safety assessments (every 90 days) were completed in 66% of the cases reviewed (117 of 178 applicable cases reviewed). Both of these measures show improvement since 2014. At this time, the Division does not conduct interviews with workers as part of the BPR process. When interviews are conducted in future reviews, it may be determined safety assessments are occurring more frequently on an informal basis. Until such time, regional QI Specialists can target this area on local improvement plans.

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

The Division has partnered with Safe Generations in Minnesota to assist in implementation and in building internal capacity to fully integrate and maintain this model statewide. Safe Generations assists in orientation session for staff and stakeholders, basic training for frontline staff, and in-depth training for

supervisors. Safe Generations also provides frequent coaching calls with frontline staff and supervisors to assist in skill development and case consultation.

In October 2014, a select group of managers from across the state were trained on Signs of Safety. This is a child protection framework built upon solution-focused therapy which stresses the importance of relationships, critical thinking, and workers as change agents. This framework is similar to the Framework for Safety currently being utilized by Children's Division staff however the Signs of Safety approach is simple and stresses getting the answers to three important questions:

- What are we worried about?
- What is working well?
- What needs to happen?

After being given an overview of Signs of Safety, the management group discussed structural considerations, training, and organizational commitment. The Division is currently in the exploration phase of piloting Signs of Safety in Jackson County. If the pilot is successful, the Division will consider statewide implementation of the practice model. Signs of Safety provides a framework for continuous focus on the reasons the Division became involved and on assessment of safety throughout the life of a case. Signs of Safety also emphasizes building families' natural support systems. By piloting Signs of Safety, the Division believes there will be a reduction in repeat maltreatment rates, a reduction in the amount of time children spend in care, and a reduction in re-entry rates compared to non-pilot sites.

Jackson County was selected as the initial pilot sight to begin using this practice model throughout all program lines. Implementation began in June 2015. Approximately 600 hundred Children's Division staff, contracted case management staff, and community partners have received training on Signs of Safety within Jackson County since July 2015.

The Division is actively planning to implement Signs of Safety in a new circuit/area within each of the four regions by the end of 2016. Missouri will be the only state in the country to fully implement this practice model state-wide. The St. Louis region began implementation in February 2016 and staff will begin receiving training in March. The 31st Circuit (Greene County) and the 29th Circuit (Jasper County) will begin implementation in May. The 11th Circuit (St. Charles County), the 12th Circuit (Audrain, Montgomery, and Warren Counties), and the 20th Circuit (Osage, Gasconade, and Franklin Counties) will begin implementation in August 2016. The 25th Circuit (Maries, Phelps, and Texas Counties) and the 37th Circuit (Howell, Shannon, Oregon, and Carter Counties) will begin implementation in November 2016. The five hubs will assist in statewide implementation throughout the rest of the circuits within their regions. As each hub becomes immersed in Signs of Safety, it is anticipated that practice and commitment will begin to spread to surrounding counties and that stakeholder engagement in statewide implementation will naturally occur. All five hubs either have, or will have, an area-specific implementation team to assist in coordination and maintaining fidelity to the practice model.

One intervention of the Children's Division Five-Year Plan 2015-2019 is to create a more skilled workforce. An identified activity to accomplish this is to provide comprehensive investigative training. Funding has been provided through a budgetary increase to support this intervention. The Children's Division contracted with Missouri KidsFirst in CY2015 to provide Gunderson National Child Protection and Training Center ChildFirst curriculum to all investigation and supervisory staff.   As a result of this

contract, 317 Children's Division employees, primarily frontline investigative staff, received this training in CY15.[d1]

The training brought together a faculty comprised of experienced professionals and experts. The faculty provided child abuse professionals a comprehensive introduction to a multidisciplinary team approach in an effort to improve staff's ability to effectively and reliably investigate child abuse. This training incorporated lecture and discussion, review of electronically recorded interviews, and skill-building exercises. The training covered topics such as child development, memory and suggestibility, testifying in court, legal issues and preparing children for court and provided current research related to interviewing children. There were twelve training sessions held across the state. Missouri KidsFirst will provide two additional training sessions in CY2016 utilizing grant funding from the Missouri Task Force on Children's Justice (CJA). Children's Division investigative staff were trained in a previous fiscal year. These additional sessions will be for any additional staff not previously trained or for new staff. Scholarships will be made available for Children's Division staff.

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

Missouri evaluated several aspects including prevention of foster care reentry, placement stability, timely and appropriate permanency goals, and timely and appropriate termination of parental rights hearings for this outcome measure. Missouri reviewed the concerted efforts required to meet permanency goals as well as requirements for youth with goals of Another Planned Permanent Living Arrangement.   In regards to reentry, Missouri meets the national standard as described below.

Placement Stability continues to be a struggle for the state of Missouri. Missouri has the ability to monitor placement stability in both the Results Oriented Management (ROM) System and the Children's Division Outcomes Report. Missouri hopes to have the new federal data indictors in ROM to further analyze this data. The Quality Assurance Unit has begun initial testing of the ROM system in April 2016 and will continue those efforts in order to validate the data.   In addition, QA staff will be developing training on the ROM system for all levels of staff. There is currently a data workgroup comprised of QA staff that has met and is starting to develop a training plan and curriculum.

In an effort to develop foster homes that meet the needs of the children in care, each Circuit Manager will develop, implement and maintain a year round written recruitment plan as well as develop printed and other informational materials and tools, with approval from the Department of Social Services (DSS) Communications. As circuit recruitment plans are developed, they are provided to the Program Development Specialist for licensing and recruitment for review. QA Specialists have been involved in providing circuit data, such as demographics of the foster child population. All local staff and contiguous counties should know the plan. The Northwest and Kansas City regions are supported in the development of foster homes through a foster/adoptive parent recruitment and retention contract. All resource homes in these regions are developed and maintained through the contract.

In Missouri, the Family Support Team Meeting (FST) is the practice used to engage families in making key decisions and goals to achieve improved outcomes. Outcomes can include assured safety, decreased risk, service provision, reunification and permanency. This practice applies to both intact families and families with children in foster care. Missouri has been focusing intently on improving family engagement through the implementation of Signs of Safety and Team Decision Making.

There is a possibility there could be other models and practices which would aid in increasing family engagement, improving outcomes and be a more effective tool for workers to utilize. Other evidence informed meetings to be explored and compared include Family Group Conferencing, Team Decision Making and Permanency Roundtables.

These models will be explored and compared to the current Family Support Team practice to see if implementation of a different practice would be beneficial to the families served. There is a workgroup which previously worked on improving Written Service Agreements (WSA); this group will be reconvened to further explore the team meeting process and the potential for changes. This group, which includes workers, supervisors and policy/program staff, is an excellent venue to explore and discuss the possibility of change in the area of meetings for the future.

Team Decision Making (TDM) in Missouri dates back over 10 years in St. Louis City when it was first began through the Family to Family program brought to the state by the Annie E. Casey Foundation (AECF). Team Decision Making focuses on facilitating a meeting with the family and their identified support people to make the most appropriate decisions for the child. These meetings are triggered by certain events in the family including an impending removal, a child in foster care changing placements and a foster child achieving permanency.

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

Approximately 3 years ago this practice was expanded to the areas of St. Louis County and Jackson County (The Kansas City area). This expansion has achieved mixed results in impacting the child welfare community is both of these areas. However, both areas continue to work on building this practice and bringing their external partners onboard with this process.

At this time plans are being made to implement a state wide rollout of the TDM practice. This is set to begin in CY2016 and will continue through CY2017. Missouri is again partnering with the Annie E. Casey Foundation (AECF) to assist with this project. The AECF will take a threefold approach, the first of which is bringing the practice in the current three sites back to fidelity of their model and to strengthen the skills of the facilitators of the meetings. The second is helping guide the plan for statewide expansion, including the possibility of having the state be a site for an evidence-based research project. The final main effort of AECF will be to implement an online database for data collection regarding TDM practice.

The Team Decision Making processes in the state's three operating sites have faced some data challenges. Both St. Louis areas are using an original Access database which has experienced ongoing technical issues. The Kansas City area maintains an Excel spreadsheet to gather data. Both areas are struggling to disseminate and use data to improve their process. Due to these issues, it is very difficult to gather and report any consistent and reliable TDM data. With the new online database developed by AECF , many of these data issues should be resolved.

Following is the performance on the federal data permanency indicators (with risk adjustment) as of October 2014:

- Permanency in 12 months for children entering foster care – 35.2% (National Standard not met)
- Permanency in 12 months for children in care 12-23 months – 44.0% (No different from National Standard)
- Permanency in 12 months for children in care 24 months or more – 29.6% (No different from National Standard)
- Re-entry in 12 months – 7.4% (No different from National Standard)
- Placement Stability – 4.71 moves per 1,000 days in care (National Standard not met)

At this time, CD does not have a data profile with the 2015 data available to the state. The QA unit is currently testing ROM national indicator reports so the state will have current and up to date data for the above items.

Following each Item below is applicable case review data.

Item 4: Stability of foster care placement

Family Support Team (FST) meetings are required by policy prior to a placement change, or within 72 hours in the case of an emergency move. Best Practice Reviews of 121 applicable cases in 2015 indicate the FSTs were held in 75, or 62% of the cases.

As a result of the Round Two CFSR, the Division developed a workgroup to develop strategies to increase placement stability. According to Outcome Measure 13a from the Child Welfare Outcomes Report, the percentage of children with two or fewer placements in the last five years, in care less than 12 months, has declined slightly with 83.18% in SFY11, 82.60% in SFY12, 81.84% in SFY13, 80.64% in SFY14, and 79.73% in SFY15. However, the average number of placements for all foster children has decreased from 3.31 in SFY11 to 3.09 in SFY15. Additionally, case review results and AFCARS composite data indicate outcomes have remained fairly stable from 2010 to 2014. Some of the strategies that were explored and/or implemented by the placement stability workgroup and the sub-committees included expanded utilization of IIS Consultation. Currently, the Intensive In-Home Services (IIS) contract has language which allows the contractors to provide consultation services to high-risk families not enrolled in Intensive In-home Services. A Practice Point was posted for staff to encourage the use of this consultation. The IIS specialists can provide additional support to resource providers and family support team members during times of placement instability by attending team meetings and/or providing strategies to help families. At this time, the utilization of this consultation is not compiled.

Missouri recognizes the rate of placement change FSTs remain low, despite efforts since Round Two CFSR, and has a direct impact on best practice. As a result, Missouri has committed to refining the Family Support Team policy to require more frequent FST meetings, as well as adherence to the current policy requiring these FST meetings occur prior to a placement change or following an emergency move. Additionally, Missouri has committed to a statewide roll out of Team Decision Making (TDM). The focus of TDM is to have a meeting at every placement or placement change.

Item 5: Permanency goal for child

To ensure timely establishment of permanency goals and timely concerted efforts, Missouri implemented a Performance Outcome Measure based on the frequency of PPRT's, shortly after the last CFSR review.

Missouri is currently at 89% of children in foster care having timely PPRT meetings. Concerted efforts are also measured by case reviews. Of the 321 cases reviewed in 2015, 311 or 97% indicated concerted efforts were made to achieve the permanency goal in a timely manner. Reviewers are asked to consider the following when determining efforts to achieve the permanency goal in a timely manner: ongoing diligent search, FST focus on permanency, services based on individual needs, barriers to achieve permanency. The new case review tool will focus on timely establishment of the permanency goal.

Workers receive an alert when a goal has not been entered prior to 30 days from custody. Missouri also has the ability to monitor the establishment of permanency goals through a data request as needed.

Termination of Parental Rights occurred for 1,144 children in FFY15. Of those, the total average days from entry in care to TPR finalization were 785 days. The state does not currently measure number of days from entry to filing of TPR. The data also does not include those children in care without a TPR.

Item 6: Achieving reunification, guardianship, adoption, or other planned permanent living arrangement

Best Practice Reviews of 321 cases in 2015 indicate concerted efforts were made to achieve the permanency goal in a timely manner in 311 or 97% of the cases. The question asked for this item allows for comments but does not ask for detailed information on what the efforts may look like. The response is based on the reviewer's conclusion they have drawn from reviewing the paper file and FACES documentation. The new case review tool will better address the the required time frames.

Missouri provides independent living services statewide through contracted providers. Examples of services provided include life skills classes, banking and money management, assistance with resumes, practice job interviewing, assistance obtaining driver's licenses, and classes on self-esteem, conflict resolution and nutrition. Missouri also provides contracted oversight to ensure services are in place; this is discussed in the Chafee section later in this document. The Division ensures youth are referred to the Older Youth program through case reviews.

During 2015, 107 Older Youth cases were reviewed, finding 65% of the youth were referred timely. The 2015 referral rate is an improvement from the 2014 rate of 53%. However, recognizing this number continues to be below an acceptable level, regional efforts have been undertaken to improve the timeliness of referrals. For example, in the Northern Region, older youth referrals are discussed at quarterly meetings. The referral listing is broken out by age for circuits with overdue referrals. Referrals have been highlighted in the regional Q Tips Newsletter. In the Kansas City Region, the computer lab is reserved periodically to provide staff access to a computer without distractions to focus on older youth referrals. In the Southeast, older youth referrals and other related issues are included as goals on their Circuit Enhancement Plans. As of June 2015, three of the nine SE circuits had reached 100% on timely referrals. In November, 2015, The SE was recognized with the Innovative Practice Award for their efforts in this area.

Additionally, the Older Youth Transition Specialists (OYTS) receive a monthly listing with the dates of when tools have been completed/updated. Throughout FFY15, there was some difficulty with the correct dates/data being extracted; but as of June 2015, the specialists are receiving accurate reports and information requested. One of the OYTS, who has 92% of youth in the region referred, is sharing with the other OYTS what the region's plan has been to get this accomplished.

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

Missouri continues to increase its performance with regard to placement in close proximity, placement with relatives, and placement with siblings. Missouri finds challenges in data collection regarding visitation between parents children and siblings as well as preserving connections. Moving forward, this outcome will be tracked using the new case review process.

Visitation between the parent and the child is found in the narrative section of the case file. This information is reviewed during Best Practice Reads. However, visitation is often reviewed during targeted case reviews as well.

In addition, the Quality Improvement Unit has discussion at the circuit level with staff and management on how to preserve the continuity of relationships. Many circuits have implemented improvement strategies, for example, one circuit has begun including other relatives besides parents in consistent visitation and are supportive of children preserving connections with out of state relatives via phone.

As a state, Missouri will continue to explore how to better capture and reflect how staff are preserving connections for children and families with the new case review tool being developed.

Item 7: Placement with siblings

As demonstrated in 2015 case reviews, in 210 applicable cases, siblings were placed together in 139 cases (66% of the time). In those cases siblings were not placed together, reviewers found ongoing discussions regarding concerted efforts to place the children together occurred in 72% of the cases. If the reviewer notes siblings are not placed together, additional questions are answered to determine if the separation is necessary. This aids in local improvement planning by alerting the QI Specialist to review with the Circuit to determine what may be modified in local practice efforts to facilitate siblings being placed together.

In some cases, there are factors that are present and prevent siblings from being placed together. In those instances, the Family Support Team should determine whether sibling separation is in the best interest of the child. When making such determinations the Family Support Team should consider the age and developmental needs of each child, their attachment and emotional bond to one another and the effects separation will have on the siblings. Separations may result due to the following:

- A child has specials needs for therapeutic services, which may not be available in the proposed sibling placement;

- A child has inflicted physical, sexual, or emotional abuse on a sibling;

- Court ordered separation;

- Half-sibling placed with a biological parent/relative; and

- Large group of siblings are placed with two relatives and contact can be maintained.

When the FST determines that a sibling group can not reside in the same household, the following options for placement preference should be considered:

- Placement in the same town/community;

- When placed in the same town/community, continue in the same school setting;

- Placement in the same geographic region; and

- Placement in a setting where the placement provider will encourage and facilitate frequent and meaningful contact.

Item 8: Visiting with parents and siblings in foster care

The BPR results indicate siblings placed separately were able to visit each other weekly in 48% of the cases. A Systems Change Request has been submitted to enhance the FACES system to better track siblings, allowing for the number of siblings visits to be monitored. The quality of sibling visits will continue to be monitored through case reviews. The ability to collect this information will allow CD to monitor outcomes of siblings in care, as well as informing improvement planning.

The BPR tool queries the frequency that a visitation plan between the child and his/her mother and his/her father was established and maintained. A visitation plan with the mother was required for 343 children reviewed during SFY15. The plan was documented in 276 or 80% of the cases. A visitation plan with the father was required for 289 of the children reviewed.   The visitation plan was documented in 184 or 66% of the cases. The BPR tool does not record the frequency of the visitation that occurred. This will be addressed with the development of the new case review process.

Item 9: Preserving connections

The Division used to capture this information with the supervisory case review process (SCR). With the elimination of the SCR process, CD does not currently have case review data to demonstrate whether concerted efforts were made to maintain the child's connections to his or her neighborhood, community, faith, extended family, Tribe, school, and friends. However, the Outcomes Report, utilizing data pulled from the SACWIS system, indicates 58.36% of children and youth in care during SFY15 were placed in their home county. Moving forward, this information will be gathered with the new case review. For more information related specifically to tribal collaboration to preserve connections, see the section on Consultation and Coordination Between States and Tribes.

Item 10: Relative placement

Children's Division policy requires case managers to conduct an immediate diligent search to locate and place the child with grandparents or other relatives when appropriate. The Outcomes Report indicates 45.74% of children in care during SFY15 were placed with a relative or kinship provider. Best Practice Review data show efforts to locate and place with grandparents within three hours of custody occurred in 63% of the cases for maternal grandparents and 49% for paternal grandparents. Initial efforts to locate maternal relatives occurred 77% of the time, and 59% of the time for paternal relatives. The state of Missouri is in the process of implementing a practice model based on the Signs of Safety. This approach focuses on using a safety network to ensure that children are safe. It is believed that this approach will

increase the Division's ability to seek out all relatives, including paternal. When circuits identify this as an issue from Best Practice Reviews, localized plans are developed to teach and improve this area. Missouri state law requires all grandparent notification within three hours of a child coming into foster care.

Item 11: Relationship of child in care with parents

The Division has no data available related to maintaining positive relationships between the child and his or her parents through activities other than arranging for visitation. However, this information is documented in the case narrative and available for target reviews. It will be a priority with the new review tool and some regions have already begun to use the CFSR tool which captures the data.

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

Missouri is excited to continue growing and improving in the area of well-being. The Division is committed to making sure needs are assessed appropriately and necessary services are provided to the children, youth, and families served. Continuing to meet the needs of foster parents in this endeavor is a priority as well. Missouri achieved reaccreditation by Council On Accreditation (COA) last year; part of that accreditation focused on families actively participating in their case planning. Missouri also continues to show strength in the area of frequency of case worker visits and is evaluating quality through case review results.

Item 12: Needs and services of child, parents, and foster parents

In CY15, the Division will be embarking upon two initiatives with the hope of improving the identification of needs and services for families served. For additional information regarding these Family-Centered Services initiatives, please see the Promoting Safe and Stable Families, Family Support Services section of this document.

Christy Collins, unit manager, and Crystal Wilson, program development specialist, met with Colleen Heflin from the University of Missouri in April, 2016.   Ms. Heflin is an Associate Professor and Doctoral Program Coordinator in the Truman School of Public Affairs. She is also the Co-Director of the University of Missouri Research Data Center and serves as Co-Director of Population, Education and Health Center.   Ms. Heflin is providing technical assistance in working with our new model FCS team on how to evaluate the pilot sites using the rapid cycle learning approach. The group plans on starting by putting together a logic model and then evaluating the model throughout the implementation of the pilot in 2016.

For further information on the exploration of rapid cycle learning, see the Quality Assurance section.

Item 13: Child and family involvement in case planning

The Division assesses the involvement of parents in the case planning process through case reviews to determine if the parent was involved in the development of the Written Service Agreement (WSA). In reviews of intact cases during 2015, it was noted mothers were involved in the development of the WSA

in 79% of the reviews; fathers were involved in 61% of the cases. Reviews of foster care cases show mothers were involved in the development of the WSA 75% of the time, and fathers 53%.

In CY14, the Division began exploring the use of Signs of Safety as a foundation of practice for working with families through the Family-Centered Practice Model. Signs of Safety is a child protection framework built upon solution-focused therapy which stresses the importance of relationships, critical thinking, and workers as change agents. This model centers around three core principles: working relationships, fostering a stance of inquiry, and landing grand aspirations in everyday practice. Work within Signs of Safety focuses on identifying the worries, what's working well, and what needs to happen within a family to create and maintain safety for the child. In addition, a scaling question is used to make judgments about how safe the child is, from the perspective of the worker, the family, their networks, and other professionals, to develop understanding between the parties and to drive change.

The Division is hopeful this new process will lead to increased participation of children and families and result in improved service.

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

For more information about the development of the Signs of Safety practice model, please see the Program Support section of this document.

Item 14: Caseworker visits with child

Missouri performs very well on the Monthly Caseworker Visit measure. During FFY15, 98% of children in care had monthly visits. In addition, 99% of the visits conducted during FFY15 were held in the child's placement. In recent years, the Division has shifted its focus from quantity of visits to quality of visits with children. This is monitored through the Best Practice Reviews. In 2015, quality visits with children occurred in 94% of the 451 cases reviewed. For the purpose of these reviews, quality is defined as face to face visits between the worker and the child occurring in the home and sufficiently addresses the child's safety, well-being (physical, mental health, social, and education), and permanency (discussion of case plan).

Visitation between the caseworker and children for in-home cases was captured through Family Centered Service (FCS) best practice reviews. In total, 157 in-home cases were reviewed during SFY15. Of those, visitation between the caseworker and all children in the home was determined to be of sufficient quality in 123, or 78% of the cases. The BPR tool does not distinguish the frequency of worker with child visitataion for in-home cases. This will be remedied with the implementation of the new case review process.

Item 15: Caseworker visits with parents

Visits with parents continue to be an example of increased performance for Missouri. In recent years, the Division has focused its efforts on both quantity and quality of visits. In 2015, parents in intact cases were visited monthly in 76% of the months the case was open. There was little change in this measure

from 2014. At least one parent of children in care was visited monthly in 56% of the cases, as compared to 51% in 2014. This measure has continued to increase each month. This data is obtained from SACWIS and reported through the PERforM reports.

The quality of visits with parents is monitored through Best Practice Reviews. A review of 357 applicable cases in 2015 indicates quality visits occurred with mothers 73% of the time, and with fathers in 49% of 310 applicable cases.

The Division recognizes the importance of developing relationships with families served. Developing relationships takes time. As a result, CD is committed to examining policy requirements to determine which tasks are important and which tasks add little value to the work. Eliminating menial tasks with little value will allow staff to spend more time providing direct services to families.

In early 2016, CD Central Office started gathering information from the field on what types of activities and forms were helpful in their partnerships with families. The approach that was used was to gather things staff felt the agency should stop doing as it impeded field work. There was overwhelming feedback provided from the field. Christy Collins, Unit Manager, has compiled all the feedback and it will be reviewed at the April 28, 2016 executive team meeting for further discussion and decision making.

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

Item 16: Educational needs of the child

Currently, Missouri is in the development stage with Department of Elementary and Secondary Education and OSEDA to design a data dashboard of education measures for children and youth in foster care including, but not limited to, graduation rates, count of suspensions, and involvement in early childhood programs. A Memorandum of Understanding has been developed and is currently under review.

The Division's case review process is not currently able to assess whether the child's educational needs are assessed and met on an ongoing basis. Rather, reviews monitor whether the file contains documentation of the child's educational report and IEP. The cases reviewed through BPRs in 2015 show the education report was in 72% of the files, and the IEP in 67% of the applicable files. The case review tool that is in development will address the assessment of educational needs and the provision of educational services for both in-home and foster care cases.

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

Item 17: Physical health of the child

The case review process monitors whether a current physical exam is in the file. In 2015, a copy of the exam was found in 66% of the cases reviewed. This is not necessarily indicative of whether an exam was completed, but rather that the form from the doctor is in the file. Recent enhancements to the case management screens in FACES will allow for more accurate data extraction and tracking. In addition, QA Specialists are able to monitor completion of the initial physical exam as well as the 30-day physical

exam through a monthly data report, and address improvement through local plans.   Regional QA Specialists use a monthly data file received from their Research Department that includes this data. Data for missing or late exams is routinely shared with circuits and also discussed at quarterly meeting .

See the Healthcare Oversight and Coordination Plan for more information related to this item.

<u>Item 18: Mental/Behavioral Health Needs of Children</u>

The Best Practice Review process monitors whether current mental health records are located in the child's file for foster care cases only. In 2015, mental health records were found in 76% of the cases reviewed.   The tool does not address the specific assessment of need and provision of service to meet the need, when identified. Mental health needs for children remaining in the home were not assessed during the BPR process. The case review tool that is in development will assess this item in a manner consistent with CFSR requirements.

Children and youth in out-of-home care have inherently unique behavioral health needs. A child's removal from the home, in addition to or regardless of the abuse or neglect circumstances associated with the removal, or other adverse childhood experiences, can impact a child's physical and behavioral health. To adequately address the complex behavioral health needs of children and youth in care, Missouri has focused efforts on a trauma-informed care. While becoming a fully trauma-informed system is a longer-range plan in motion, immediate steps were taken to increase staff awareness and responsiveness to children and youth who have experienced trauma. By June 30, 2016, all Children's Division staff will have been provided a foundation of trauma knowledge and skills through a two-day training on the National Child Traumatic Stress Network's Child Welfare Trauma Training Toolkit. Staff have acquired skills to recognize and identify symptoms of traumatic stress, identify potential strategies to support children who have experienced traumatic events, and ensure children have access to timely, quality, and effective trauma-focused interventions.

Children's Division staff also learn the importance of supporting resource parents caring for children who have experienced trauma. Missouri appreciates the vital role resource parents have in supporting and nurturing the psychological safety of the children in their care and has committed to train all current and prospective resource providers on the NCTSN Resource Parent Curriculum. One cohort of training facilitators has been trained and has begun training resource parents in the southeast region of the state. Another cohort of training facilitators will begin training in May. Increasing resource parents' capacity to understand the impact and manifestations of a child's trauma history, recognize behaviors as symptoms of those traumatic experiences supports the child's safety, permanency, and well-being.

A common understanding and sensitivity among the various sectors of the child welfare system is essential in addressing and meeting a child's behavioral health needs. The Children's Division's trauma initiative lead, Dr. Patsy Carter, has a shared position with the Children's Division and the Missouri Department of Mental Health. In both capacities, Dr. Carter is engaging the larger child welfare system – educators, physicians, juvenile justice – in raising awareness of childhood trauma and its impact on the development and behaviors of children. Children's Division is also working with the Department of Mental Health and other stakeholders to grow Missouri's capacity of mental health providers serving the early childhood population through cost-free training and collaborative learning opportunities. Increasing the pool of mental health providers specially trained in early childhood mental health and evidence-based

trauma-informed practices will allow Children's Division staff to make meaningful and effective behavioral health referrals for children in the child welfare system.

For more information, see the Healthcare Oversight and Coordination Plan for information related to this item.

Statewide Information System

Item 19: Statewide Information System

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

When a child is placed in out of home care, FACES requires the worker to enter demographics, goals, and placement. A case cannot be opened without this information. In addition, all placements entered are tied to the financial and licensing system. This ensures that placements are valid and licensed and that appropriate payments are being issued.

In order to more fully assess this systemic factor, case reviews will be periodically held to ensure that data is being correctly entered into the electronic system. A random pull of approximately 1% of all foster care cases will be selected and reviewed by the Quality Assurance team. Data such as status, demographics, location and goals will be reviewed for accuracy.

Additionally, such data is already reviewed every 6-months prior to the federal AFCARS submissions. Each AFCARS file is dumped into an excel spreadsheet that allows all data fields to be reviewed for inconsistencies. The data submitted to AFCARS is pulled directly form the data entered in the FACES system.

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

Furthermore, Regional QA Specialists use a monthly data file received from their Research Department that includes demographics, location and goals. This data is shared with circuits. If there is missing

information, it can be highlighted for further review and discussion. Data is routinely shared with circuits and also discussed at quarterly meeting with circuits. It can also be evaluated during Best Practice Reviews or targeted reads.

Case Review System

Item 20: Written Case Plan

Does the State provide a process that ensures that each child has a written case plan, to be developed jointly with the child, when appropriate, and the child's parent(s), that includes the required provisions?

Round One Result*:* This area was rated as an Area Needing Improvement because CFSR findings indicated that foster care children have case plans but parental participation varied across jurisdictions and programs. It was noted the FST meetings were helpful in engaging multiple parties in the development of the plans.

System Description:
In Missouri, foster care policy has remained consistent since the last CFSR, as permanency planning and its inherent decision-making permeates the child's placement in out of home care. The goal of out-of-home care is to provide each child who enters a safe and stable environment with nurturing caregivers. This goal implies no child should be allowed to drift in out-of-home placement. Furthermore, the Family-Centered-Out-Of-Home Care (FCOOHC) policy requires that case planning decisions must be made through the Family Support Team (FST) process within specified time frames.

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

The written case plan (CD-14B) acts as the preliminary case plan developed at the 72 hour FST meeting. This plan is intended to cover the first 30 days the child is in care. At the end of the first 30 days of custody, the Child Assessment and Service Plan (CS-1) takes its place as the written case plan. The CS-1 is used to record the decisions made by the Family Support Team (FST) meeting, with the FST members participating in the development of the case plan. Any identifying information and summary of prior services offered to the family is to be documented on the CS-1. The CS-1 is completed within thirty (30) days of initial custody and reviewed for appropriateness at the 30-day FST meeting. The form is then reviewed and updated as needed for the subsequent FST meetings. The CS-1 is designed to be dynamic form to which information can be continuously added over the life a case.

The case manager will provide each team member with a copy of each individual child's current child assessment (CS-1) after the FST to ensure efficient communication and understanding by each team member.

The Best Practice Review tool assesses whether there is a current CS-1 for each child reviewed. For the reviews conducted in 2015, 377 out of 506 children, or 74%, had a current CS-1 at the time their case was reviewed.

A written case plan is also required for intact families. The plan must be developed in conjunction with the family within 30 days of the case opening. The plan must then be reassessed every 90 days until case closure. The Best Practice Review data for 2015 indicate that Written Service Agreements were completed every 90 days with the mother in 53% of the in-home cases and with the father in 38% of the in-home cases. Case review results indicate that the mother was involved in the development of the Written Service Agreement in 79% of the cases and the father was involved in the development in 61% of the cases.

Progress Since Round Two:
Several enhancements to the CS-1 in the FACES program have occurred since CFSR round two. The system will now require that certain elements be filled out (such as a visitation plan for each parent). There have also been changes made to better log prior and current services offered to the family.

As part of the Quality Improvement/Quality Assurance process, periodic case reviews (called Best Practice Reviews) were completed in each circuit since the last CFSR review. These reviews included elements that measure how involved the family and FST were in creating the Written Service Agreement for the family. In calendar year 2013, aggregated statewide results of the BPR showed that 60% of mothers were involved in creating Written Service Agreements. In the same year, 38% of fathers were involved in their WSA. These numbers increased to 64% and 45% respectively in 2014. Data for 2015 indicate that 75% of mothers and 53% of fathers were involved in the development of Written Service Agreements. If circuits needed strengthening in this area, Program Improvement Plans were made to address this issue.

Measures of Effectiveness and Change:
Training Focus
Training focused on family engagement and was split into individualized modules.
These enhanced trainings are: for workers, *Intact Families Advanced In-Service* and *Family-Centered Out-of-Home In-Service;* for supervisors, *Enhanced Basic Supervision Training, Effective Meetings In-Service,* and *Supervisor-level Intact Families Advanced In-Service* and *Family-Centered Out-of-Home In-Service.*

At least quarterly, each circuit planned activities focusing on identified PIP items and reported back to central office. For example, Circuit 3 would monitor every worker and supervisor participating in CD14 enhancement in-service training or require contracted consultants to provide additional training on family engagement or relationship building training. To evaluate the impact of the form and training enhancements and PIP activities, aggregate results were gathered from the Best Practice Reviews.

Additional Activities
In 2004, the Children's Division began the process to become accredited by the Council on Accreditation (COA). As each of Missouri's 45 judicial circuits evaluated its level of readiness for a COA site visit, cases were reviewed. Assessments and service planning and how well families were engaged in the service planning process were a focus. During the COA site visits that occurred from 2006 through 2009, COA reviewers clarified and verified, through staff, stakeholder, and consumer interviews, and through on-site review of case records, whether and how well families were participating in their service planning. In November, 2009, Missouri's entire child welfare system (i.e. all 45 judicial circuits and Central Office Administration and the Hotline) was deemed accredited by COA. After this, Missouri went through the reaccreditation process and became reaccredited in 2014.

Maintenance activities were put into place upon each circuit's approval by COA. Case record reviews are a standard part of each circuit's maintenance of accreditation plans. All types of cases are reviewed annually, at a minimum, and more often if warranted. Family participation in case planning is a key element reviewed for compliance. Using data findings from these reviews, recommendations for practice improvement are made and implementation strategies are monitored.

Factors Affecting Performance:
Worker's and supervisor's skill level for engaging families and working as a team affects the case planning process. If the worker has not built a relationship with the child or family, it could lessen a family's desire to *want* to engage in the case planning process.

High caseloads prevent workers from spending the time necessary to build relationships with the child or family, and affect the trusting relationships between family support team members. Through the accreditation process, caseloads sizes were reduced and monitored for COA compliance. Since that time this has varied around the state due to worker turnover and current state financial issues.

Within the circuits participating in the *Fostering Court Improvement*, collaboration between the Division and OSCA has improved and the trust between offices is increasing, which is often hard to measure. Fostering Court Improvement collaborations are present in 15 of the 45 circuits in Missouri. While parents are not involved in this collaboration, the ongoing communication between the Children's Divison and OSCA serves to improve the efforts made toward cooperative case planning for families. This partnership has enhanced the team effort which has resulted in better plans, more specifically, individualization of case plans. In some geographic areas, specialists provide enhanced training, focusing on the quality of case plans which was a need identified through a case review process. In each region, monitoring of data occurs and if an issue arises, strategies are put into place as the local issue is not a statewide issue and can be rectified at the local level.

Item 21: Periodic Reviews:

Does the State provide a process for the periodic review of the status of each child, no less frequently than once every 6 months, either by a court or by administrative review?

Round Two Result: This item was rated as an Area Needing Improvement because the

CFSR determined that FST meetings are not consistently held in a timely manner and do not meet the Federal requirement that a person who is not involved in the case must be a participant in the review (i.e., a third-party participant).

System Description:
The State's version of the periodic review is an administrative review known as a Permanency Planning Review (PPRT). PPRT meetings are to be conducted prior to the date of the child's sixth month in care, and every six (6) months thereafter as long as CD has custody. PPRT meetings are held to determine:
- The safety of the child;
- The continuing necessity for and appropriateness of the placement;
- The extent of compliance with the case plan;
- The extent and progress which has been made in alleviating or mitigating the causes necessitating placement in foster care; and
- To project a likely date by which the child may be returned to and maintained in the home or placed for adoption or legal guardianship.

To be counted as a PPRT meeting, the meeting must be open to the participation of the parents of the child, conducted by a panel of appropriate persons at least one of whom is not responsible for the case management of, or the delivery of services, to either the child or the parents who are the subject of the review.

Progress Since Round Two:
In 2009, a Practice Point was issued with tips for scheduling PPR meetings. Some of the strategies included were: scheduling the meetings early enough to ensure that PPR timeframes are met, maintain a log to track PPR due dates, schedule the next PPR meeting at the current PPR meeting and during supervisory conferences discuss upcoming meetings.

In December 2009, a memorandum was issued to staff regarding trial home visits. The memo clarified that PPR meetings must continue even when the child is on a trial home visit. The PPR meetings cease when the Division no longer has custody.

Local circuits continue to work within their communities to engage persons and agencies that are willing to serve as third party reviewers. The success and makeup of this varies in different parts of the state. Some examples of persons who have served as third party reviewers throughout the state include professionals from the mental health field, teachers, university students and staff, community service providers, law enforcement and clergy members. Other staff within the Children's Division who have no knowledge of the family are sometimes used as third party reviewers when community members are not available. Scheduling of third party reviewers also varies throughout the state. Some may be scheduled by family meeting, while others are scheduled in blocks of time. Third party reviewers are full members of the Family Support Team and have the opportunity to contribute to service planning for children and families.

<u>Measure of Effectiveness:</u>
Prior to 2009, the information system had lacked a needed edit to alert staff to choose the PPR indicator when entering Family Support Team meeting information. The edit was added which then required a series of questions to be answered (including third party attendance) with an ―update button selected. After this edit was added, the data showed a steady increase.

On March 20, 2010, a focus group was held with 24 youth from the State Youth Advisory Board and all confirmed participation in FST and PPR. At one time or another, a few stated they missed a meeting because of a schedule conflict.

In the fourth quarter of 2015, 95.11% of children had a PPRT meeting within the past six months.

The following chart shows the rate of PPRT meetings that were current at a specific point in time over the past two years*:

Month/year	**% of current PPRT**
January 2015	88%
July 2015	92%
January 2016	91%

*data source: PERFORM reports

<u>Strengths:</u>
The Division has a well-defined policy and protocol. Family-Centered policy includes FST procedures and requires parents and children participate in case planning, goal setting, and FST meetings. Court hearing timeframes coincides with FST meeting schedule.

<u>Challenges:</u>
One challenge seen statewide is when the third party reviewer fails to show up for the meeting. All the participants are present and it becomes difficult to find a replacement on such short notice. A related challenge is maintaining a consistent list of outside reviewers. It is often that reviewers start out willing to attend meetings but then become increasingly unavailable as time goes on, leading to new efforts needed to recruit new third-party reviewers.

Another challenge involves the entry of the PPRT into FACES. The entry involves a two part process. First, the worker must enter the information from the meeting into FACES. Then, the worker must check a box and go to a separate screen to answer questions to verify that the meeting held was a PPRT. Many staff have forgotten to answer the questions listed on this separate screen. The PPRT is not considered to be complete until this occurs, which causes the system to show the meeting as incomplete when the meeting actually occurred.

<u>Item 22: Permanency Hearings</u>

The Missouri Supreme Court recognizes the importance of timely permanency hearings in child abuse and neglect cases. The courts' effort to hold hearings on schedule enables teams to better ensure timely

permanency. The Office of State Courts Administrator (OSCA) monitors the timeliness of hearings in all Missouri circuits. OSCA shares the data in their CAN Permanency Report. The average days from custody to the first permanency hearing in FFY15 was 337 days. This is an improvement from 367 days as indicated in FFY13 data and 348 days in FFY14. For all subsequent permanency hearings, the average days from hearing to hearing in FFY15 was 273 days. This has remained fairly consistent the last three years.

Child Abuse and Neglect Quarterly Reports/Permanency Award

In an effort to meet federally required timelines, a plan was developed to extract data, monitor timeliness measures and implement methods to improve these measures. Court Operating Rule 23.01 requires the presiding judge in each circuit to submit a quarterly report to the Office of State Courts Administrator (OSCA) for each hearing not held within the specified time frame. The following information is to be reported: case number; style of the case; type of hearing; required hearing date; date of hearing (if held); date hearing scheduled (if not held); reason(s) for delay; compelling, extenuating circumstances found by the judicial officer to support each continuance outside the applicable time frame; and the plan of each judicial officer to comply with time frames during the next quarter. Exceptions for delays must be approved by the Family Court Committee. The Child Abuse and Neglect Quarterly Reports are distributed statewide on a quarterly basis to show the number of hearings held timely, the reasons for delays, and plans for corrective action. CIP staff compiles the reports and transmits a copy of all the reports to the Supreme Court of Missouri and to the Commission on Retirement, Removal and Discipline for review. Copies are also sent to all presiding judges and juvenile officers. The goal is for each circuit to hold 95% of hearings on a timely basis (4,517 of 4,760 total permanency hearings). As the number of hearings increase, circuits continue to maintain a 98% average of holding required permanencyhearings timely (6,955 of 7,124 total permanency hearings). Annual permanency awards are given to those circuits with an average of 100% timeliness. In FY15, 18 circuits received the Supreme Court Permanency Award.

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 (CD) 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 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 CD, making a referral to the appropriate juvenile office. In circuits where the juvenile office does not initiate the filing of TPR, 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. Where reunification, guardianship or placement with a fit and willing relative is the primary permanency plan, termination of parental rights and adoption may be an appropriate concurrent permanency 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 time consuming and complex legal matter if one or both parents object to his/her parental rights being terminated. In all cases the facts and grounds for termination must be proven by legally admissible evidence in a court of law. Grounds for termination of parental rights must be proven to the court by clear, cogent and convincing evidence. This is the highest standard of proof known to the civil law. It is essential, that all of the facts supporting a termination of parental rights are carefully and thoroughly documented. Individual courts may interpret the involuntary termination statues 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 that the 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.

In May 2016, the FACES system has been updated to collect information regarding TPR, and when staff are entering information for a Family Support Team meeting. When the child in question has been in care for at least 15 of the last 22 months, stall will be prompted to fill in information into the record on "reasons termination of parental rights was not filed." Staff will choose from the following options:

- Child is being cared for by a relative
- Compelling reasons exist why filing for TPR is not in the child's best interest
- The Children's Division has not provided reasonable efforts

If the field for "compelling reasons exist why filing for TPR is not in the child's best interest," another drop down box will show for staff to indicate what the reasons are. The choices are:

- There are no legal grounds to file TPR
- Adoption is not the appropriate permanency goal for the child, as determined by the Family Support Team
- The child is an unaccompanied refugee minor as defined in 45 CFR 400.111

- There are international legal obligations or completing foreign policy reasons that would preclude terminating parental rights
- Other-if other is selected, staff will be prompted to enter information in a text box to describe what the reason is

This FACES change will apply only to new cases. The new fields will only appear on cases where the child has been in custody for at least 15 of the last 22 months.

In addition, FACES added a new item to the worker's personal home page display. This page shows a list of worker's assigned cases. The new addition is for alternative care cases and shows how many months out of the last 22 a child has been in custody. This is intended to keep case managers and supervisors aware of the Adoption and Safe Families Act (ASFA) mandated timeframes for permanency. The item also includes the child's permanency plan, as currently documented in FACES in the latest FST.

Also, a new report has been added to the reports section in FACES. It is titled "ASFA clock" and can be used to display a list of children and how many months of the last 22 they have been in custody. This display can be drilled down to region, circuit, supervisor and worker level. This report will run on the 1st and 15th of each month and will be current as of those days.

Termination of Parental Rights occurred for 1,144 children in FFY15. Of those, the total average days from entry in care to TPR finalization were 771 days. For the first two quarters of FFY16, there were 556 children with an average of 774 days.

The state does not currently measure number of days from entry to filing of TPR. The data also does not include those children in care without a TPR.
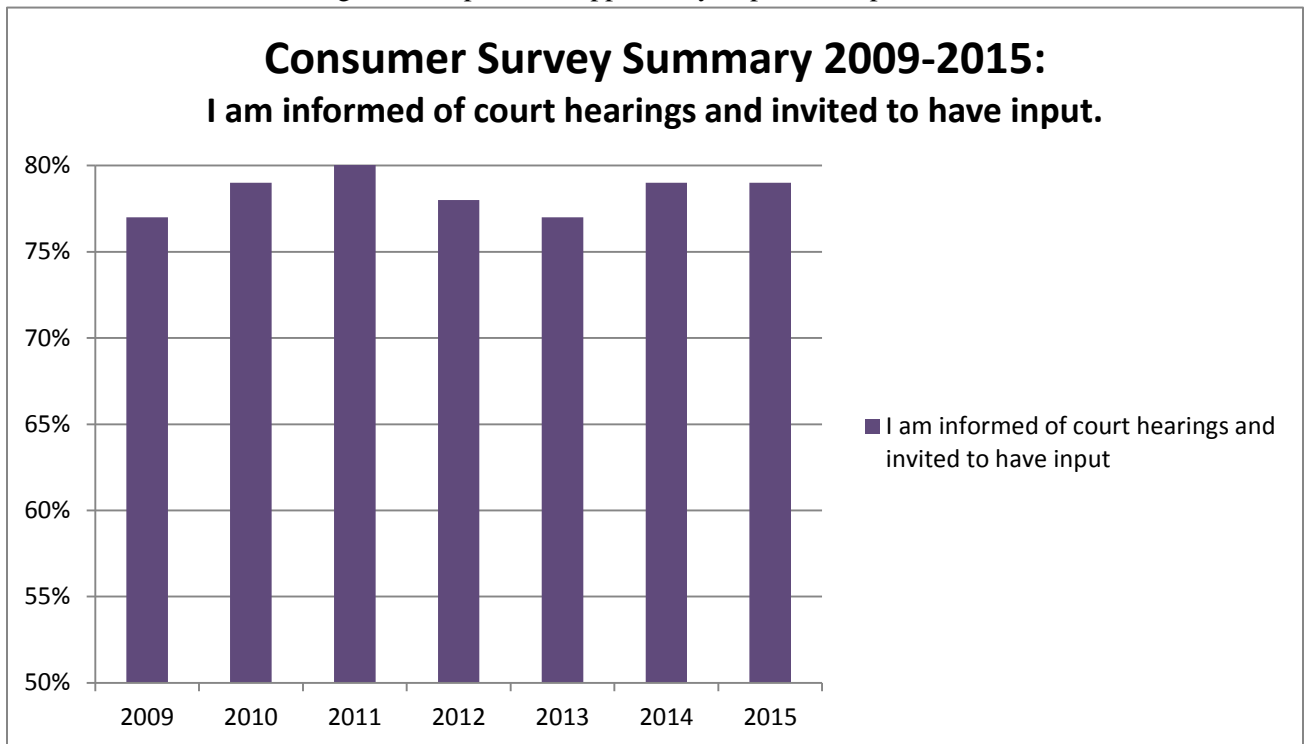
Item 24: Notice of Hearings and Reviews to Caregivers

Missouri does an excellent job of notifying care givers they have a right to be heard in court. Caregivers are provided a copy of the Missouri Resource Parent Handbook. The handbook is also available on the Internet. The handbook informs the caregiver they are part of a team including court, and that, "…your opinion does matter and speak up!" (page 6). The handbook also includes the Foster Parent Bill of Rights, RSMo 210.566 (pages 9-12). Paragraph number 5 states, "Foster parents shall be informed by the court no later than two weeks prior to all court hearings pertaining to a child in their care, and informed of their right to attend and participate, consistent with section 211.464, RSMo." The handbook also provides information about the process and purpose of court on pages 35 -39. The information included in this section informs the caregiver about the Caregiver Court Report form and their right to be heard. The juvenile court is responsible to notify resource parents about court hearings per Missouri Statute 211.171, 211.464 and 210.566. Missouri Office of State Courts Administration, OSCA, is reaching the final stages of their revision the Caregiver's Court Report form.

The legal right for resource parents to be heard is taught in the STARS pre-service training, in particular during session two. They are also informed of the Foster Parent's Bill of Rights. Resource parents are also required by policy to complete 5 hours of laws, policies and procedures governing child welfare which includes information about right to be heard in court.
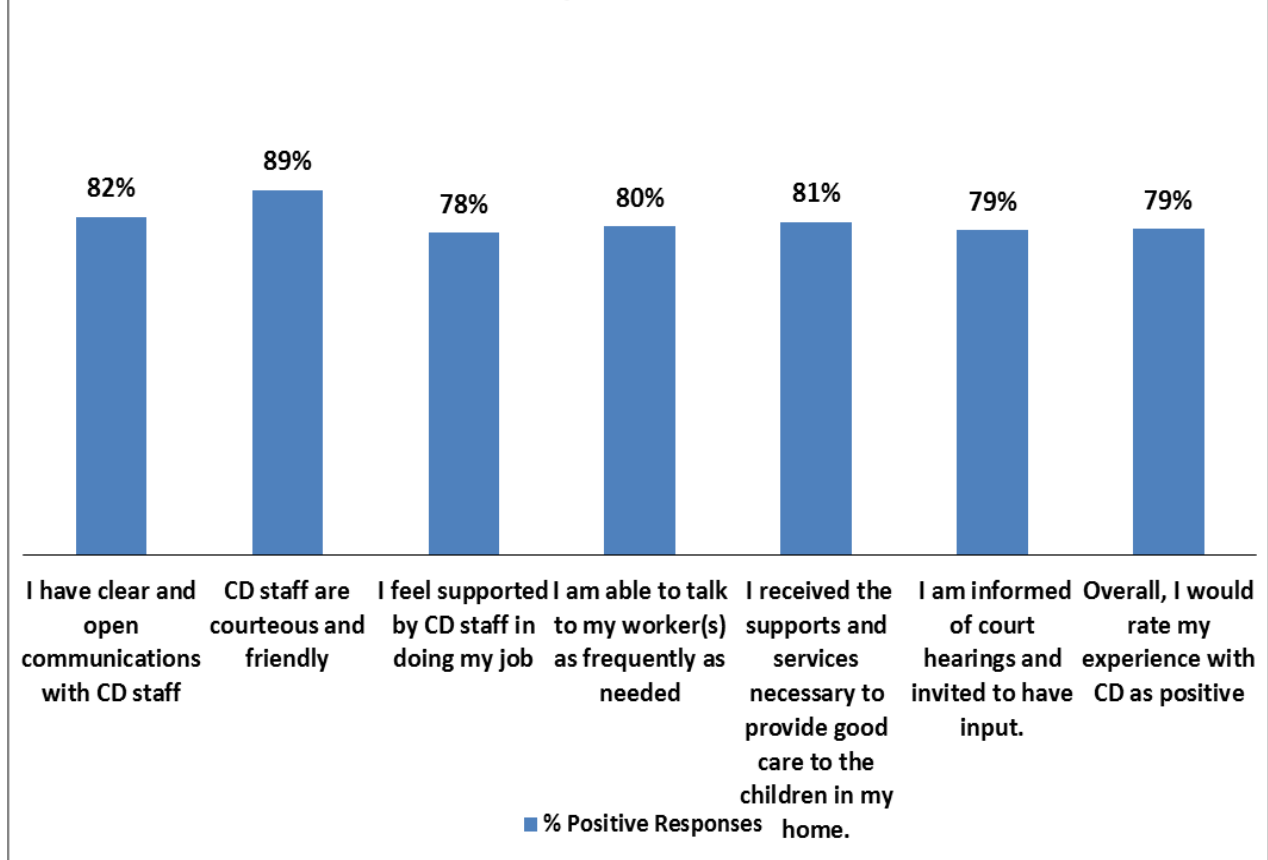
Children's Division mails a survey to every licensed resource parent in the state during a calendar year. One of the eleven questions on the survey is, "I am informed of court hearings and invited to have input." There were 1,371 responses for CY15 received, 1,043 of the responses to this question, 79%, were positive. This data is collected by the Quality Assurance Unit at Central Office. There was an average of 5,832 licensed homes during CY15 ranging from a low of 5,557 in January and a high of 5993 in July. The 1,371 responses represent an average of 24% of resource parents. The response rate for resource provider consumer surveys for the past three calendar years is 27% in 2012, 24% in 2013 and 23% in 2014.

The statewide survey data since 2009 shows that 77-81% of resource families respond positively that they are informed of court hearings and are provided opportunity to provide input.

Consumer Survey Summary 2009-2015:
I am informed of court hearings and invited to have input.

Legend: I am informed of court hearings and invited to have input

Other questions explored on the CY2015 Vendor Survey include items, such as "CD staff are courteous and friendly", and "Overall, I would rate my experience with CD as positive." See the chart below for more information on other items captured in the survey.

Vendor Survey for CY15: Statewide

82%	I have clear and open communications with CD staff
89%	CD staff are courteous and friendly
78%	I feel supported by CD staff in doing my job
80%	I am able to talk to my worker(s) as frequently as needed
81%	I received the supports and services necessary to provide good care to the children in my home.
79%	I am informed of court hearings and invited to have input.
79%	Overall, I would rate my experience with CD as positive

■ % Positive Responses

QualityAssurance System

Item 25: Quality Assurance System

See Quality Assurance section for more information.

Staff and Provider Training

Item #26: Initial Staff Training

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

The Manager Center for the Employee Learning Center will allow supervisors to manage and track their staff's training. Supervisors can review and schedule classes as they appear on the employee's Training Plan and Training Record. The supervisor is able to informally assess the skills and competencies of the worker based upon observation and monitoring as well as through the guidance and support of On-The-Job (OJT) Specialist. The observations and documentation of both Supervisor and OJT Specialist are

utilized to review and annually assess the worker's performance through PERforM competencies based on the National Child Welfare Worforce Institute (NCWWI) Leadership Competency Framework.

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

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

Data pulled from the Employee Learning Center states that from July 1, 2015 to March 31, 2016, 666 new child welfare staff began working for Children's Division and completed the initial staff training. CD is not yet fully capable of being able to measure timeliness of completion against the requirements set forth within each region. While all regional training units have been fully functional for one year, they each have been developing capacity to track and monitor training attendance and participation. Many regions have manual tracking systems and some are more aware of how to utilize the Employee Learning Center. The Statewide Coordinator is working with Human Resources to develop data reports on employment that can be correlated with training attendance data from the Employee Learning Center. The Statewide Coordinator is also utilizing the support of a CD Management Analysis Specialist to assist in building a formula that regional training teams can use to begin reporting out consistent data across the state.

Initial Training Requirements:

Jackson

Jackson County operates a five week combination of classroom/field experience training program. New employees begin basic training, within two weeks of employment. New workers attend formal classroom training two days every week for five weeks. When not in classroom training, the employee and their supervisors use a "Training Passport" that consist of field experiences, group activities, and field trips to enhance their classroom learning. The Field Support Manager supervising the regional professional development team has oversight responsibility to be sure all new hires receive training timely. Jackson workers become case carrying after the pre-service training is complete.

Jackson County regional training structure currently consist of:

- 13.5 hours of Philosophy and Skills classroom training
- 24 hours of On-The-Job Training
- 14 hours of Philosophy and Skills classroom training
- 24 hours of On-The-Job Training
- 14 hours of Child Abuse and Neglect or Case Management classroom training
- 24 hours of On-The-Job Training
- 14 hours of Child Abuse and Neglect or Case Management classroom training (including 6.5 hours of automated case management training)
- 24 hours of On-The-Job Training
- 14 hours of Reinforcement and Evaluation training

After the first two weeks of training, Jackson County bifurcates and provides specialized training to new employees along program lines. Jackson County Training Region provides a total of 96 hours of on-the-job training and 69.5 hours of classroom training.

<u>Northern Region</u>

The Northern Region ensures that each staff member begin the learning process on their 1st day of hire. They are assigned an "On the Job" Training (OJT) specialist on that day. They meet with their specialist immediately and are given a chronological list of their assignments, which include; required trainings they need to sign up for, timelines, and help to complete these assignments. The first training requirements are New Employee Orientation, Work Place Safety and Child Welfare Practice Training (CWPT).

A new worker is required to shadow identified field experiences and have daily discussions, as well as submit field observations to their OJT specialist. They are not allowed to be assigned their own caseloads until the completion of the first phases of training and CWPT. Assignments and trainings are tracked and submitted to the Northern Region Training Manager who reviews their completion and on-going progress. This progress is documented the first year during three training meetings held with the participant, OJT specialist, mentor and supervisor. Thereafter, their progress is documented through supervisory conferences and annual evaluations. Training requirements and training plans are kept in their personnel files.

If a supervisor determines that the worker is not getting a grasp on the material trained, the supervisor can fill out an individual request to have a "trainer" spend "one on one" time with the worker to mentor, teach and model the area of need. The trainer then documents their work with the worker and recommendations. This helps to ensure that the learning has transitioned from training to the field.

"On the Job New Worker Training" is 120 hours of on-the-job training, which includes structured discussions, activities and shadowing experiences with new staff starting on their hire date. They are required to have a minimum of 80 hours before they attend the three weeks of Child Welfare Practice Training classroom trainings. They are assigned an individual mentor to work with them to complete assigned tasks. This on the job attention continues throughout their first year of employment. Training is provided by a team of 16 OJT specialists assigned throughout the Northern Region. All new hires are required to participate in this training based in their own offices.

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

Phase 1:

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

Phase 2:

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

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

Phase 3:

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

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

Phase 4:

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

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

Southwest Region

In the Southwest Region a new class of CWPT starts every 8 weeks. Staff are hired 1-2 weeks before they begin CWPT. The Circuit Managers or office designee enroll new hires in training. Tracking of the

overall process and participation is being done by the clerical support for the regional professional development team and the regional Training Manager.

New caseloads begin to be assigned once CWPT and the worker's OJT are completed. Caseloads are gradually built up to full capacity. If staff competency is demonstrated, a full caseload assignment at one year is generally expected.

Currently the Southwest Training Region is providing the following training structure:

- 40 hours of Field Experience prior to beginning formal training.
- 32 hours of Philosophy and Foundations of Family Centered Skills classroom training.
- 40 hours of Field Experience
- 32 hours of Child Abuse/Neglect Classroom training
- 40 hours of Field Experience
- 32 hours of Case Management classroom training
- 40 hours of Field Experience

Southeast Region

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

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

The current Southeast Region is providing the following training structure:

- Class 1: Foundation & Beginning Communication Skills, 35 hours
- Class 2: Interviewing Skills & Safety/Risk/Evidentiary Evaluations, 35 hours
- Class 3: Family Dynamics & Working with the Family System, 35 hours

St. Louis Region

St. Louis Region offers "Keys to Success", Child Welfare Practice Training for new employees. A new session of classes is offered every two months, allowing newly hired staff to start class within four weeks

of being hired, coupled with beginning on the job orientation within the first two weeks, prior to the start of class.

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

St. Louis Child Welfare Practice Training "Keys to Success" consist of:
- 20.5 hours of CWPT - Keys To Success Class 1: Intro CD Philosophy & Practice
- 6.75 hours of Keys to Success: OJT Orientation
- 20.5 hours of CWPT - Keys To Success Class 2 CA/N
- 20.25 hours of Keys To Success - OJT CA/N
- 20.5 hours of CWPT - Keys To success Class 3 FCS
- 20.25 hours of Keys To Success - OJT FCS
- 20.5 hours of CWPT - Keys To Success Class 4 FCOOHC
- 7 hours of CWPT - Keys To Success CA/N Enrichment Part 1
- 7 hours of CWPT - Keys To Success CA/N Enrichment Part 2
- 20.25 hours of Keys to Success: OJT AC
- 7 hours of Systems Keys To Success - CA/N
- 7 hours of System Keys To Success - FCS
- 7 hours of System Keys To Success - FCOOHC

The Employee Learning Center is not utilized at this time for contracted agency staff members, employed by a private agency. Currently, each contracted agency is responsible for the documentation and reporting of training received by their employees. It is the intention of the Children's Division to begin in FY2017 an integrated reporting of foster care case management contractors' training hours in regular intervals.

There is also the oversight responsibility of the regional training manger. There is a training manager designated in each of the five regions in the state. This person's responsibilities include coordination and monitoring of the regional training program. The training manager, along with the training office support staff are responsible for submitting quarterly quantitative data reports to the statewide coordinator. The training manager ensures training timeframes are met by staff or are made aware of exceptions and develop strategies to address these exceptions.
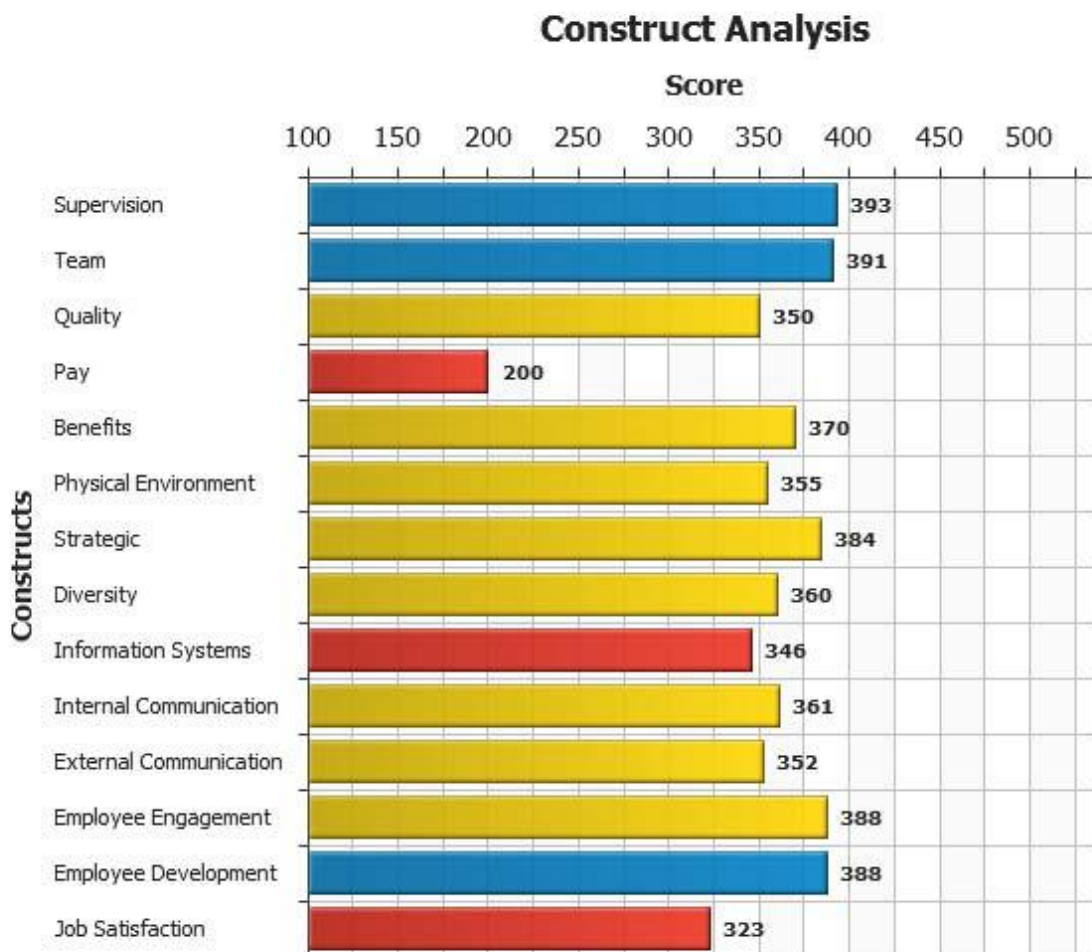
The contractors will provide regular data reports to the Statewide Coordinator, directly, as some contractors cover more than one training region. At this time, an agreed upon interval of reporting has not be discussed. The quarterly reporting within CD is an internal mechanism of support and monitoring, meant to assist the newly created regionalized training teams in awareness and understanding of how to report out data and utilize the data for targeted strategic planning. The contractors may be able to provide CD with a bi-annual report that provides quantitative data which supports and aligns with CD's requirements and their strategic training goals.

Evaluation of the training offered to staff is currently done through surveys distributed to staff at the end of every training. These surveys are not aggregated, quantitative data but rather provide trainers who delivered the training topic with instant qualitative information about the topic delivered.

The Survey for Employee Engagement (SEE), which is a staff survey given every two years, has questions evaluating employee development. The SEE survey can be drilled down to identify how Children's Service Worker I's responded to the questions. The Children's Service Worker I's were chosen for review because these frontline staff members would be most greatly impacted by initial staff training efforts. The results shared below are from the 2014 Survey of Employee Engagement.

The SEE Construct Analysis: Constructs have been color coded to highlight the organization's areas of strength and areas of concern. The 3 highest scoring constructs are blue, the 3 lowest scoring constructs are red, and the remaining 8 constructs are yellow.

Each construct is displayed below with its corresponding score. Highest scoring constructs are areas of strength for this organization while the lowest scoring constructs are areas of concern. Scores above 350 suggest that employees perceive the issue more positively than negatively, and scores of 375 or higher indicate areas of substantial strength. Conversely, scores below 350 are viewed less positively by employees, and scores below 325 should be a significant source of concern for the organization and should receive immediate attention.

Construct Analysis

Score

Construct	Score
Supervision	393
Team	391
Quality	350
Pay	200
Benefits	370
Physical Environment	355
Strategic	384
Diversity	360
Information Systems	346
Internal Communication	361
External Communication	352
Employee Engagement	388
Employee Development	388
Job Satisfaction	323

Employee Development Score: 388

The Employee Development construct is an assessment of the priority given to employees' personal and job growth needs. It provides insight into whether the culture of the organization sees human resources as the most important resource or as one of many resources. It directly addresses the degree to which the organization is seeking to maximize gains from investment in employees.

High scores indicate that employees feel the organization provides opportunities for growth in organizational responsibilities and personal needs. Maintaining high scores requires both providing resources and challenges for employees.

Specific item data gathered about training on the 2014 SEE:

Item #56 Training is made available to me so that I can do my job better.

Children Service Worker I's (CSW I's) response = Current Score: 4.06; Standard Deviation: 0.74; Number of Respondents: 174

All Organizational members response = Current Score: 3.78; Standard Deviation: 0.88; Number of Respondents: 1519

Response:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/Not Applicable
Frequency:	47	96	27	3	1	0
Percentage:	27.01%	55.17%	15.52%	1.72%	0.57%	Not Available

Item #57 Training is made available to me for personal growth and development.

Children Service Worker I's (CSW I's) response = Current Score: 3.82; Standard Deviation: 0.88; Number of Respondents: 173

All Organization = Current Score: 3.62; Standard Deviation: 0.94; Number of Respondents: 1524

Response:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/Not Applicable
Frequency:	36	86	34	15	1	1
Percentage:	20.81%	49.71%	19.65%	8.67%	0.58%	0.58%

Additional Question #15 I have opportunities to learn from my peers.

Children Service Worker I's (CSW I's) response = Average Score: 4.23; Standard Deviation: 0.70; Number of Respondents: 173

All Organization = Average Score: 3.91; Standard Deviation: 0.75; Number of Respondents: 1518

Response:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/Not Applicable
Frequency:	63	90	15	4	0	1
Percentage:	36.42%	52.02%	8.67%	2.31%	Not Available	0.58%

Additional Question #19 I am encouraged to seek further learning opportunities.

Children Service Worker I's (CSW I's) response = Average Score: 3.98; Standard Deviation: 0.79; Number of Respondents: 170

All Organization = Average Score: 3.65; Standard Deviation: 0.89; Number of Respondents: 1504

Response:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/Not Applicable
Frequency:	38	97	20	9	1	5
Percentage:	22.35%	57.06%	11.76%	5.29%	0.59%	2.94%

Additional Question #40 I feel comfortable discussing my professional development and improvement of my practice skills with my supervisor.

Children Service Worker I's (CSW I's) response = Average Score: 4.09; Standard Deviation: 0.90; Number of Respondents: 171

All Organization = Average Score: 3.91; Standard Deviation: 0.98; Number of Respondents: 1255

Response:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/Not Applicable
Frequency:	61	78	17	13	1	1
Percentage:	35.67%	45.61%	9.94%	7.60%	0.58%	0.58%

Item 27: Ongoing Staff Training

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

Ongoing training can be specific to a program line a worker is assigned as well as tied to competency development as identified through the PERforM evaluation and Employee Development Plan. The Manager Center for the Employee Learning Center will allow supervisors to manage and track their staff's training. Supervisors can review and schedule classes as they appear on the employee's Training Plan and Training Record.

Determination of what is offered as ongoing training in a region can be as broadly decided by practice model initiatives at the state level, such as Full Frame Initiative's Five Domains of Wellbeing, Signs of Safety or the Children's Division's efforts to become a trauma-informed agency; or they can decided by the details of an individual worker's passion and need to develop a better understanding for working with an autistic child on his or her caseload. These decisions are made based upon reviewing a variety of factors, including but not necessarily limited to strategic priorities, legislative mandates, outcomes data, funding, and resources within the community.

At a state level the executive team reviews these factors and determines what is deemed priority for the state. During FY2016 and through FY2017 priorities have been focused on changing the culture of the agency through implementation of the practice model, including the foundational practice of Five Domains of Wellbeing, trauma-informed care, and Signs of Safety, while at the same time promoting leadership at every level of the agency through the Career Ladder and the National Child Welfare Workforce Institute's Workforce (NCWWI) Excellence intervention and leadership development.

At a regional/local level the needs of the community and unique needs of the staff are considered. Communities that have been affected by heavy substance use or abuse need training resources that build staff member's competency and skill in how to keep children safe and support the families with the most appropriate resources necessary.

Supervisors also have a need for support and professional development. Through work with Full Frame Initiative Five Domains of Wellbeing for Clinical Supervision is being delivered across the state to offer guidance and practice on how to improve supervisors' ability to engage, support and coach their staff. Supervisors were included in the development process and pilot of this training.

Specific training that supervisors receive are eligible for Management Training Rule (MTR) credit hours. Supervisors are required to obtain 40 credit hours during their first year of supervision and 16 hours of MTR every year thereafter. The training topics are determined by the direct supervisor in consultation with the supervisor through assessment and annual evaluation of PERforM competencies, based on the NCWWI Leadership Competency Framework, and the Employee Development Plan. The standardized and statewide professional development initiatives and the unique and tailored professional development opportunities are all tracked and logged in the Employee Learning Center.

Data gathered from the Employee Learning Center indicates 1935 staff that have participated in some type of ongoing training activity, Trainings identified as "in-service" trainings are trainings that are required for ongoing professional development. Some of these trainings are mandatory and are required to be attended after the six months to second year of employment. Other trainings are not required but rather electives, identified and put into an employee's training plan to attend because of their individual professional development goals or because of their specific program line/job classification.

At this time the reporting sophistication of each regional training unit is limited but growth is occurring. There is ongoing development occurring with continued exposure to and use of the Employee Learning Center with additional support being developed with the Statewide Coordinator, Management Analysis Specialist and the Human Resource department.

Below is a highlight of some of the topics that have been offered in FY2016:

- 165 staff that have participated in career ladder development
- 1694 staff that have attended a practice model initiative training, such Sign of Safety Basic Training, Five Domains of Wellbeing or Child Welfare Trauma Training Toolkit
- 208 staff participating in legal aspects and courtroom skills training
- 484 staff attended training on human trafficking issues.
- 71 supervisors that have participated in leadership development
- 99 supervisors that have participated in training of the practice model initiatives specific to supervisors

To comply with the Preventing Sex Trafficking and Strengthening Families Act, the Children's Division has contracted with Cornerstones of Care to provide introductory training on Human Trafficking to staff. The objectives of this training include being able to define and recognize the scope of human trafficking, being able to identify indicators and people at high risk, identifying resources for potential victims, and learning preventative strategies.

The following policy memo, CD15-64, shared information about CD's policy and introduced staff to the human trafficking training requirements: "The federal Preventing Sex Trafficking and Strengthening Families Act of 2014 also requires all Children's Service Workers and contracted case managers to receive training on human trafficking. Children's Service Supervisors and Circuit Managers are strongly encouraged to complete training.

Cornerstones of Care is contracted to provide human trafficking training. Training will be provided to individual circuits. Circuits are encouraged to invite their multi-disciplinary partners. Information regarding scheduling of this training will be forthcoming. As training is scheduled, staff may enroll in the ELC under CD INTRODUCTION TO HUMAN TRAFFICKING – 210.

Staff can fulfill the human trafficking training requirement by attending training provided by community partners. A minimum of four (4) hours is required. Supervisors should ensure that attendance is documented in the Employee Learning Center (ELC)."

Regional training managers have oversight responsibility of ensuring training timeframes are met by staff or are made aware of exceptions and develop strategies to address these exceptions.   There is a training manager designated in each of the five regions in the state. Regional training managers are responsible for tracking and reporting the quantity and quality of staff training through quarterly report submissions that are sent to the statewide coordinator. The regional quarterly report is used to collect training statistics, quantitative and qualitative data, for the statewide coordinator to submit a cumulative annual report. The regional quarterly report is also used by the regional training manager to monitor and evaluate training goals and progress towards those goals, through supportive documentation of training evaluations and feedback from training participants.

Evaluation of the training offered to staff is currently done through surveys distributed to staff at the end of the training session. These surveys are not aggregated, quantitative data but rather provide trainers who delivered the training topic with instant qualitative information about the topic and provide the regional training manager with feedback on the topic as well as trainer performance.

The Survey for Employee Engagement (SEE), which is a staff survey given every two years, has questions evaluating employee development. The SEE Survey is able to provide response feedback from every level of job classifications, below are responses from the 2014 SEE Survey by Children's Service Worker II's and Supervisors.

Within the survey is the construct of "Personal". This dimension reports on the level of overall job satisfaction and elements of actively engaging employees in the workplace. Personal and career development are assessed as to their ability to improve performance.

"Employee Development" - Employment Development captures perceptions of the priority given to the career and personal development of employees by the organization. The overall Organization Score is 373; the Children's Service Worker II Score is 362 and the Children's Service Supervisor Score is 389. Scores above 350 suggest that employees perceive the issue more positively than negatively, and scores of 375 or higher indicate areas of substantial strength.

Specific item data gathered about training on the 2014 SEE:

Item #55 I have access to information about job opportunities, conferences, workshops, and training.

Children's Service Worker II's (CSW II's) response = Current Score: 3.94; Standard Deviation: 0.73; Number of Respondents: 746

Children's Service Supervisor (CSS) response = Current Score: 4.11; Standard Deviation: 0.58; Number of Respondents: 168

All Organization = Current Score: 4.01; Standard Deviation: 0.72; Number of Respondents: 1519

Response:	Strongly Agree		Agree		Neutral		Disagree		Strongly Disagree		Don't Know/Not Applicable	
	CSWII	Sup	CSWII	Sup	CSWII	Sup	CSWII	Sup	CSWII	Sup	CSWII	Sup
Frequency:	122	35	499	120	91	11	25	1	9	1	0	0
Percentage:	16.35	20.83	66.89	71.43	12.20	6.55	3.35	0.60	1.21	0.60	Not Available	Not Available

Item #56 Training is made available to me so that I can do my job better.

Children's Service Worker II's (CSW II's) response = Current Score: 3.70; Standard Deviation: 0.86; Number of Respondents: 745

Children's Service Supervisor (CSS) response = Current Score: 3.90; Standard Deviation: 0.74; Number of Respondents: 171

All Organization = Current Score: 3.78; Standard Deviation: 0.88; Number of Respondents: 1519

Response:	Strongly Agree		Agree		Neutral		Disagree		Strongly Disagree		Don't Know/Not Applicable	
	CSWII	Sup	CSWII	Sup	CSWII	Sup	CSWII	Sup	CSWII	Sup	CSWII	Sup
Frequency:	87	29	444	105	132	29	65	7	15	1	2	0
Percentage:	11.68	16.96	59.60	61.40	17.72	16.96	8.72	4.09	2.01	0.58	0.27	Not Available

Item #57 Training is made available to me for personal growth and development.

Children's Service Worker II's (CSW II's) response = Current Score: 3.54; Standard Deviation: 0.94; Number of Respondents: 748

Children's Service Supervisor (CSS) response = Current Score: 3.78; Standard Deviation: 0.76; Number of Respondents: 171

All Organization: Current Score: 3.62; Standard Deviation: 0.94; Number of Respondents: 1524

Response:	Strongly Agree		Agree		Neutral		Disagree		Strongly Disagree		Don't Know/Not Applicable	
	CSWII	Sup	CSWII	Sup	CSWII	Sup	CSWII	Sup	CSWII	Sup	CSWII	Sup
Frequency:	74	21	395	103	163	38	91	7	25	2	0	0
Percentage:	9.89	12.28	52.81	60.23	21.79	22.22	12.17	4.09	3.34	1.17	Not Available	Not Available

Item 28: Foster and Adoptive Parent Training

The Children's Division maintains a web page to post all submitted trainings for each region and/or circuit; Foster Care Training and Education Opportunities, http://dss.mo.gov/cd/fostercare/fcevents.htm. This page is updated on a monthly basis and as events and trainings are submitted.   Policy requires that if the home does not meet the training hour requirement, the home is closed. Reminder of completion of required hours is completed at each quarterly home visit. At 90, 60, and 30 days prior to license expiration, a letter is sent informing the resource home of any delinquencies to have their license renewed prior to expiration.

The Children's Division's automated system, FACES, has edits that will not allow for the opening of a license without all the required 27 hours of pre-service training entered. Thirty hours of in-service training hours are required for license renewal. All training hours are entered in the FACES system. Each resource vendor has a screen where all the completed training classes and hours may be viewed.

During the first two years of licensure there are specified required trainings that must be completed which total 24 of the required 30 hours of in-service training. These required trainings include: three hours CPR, three hours first aid, three hours Trauma, one hour Psychotropic Medications, five hours Laws, Policies, and Procedures Governing Child Welfare, two hours Healthy Relationships, seven hours Importance of Sibling Placement. A new required training, Resource Provider Curriculum for Trauma will add another 12 hours of specified training requirements. Resource parents must complete 30 hours of in-service training for license renewal for the life time of their licensure with the state. The Children's Division will be working with the DSS Research and Evaluation Unit to develop reporting processes to ensure resource parents receive the required number of training hours.

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

I.

What are the family's strengths? How does the family plan to build on these strengths?

What are the concerns and stressors the family has regarding providing services as a resource provider?

What are the family's goals within this program (continue as they are, change the ages of children they accept for placement, take teens or infants, become approved to provide level A foster care services, etc.)

How is the family meeting each competency?

Protecting and Nurturing

Meeting the Development Needs and Addressing Development 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

II.

What training needs can be identified to address the concerns and issues identified in section I? (Targeted areas for skill development and enhancement – are they concerned about discipline techniques, need skills in working with teens, would like information on working with children who have been sexually abused, etc.)

III.

What specific areas will be improved when change has occurred? What will it look like when change has fully occurred? (Goals)

Service Array and Resource Development

Item 29: Array of Services

During SFY15, the Division served 100,626 children through child abuse and neglect investigations and assessments, a decrease of about 1,500 children from SFY14. A total of 74,616 individuals were served through Family Centered Services, representing 19,331 families. Additionally, there were 1,848 families served through Intensive In-home Services. The Missouri Child Care Resource and Referral Network completed 1,008 child care technical assistance consultations, 122 community needs assessment/data request and 4,308 child care referrals (excluding on-line searches).

During FY15, the Missouri Department of Social Services, entered into a contract with the Curators of the University of Missouri on behalf of the University of Missouri – Missouri Head Start State Collaboration Office (MHSSCO) - Columbia. This contract includes both Early Head Start and Head Start. 5,014 children received preventive services during 2015 including 343 children received services through Early Head Start. As of June 30, 2015 there were 14,272 children receiving adoption subsidy and 4,397 children receiving guardianship subsidy, per DSS Research and Evaluation.

A variety of therapeutic and adjunct treatment services are funded by the Children's Division for the prevention and treatment of victims of abuse or neglect. The goals of these services are to:

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

The Children's Treatment Services contract was revised beginning March 2016. The following services have been added in an effort to provide more evidence based services in an effort 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 will also create a more streamlined contracting process, and will better define services and provider qualifications.

Item 30: Individualizing Services

The Division is unable to demonstrate at this time how well the system is functioning to ensure services are individualized to meet the unique needs of child and families. During SFY16, focus groups are planned to be held to better determine service array functioning. The case review tool, currently under revision, will provide a means to assess the functioning of this item for 2016 and beyond. Monitoring of this item will also be addressed in the focus groups for future planning. Also the new initiatives such as Five Domains of Wellbeing and Signs of Safety models demand that services be individualized based on the child and family's needs. This will also be assessed as part of program evaluation once implementation has occurred.

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

Agency Responsiveness to the Community

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

Please see collaboration section for more information.

Item 32: Coordination of CFSP Services with Other Federal Programs

The Department of Social Services is the state agency with primary responsibility for Mass Care in the State Emergency Operations Plan. As a program division, Children's Division staff coordinates and collaborates with state and federal partners, including Federal Emergency Management Agency Region 7, in disaster preparedness and response activities.

Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 33: Standards Applied Equally

The state of Missouri assures that state standards for licensure and approval are applied to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds by utilizing a review process. Adoptive home approvals are included, as well. This review process involves managers and oversight staff. For each assessment completed the assessing or resource development worker's work product is reviewed by 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 prior to the license/approval being granted. In areas where all functions of recruitment, licensure and retention are contracted, the home assessment is reviewed by the supervisors within the contract agency and then the licensure/approval is sent to oversight specialist for final review/approval. The review by the oversight specialist includes assuring training has occurred, and criminal background checks have been completed and returned with no precluding record for licensure. In addition, the oversight specialist does a complete review of the file and home assessment on 10% of the cases approved during the month, the total of which will vary from month to month.

The outline template for the resource home assessment located in Children's Division policy Section 6 Chapter 3 Attachment C, includes addressing the Five (5) required competencies of the resource parent to be licensed. These competencies are taught in the pre-service curriculum STARS, and are included in the state regulation for licensing of foster family homes, 13 CSR 35-60. They are:

1. Protecting and nurturing;

2. Meeting developmental needs and addressing developmental delays;

3. Supporting relationships between children and families;

4. Connecting children to lifetime relationships; and

5. Working as a member of a professional team.

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

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

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

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

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

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

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

1. Protecting and nurturing;

2. Meeting developmental needs and addressing developmental delays;

3. Supporting relationships between children and families;

4. Connecting children to lifetime relationships; and

5. Working as a member of a professional team.

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

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

(4) Health of Foster Family.

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

that the health of foster children is not at risk. A tuberculosis (TB) test and a chest X ray may be completed, if recommended by the physician.

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

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

(5) Foster Parent Training.

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

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

period. The subject of training shall be directly tied to the foster parent professional development plan and related to the needs and ages of children in their care.

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

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

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

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

(D) Lifestyles and practices of the foster parents;

(E) Educational practices of the foster family; and

(F) Employment of the foster parents.

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

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

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

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

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

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

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

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

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

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

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

There are 14 non-safety standards that may be waived for a relative to be licensed if it is determined that the safety and well-being of foster youth in the home are assured. A workgroup met after the 2008 Fostering Connections to Success and Increasing Adoptions Act was signed into law by the President (P.L. 110-351). The workgroup reviewed and selected from the Licensing of Foster Family Homes regulations, 13-CSR 35-60, requirements that would not put children at a safety risk. There is a specific form, Non-Safety Licensing Standard Waivers for Licensing of Relative Resource Provider Homes Tracking Form (CD-152), that is completed by the resource development worker and approved by the supervisor and regional office. The non- safety standard waivers are listed in policy and in state regulation. They include the following:

13 CSR 35-60.020 (1), Maximum number of children in the home

13 CSR 35-60.020 (2), Limits on number of children under the age of five

13 CSR 35-60.020 (3), Limits on number of elevated needs foster youth

13 CSR 35-60.030 (1), Minimum age of 21

13 CSR 35-60.030 (4)(A), Physician statement and all immunizations up-to-date at initial licensure and renewal for all household members

13 CSR 35-60.030 (4)(B), Physician determination that all household members are in good physical and mental health

13 CSR 35-60.030 (5)(B), Required 30 hours of in-service training hours for license renewal

13 CSR 35-60.040 (1)(A), Location of sleeping room

13 CSR 35-60.040 (1)(B), Location of sleeping room

13 CSR 35-60.040 (2)(D), Opposite sex in same room

13 CSR 35-60.040 (2)(E), No foster youth sleep in same room with adult age 21 and older

13 CSR 35-60.040 (2)(F), No foster youth age 2 and over sleep in same room with relative provider

13 CSR 35-60.040 (2)(I), Drawer and Closet space specifications

There were 18 relative homes approved for foster home license in CY15 using one of the non-safety licensing standards. There were seven relative homes renewed in CY17 waiving the 30 hours of in-service training requirements for license renewal. The standards that were waived to license the 18 homes were:

- age of the relative caregiver
- physician statement of immunizations up-to-date for all household members
- physician statement that all household members are in good physical and mental health
- for location of sleeping room requirement A
- for location of sleeping room requirement B

The 18 relative homes licensed using a non-safety standard represents .0107 % of the 1,673 relative homes licensed during CY15.

Residential Treatment Agencies for Children and Youth licensing rule requirements for residential agency staff training is as follow:

13 CSR 35-71.045 Personnel

PURPOSE: This rule sets forth the requirements for child abuse/neglect and criminal background screenings, medical examinations, personnel records, job descriptions, and staff orientation and training. (6) Staff Training.

(A) An agency shall establish and submit to the licensing unit an annual written plan of training each year for all employees and contracted personnel.

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

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

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

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

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

1. Developmental needs of children;

2. Child management techniques;

3. Basic group dynamics;

4. Appropriate discipline, crisis intervention, de-escalation techniques, and behavior management techniques;

5. The direct care and professional staff roles in the operating site;

6. Interpersonal communication;

7. Proper, safe methods, and techniques of physical restraint;

8. First aid and cardio pulmonary resuscitation training;

9. Medication training and/or certification;

10. Suicide prevention;

11. Legal rights of children and their families, including basic information on the constitutional rights of children and their families while children are in care and basic information on the Missouri juvenile justice system; and

12. Water safety for those agencies allowing water activities.

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

Residential Treatment Agencies for Children and Youth (RTACY) are supervised by a Regional Licensing Consultant (RLC) with the Residential Program Unit (RPU). RLC's may or may not review staff training during a routine supervisory visit at a non-accredited RTACY . RLC's review agency staff training and an agency annual training plan during a license renewal visit for non-accredited RTACY. A non-accredited RTACY is visited at a minimum of twice a year. A licensure period is for two (2) years. An accredited RTACY is visited a minimum of once a year. Training records are not reviewed at an accredited RTACY during routine supervisory or license renewal visits due to the accreditation rule which states the following:

13 CSR 35-50.010 Accreditation as evidence for meeting licensing requirements. 1. The Children's Division shall accept accreditation by Council on Accreditation of Services for Children and Families,

Inc., The Joint Commission on Accreditation of Healthcare Organizations, or the Commission on Accreditation of Rehabilitation Facilities, as specified in Section 2 of this rule, as prima facie evidence that the organization meets licensing requirements under Section 210.481 through 210.511. 2. Type of License

1. The organization shall provide to the Children's Division, sufficient evidence that they are accredited in the service or program for which they are requesting a license.

2. If a service or program, including but not limited to child placing, maternity, infant/toddler, residential treatment, and intensive residential treatment in residential child care, is not accredited by the accrediting body, than the organization must apply for and meet all other licensing requirements as put forth by the division.

3. Application/Reapplication for license for accredited organizations:

A. The organization shall present to the division,

1. a copy of the organization's official final accreditation report and accreditation certificate, and

2. a list of operating sites which includes the capacity served, the gender served, and the ages served by that organization. This list must be updated if there is a change in operating sites by the organization.

B. If the organization has not been previously licensed by the state of Missouri, an onsite visit may be required by the division before a license is issued.   If an accredited agency applies for licensure, the Licensing Consultant would review 10% of the employee files for the current FCSR (Family Care Safety Registry background screening), obtain copies of the agency's accreditation documents and conduct a facility/building inspection.

C. The division shall examine the areas that the organization is applying for a license. The division than shall issue a corresponding license for those areas in which the organization is accredited. The license shall be valid for the period of time up to two years, or when the organization's accreditation expires, whichever is shorter.

D. Nothing in this section will result in the loss of license if the accreditation certificate has expired, but the organization is still in good standing and the re-accreditation process is being pursued. The division may, at its discretion, request a letter of good standing from the accrediting body.

E. Any denial or revocation of license based upon an organization's accreditation standards is entitled to a hearing as specified under the licensing rules or they may undergo the licensing process and meet all licensing rules in order to obtain a license.

4. Information sharing.

A. The organization shall notify the division immediately of any sentinel event and of any revocation of accreditation.

B. Sentinel events are as defined by the accrediting body, but shall at a minimum include the following:

1. a death of a child in one of the organization's facilities; or

2. a serious injury of a child in one of the organization's facilities; or

3. a fire in a location routinely occupied by children, which requires the fire department to be called; or

4. An allegation of child abuse, physical or sexual, or neglect which is substantiated by the division or through an internal investigation by the organization which occurs within a facility; or

5. an employee is terminated from employment in relation to the safety and care of children; or

6. there is any change in the chief executive officer; or

7. there is a lawsuit filed against the organization by or on behalf of a person who is or was in the organization's care; or

8. Any known criminal charges are filed against the facility, organization, any resident of the facility, or any employee or volunteer who has contact with children.

C. The organization shall notify the division of the entrance, exit and any performance review meetings of the accrediting body which are held in conjunction with the accreditation of the organization. The division has a right to attend any or all of these meetings between the organization and the accrediting body.

5. The division may make such inspections and investigations as it deems necessary to conduct an initial visit to a facility not previously licensed, for investigative purposes involving complaints of alleged child abuse or neglect, at reasonable hours to address a complaint concerning the health and safety of children which the organization serves, or any other mutually agreed upon time.

AUTHORITY: section 210.112 RSMo (Supp. 2004). Emergency rule filed December 23, 2004, effective January 2, 2005, and expires July 1, 2005. A proposed rule covering the same material is published in this issue of the Missouri Register.

RPU will review any documents necessary at an accredited agency if non-compliance issues or concerns are brought to the attention of RPU.

Item 34: Requirements for Criminal Background Checks

Missouri's SACWIS system, FACES, requires a criminal background check be completed for each foster or adoptive parent to be licensed or approved. As explained in Item 33, reviews are in place to assure these background checks are completed and there are no precluding convictions prior to licensure/approval or re-licensure/re-approval. As a result of this process, Missouri has demonstrated success by clearing the single state audit in this area. Missouri also strives to address and assure safety of foster and adoptive placements for children through the quarterly home visit process where any concerns expressed by children in the home or exiting from the home are addressed as well as any safety concerns observed or reported. In areas where Signs of Safety has been fully implemented the three columns or house of wishes and house of dreams are used with children to process the current situation in the resource home and continue discussions with the resource parents. These tools allow an open dialogue and engagement to improve any safety concerns or perceived threats. Missouri has also strengthened the working relationship and alliance between the Out of Home Investigation Unit and the Assessment staff. Policy now requires that at time of re-licensure/re-approval the Out of Home Investigator be contacted

and consulted regarding any resource homes who were subject of an Out of Home Investigation during the prior licensure/approval period. The intent of this policy is to ensure any and all concerns about safety are being addressed and resolved adequately to assure safety.

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

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

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

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

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

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

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

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

The division utilizes the electronic scan service for the collection of fingerprints. The service is called Missouri Automated Criminal History Site, MACHS, which is maintained by Missouri State Highway Patrol (MSHP) Criminal Justice Information System (CJIS) Unit. After the FBI completes its search, results are forwarded to the MSHP.   During CY15 there were a total of 14,255 fingerprints captured for statutory reasons 210.482, 210.284 and 43.540. Beginning with a pilot area in June 2015, staff from each circuit was trained to access the MSHP's electronic access to MACHS. By December 31, 2015 all

Children's Division circuits have trained staff to access the fingerprinting results. This has cut the time for obtaining criminal history results down to as little as 11 minutes from the time the applicant's fingers are scanned.

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

The Office of State Auditor completed an audit of the Children's Division for SFY15. The state auditors reviewed 78 case files, 50 of which were Children's Division files and 28 were files of contractors. This represented about 1.3% of all resource home files. The results of the audit were that all the resource home files had background checks completed as directed in regulation and policy.

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; 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 contedere to felony crimes against a person to include, but not limited to, felony possession, distribution, or manufacturing of controlled substance crimes as specified in Chapters 195, 565, 566, 567, 568, and 573, RSMo, or a substantially similar offense if committed in another state or country. The division may also deny or revoke a license to any person(s) who are on the respective Department of Health and Senior Services and/or the Department of Mental Health lists that exclude child or adult care employment and/or licensure.

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

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

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

Item 35: Diligent Recruitment of Foster and Adoptive Homes

See Attachment F for more information.

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

Missouri has a strong Interstate Compact Unit to assure placements for children are made cross-jurisdictionally across state lines. The ICPC Unit processes referrals within 3 days of receipt in their office and follows up to assure timely completion of home assessments by staff in Missouri so as not to delay potential placements into the state and works in collaboration with other state ICPC offices to assure cases are processed in those states to allow Missouri children to be placed into other states when appropriate and safe. Internally, the Children's Division assures through an intercounty placement request that resources in other counties are contacted and assessed timely to assure placements can be made inter jurisdictionally within the state also.

Association of Administrators of the Interstate Compact on the Placement of Children

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, relatives, foster homes, adoptive homes, and/or residential treatment facilities. ICPC assists in providing home studies, placement supervision, and regular reporting after a child is placed with an out-of-state resource.

In SFY-15, 3,469 children were served, which included 1,058 requests for services to other states for Missouri children, and 1,097 out-of-state requests for Missouri to complete studies on behalf of children from other states. Missouri placed 452 children out-of-state, while receiving 392 children into Missouri.

Missouri continues to honor border agreements with the states of Illinois and Kansas in coordination with the Interstate Placement Compact (ICPC). This is a provision for employees of bordering states to cross geographical areas to complete home studies for placement of waiting children. The agreement was no longer utilized after the Association established Regulation 7 (requires states to complete studies within 20 working days after assigned to the receiving state's local office).

Missouri ICPC continues to provide continuing education to local Children's Division offices, private entities, and court personnel.

<u>Association of Administrators of the Interstate Compact on Adoption and Medical Assistance</u>

Missouri is a member of the Interstate Compact on Adoption and Medical Assistance (ICAMA). The Compact ensures children receiving an adoption subsidy and continued eligibility for medical coverage will receive Medicaid in the state of residence. In 2014, ICAMA as the governing body began to explore the possibility of developing a national database for the processing of ICAMA referrals electronically. This database has been developed and is now being finalized. The expected national implementation date for this database is February 2015.

In SFY-15 Missouri ICAMA processes 237 request, which included 83 Missouri adoption subsidy children out-of-state, and Missouri provided Medicaid for 154 children residing here.

PLAN FOR IMPROVEMENT UPDATE AND PROGRESS

Plan for Improvement

Goal #1: Safely decrease the number of children entering and in care.

Goal #2: Increase health and well-being of children and families.

Objectives:

- Increase the number of children safely residing in their homes
- Decrease time to permanency
- Strengthen the organizational culture and practice
- Engage youth, families and community partners
- Intervention: Increase judicial engagement to include judges and court staff
- Casey Family Program's judicial engagement strategy
- Implement substance abuse strategy with courts
- Education of courts
- Treatment courts established
- Substance abuse treatment prioritization
- Expand implementation of the Crossover Youth Practice model
- Intervention: Create more skilled workforce
- Develop and implement QA/QI training
- Increase staff competency in court
- Implement career ladder
- National Child Welfare Workforce Institute (NCWWI) Excellence
- University partnerships
- NCWWI leadership activities

- Leadership Academy for MIddle Management (LAMM) , Leadership Academy for Supervisors (LAS)
- Intervention: Enhance youth and family engagement
- Strengthen the investigation/family assessment process
- Strengthen CAC and other multi-disciplinary team partnerships through training
- Implement Signs of Safety
- Increase youth and family voice
- Continue Older Youth Summits
- Conduct Education Summits
- Explore methods to elicit family feedback
- More effective and diverse use of CTS funds
- Implement solution focused casework
- Develop and implement a new Family Centered Services model
- Improve FST process through exploration of a more effective model
- Increase youth skill development
- Project Excel
- Youth participate in FSTs
- Intervention: Become a trauma informed organization
- Partner with DMH to include an awareness assessment and training, as well as secondary trauma training
- Residential Workgroup to make recommendations to improve quality and alternatives to traditional residential care
- Continue to develop the model for MOST (Early Trauma Intervention using Home Visitation Model)
- Intervention: Increase coordination of healthcare
- Explore and develop health homes for foster care
- Continue to participate in health care coordination committee
- Ensure quality, comprehensive assessments within 30 days of custody
- Develop measurement system specific to health outcomes for children in care
- Increase access to behavioral health care for children in care

Implementation Supports

The Children's Division is partnering with Cornerstones of Care in Kansas City to deliver human trafficking training to staff. In response to the Preventing Sex Trafficking and Strengthening Families Act, the Division has contracted with Cornerstones of Care to provide introductory training on human trafficking to staff. The objectives of this training include being able to define and recognize the scope of human trafficking, being able to identify indicators and people at high risk, identifying resources for potential victims, and learning preventative strategies. For more information about the work surrounding human trafficking, please see the Human Trafficking section of this report.

The Children's Division is also partnering with Cornerstones of Care in Kansas City to deliver secondary traumatic stress training to staff. All staff are presently being trained on an adapted version of the

Promoting Resilience and Reducing Secondary Trauma Among Child Welfare Staff curriculum from the ACS-NYU Children's Trauma Institute, concentrating on self-care. Supervisory staff are required to have advanced training focused on promoting resiliency and creating a trauma-responsive work environment.

The Division is also partnering with Safe Generations to implement a new child protection practice, Signs of Safety. Safe Generations assists in orientation sessions for staff and stakeholders, basic training for frontline staff, and in-depth training for supervisors. Safe Generations also provides frequent coaching calls with frontline staff and supervisors to assist in skill development and case consultation. For more detailed information, please see the Signs of Safety section.

In addition, the Children's Division is utilizing the assistance of Casey Family Programs to increase judicial engagement. They have also provided financial assistance in contracting with the Full Frame Initiative, to further embed the Five Domains of Well-Being as a philosophical framework for division practice. Additionally, the National Child Welfare Workforce Institute is working with CD to provide leadership training to supervisors and managers.

The Children's Division will continue the partnership with Department of Mental Health to continue work on becoming a trauma informed organization. Support for other activities will be provided by staff and agency resources already in place.

The Capacity Building Center for States has begun several projects, including ICWA compliance, CQI assessment, court partnership, and reasonable and prudent parenting assistance. See the Program Support section for more details.

Progress Made to Improve Outcomes

Total LS1 Population - Jan 2014 - March 2016
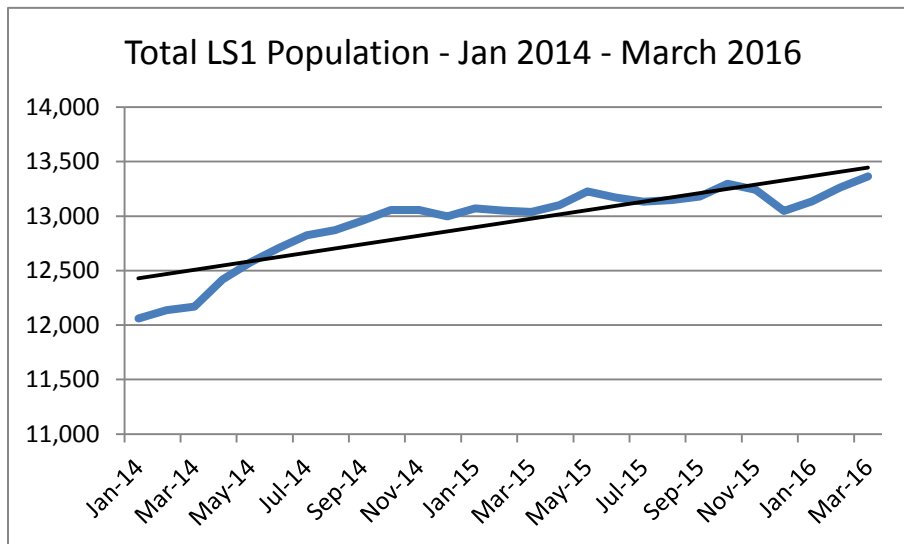
The total number of children in care continues to grow, as noted in the chart. However, the rate of increase has slowed. The percentage of increase from the last reporting period (Jan 2014 – Feb 2015) was 8.2%. Since February of 2015, the rate of growth has decreased to 2.42%.

Average Length of Time in LS1 (months) Of Children Exiting LS1
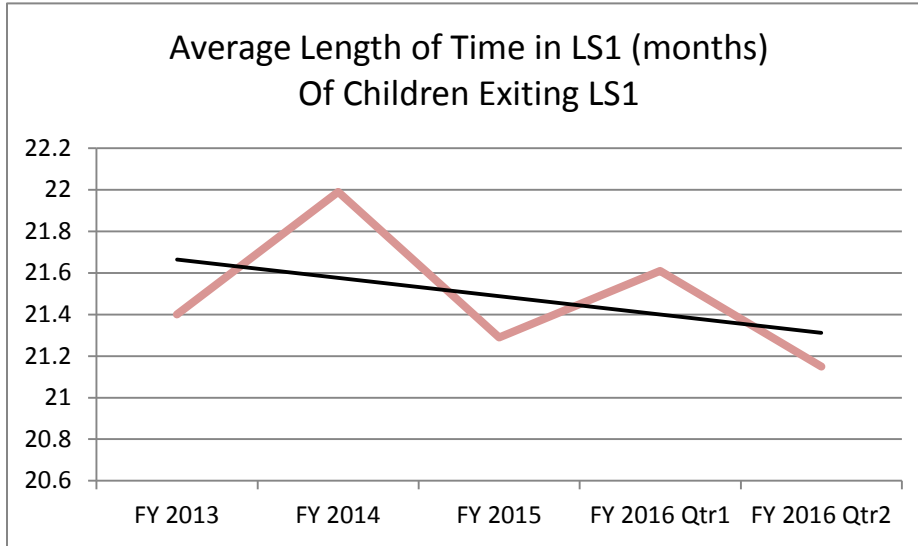
For children who exit LS1, they are spending less time in care, as evidenced in the chart below. The average length of time that children who exit care spend in LS1 has seen a downward trend since FY 2013.

Total Entries and Re-Entries into Care - Jan 2014 - Jan 2016
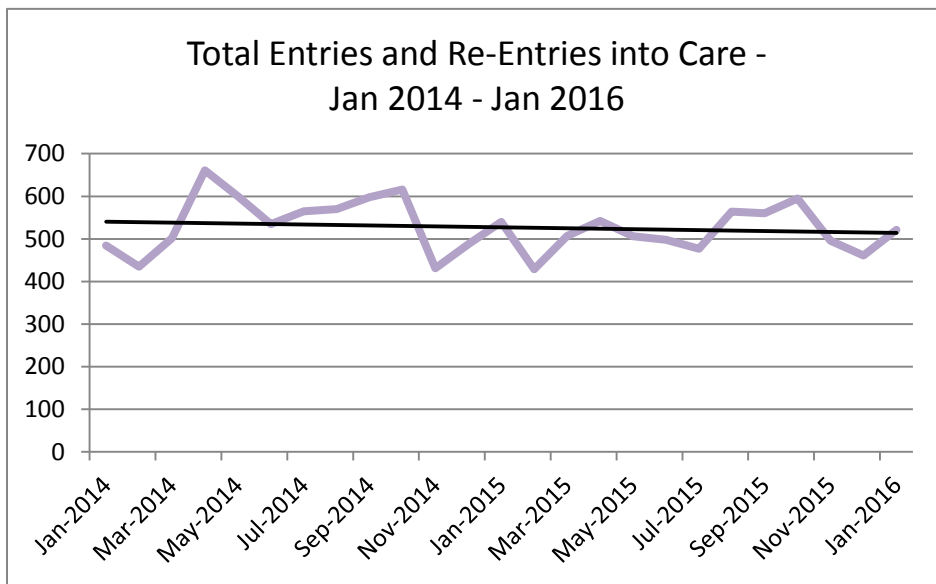
The number of children entering and re-entering care each month continues to trend downward. This is consistent from the previous reporting period of Jan 2014 – April 2015.

Casey Family Program's Judicial Engagement Strategy

Implement substance abuse strategy with courts - In 2015, a group comprised of representatives from the Children's Division, Division of Behavioral Health, and the Office of the State Courts Administrator held meetings to develop a substance abuse strategy with the courts. The work of this group explored the Cross-Systems Change Initiative, based on the theory of the Sequential Intercept Model that individuals move through our system in a predictable way.

The state team identified key decision points within each of their respective service delivery systems. The team concluded if key supports are provided at each of these decision points, families could experience more optimal outcomes and court personnel would be able to make more informed decisions. In addition, the state team determined the following for consideration:

- Cross Training
- Policy Recommendations
- Individual Agency Recommendations
- Treatment options for women and children including prioritization for families involved with the Children's Division

The next steps for 2016, if pursued further, will include identifying pilot sites and addressing the issue of children being removed from their homes and put into CD custody when parents have substance use. The goal will be to facilitate a discussion based on a collaborative model, to identify evidence-based practices, and to provide educational tools and exercises to enhance service providers' capacity.

Crossover Youth Expansion

The Crossover Youth Practice Model was piloted in two communities and is expanded in 2015 with two additional sites. All model sites have been provided with training and technical assistance from CJJR team and Missouri's Crossover Youth Initiative Coordinator.

Progress: The model pilot communities were selected based on need (data on prevalence of crossover youth), interest (commitment from court and local stakeholders) and capacity (prior history with system change or reform efforts) through an RFI process. The initial sites, 31st and 23rd Judicial Circuits inclusive of two counties, have implemented new protocols and will be evaluating process and outcome measures in May 2016. The cohort two model sites, 17th and 26th Judicial Circuits inclusive of seven counties, are in planning stages with plans to launch a new protocol in mid-2016.

Quality Assurance/Quality Improvement Training

Year 1: Expand feedback on the QA handbook to include QA/QI Specialists and regional staff.

Year 2: Review Rapid Cycle Evaluation Model and continue the modules for QA/QI staff. Continue to train and/coach expand the Transformational coaching model.

Year 3: Workgroup to develop a more comprehensive stakeholder feedback model.

After an internal assessment of the state's continuous quality improvement process, the decision was made to enhance staff development for Quality Assurance and Quality Improvement Specialists. QA/QI Unit has updated the training plan since the last submission of this report. QA Unit has developed a QA handbook and gathered feedback from Exec team, supervisors and Circuit managers. The handbook covers multiple concepts and the plan is to incorporate QI duties in 2016.

QA/QI specialists received an introductory training on Mathematica's Rapid Cycle Evaluation model. (Described in more detail in the QA system section) QA/QI specialists will continue to receive coaching and training on the Transformational Coaching model. Further training is being developed on the new case review tool and process. (Described in more detail in the QA system section) Other resources for

training QA/QI staff are being explored New Mexico Step Up model, CQI Training Academy, and Results Accountability Model.

Staff Competency in Court

*Intervention: Increase staff competency in court through legal aspects training*Year 1: Schedule training sessions throughout the state. Evaluate field support requests for specific regional/circuit training needs. Year 2: Legal Aspects trainer enhance training curricula as needed to meet local needs

Legal Aspects training continues to be offered a minimum of six times per year, with additional classes scheduled upon the request of specific circuits. Legal Aspects is required for all staff following the initial worker training (Child Welfare Practice Training). Enrollment has been improving as there has been focused effort to identify participants and to actively enroll them in the course. Improved utilization of the Employee Learning Center has also impacted the training. The Legal Aspects trainer is currently assessing the needs of staff and resources to determine how to best offer local training around courtroom skills development.

In FY 2016 Legal Aspects trainer collaborated with Missouri Kids First and SAFE-CARE providers to develop and offer an advanced course titled, "Applying Medical Evidence within a Legal Framework" which gives Children's Service Worker III's a practical application learning environment to understand and apply medical evidence during the key decision making points of their work with children and families.

Career Ladder

The Governor recommended and the General Assembly approved funding beginning in State Fiscal Year 2015 to implement a Career Ladder for Children's Service Workers in the Children's Division. The Career Ladder was implemented July 1, 2014, providing the opportunity to advance within the Children's Division based on experience, competency, and performance. The Career Ladder adds two new job classes - Children's Service Worker III and Children's Service Worker IV.

The purposes of the Career Ladder include:

- Increasing retention and improving performance and effectiveness of Children's Service Workers and Supervisors;
- Providing opportunities for advancement, while keeping the most effective staff on the front-lines working with children, youth, and families;
- Strengthening the team concept and shared responsibility of workers, supervisors, and specialists; and
- Creating a system of ongoing professional and leadership development tied to proven professional competencies (knowledge, skills).

We've had an incredible success rate for Children's Service Worker III's with approximately 93% approval of eligible applicants from the initial implementation of the career ladder. As of February, 2016, there were 371 Children's Service Worker III's statewide. In addition, there are another 328 child welfare practitioners who have earned the right to request consideration for promotion by way of demonstrated

competency on their most recent PERforM ratings and there are 84 who may become eligible this calendar year. There are currently 22 Children's Service Worker IV's across the state.

National Child Welfare Workforce Institute (NCWWI) Workforce Excellence

Intervention: Use University Partnership grants to explore leadership development training
Year 1: Apply to be a Workforce Excellence site.

Year 2,3, and 4: Steps will depend upon level of organizational intervention by National Child Welfare Workforce Institute.

Missouri Children's Division is participating with University of Missouri Kansas City and Missouri State University in the University Partnership grant and has been selected for NCWWI's Workforce Excellence (WE) intervention. There are four WE intervention sites, Jackson County Fletcher Daniels building, Greene County, Jefferson County and the 42nd Circuit. These opportunities have allowed for Children's Division to participate in a three year effort of organizational intervention where staff and leaders at every level take part in a Comprehensive Organizational Health Assessment (COHA) and development of an intervention which is proactive, strategic, collaborative, and sustainable, designed to address critical workforce challenges; engage in leadership development for middle managers, through the NCWWI Leadership Academy for Middle Managers (held in June 2015); and participate in leadership development for supervisors, through the NCWWI Leadership Academy for Supervisors (first cohort graduated in April 2016).

The incredible support and resources that NCWWI has shared with Missouri has provided the Children's Division with a strong foundation to cultivate a unique leadership development program, tailored to the individual development needs of staff and also integrated into improving results for children and families.

NCWWI Leadership Activities

National Child Welfare Workforce Institute –Missouri's Leadership & Workforce Development Projects

Traineeships & University-Agency Partnerships*:* University-agency partnerships are an important strategy in preparing the current and future child welfare workforce. There is evidence that professionally educated social workers are better prepared for child welfare work, stay longer, and influence organizations to support best practices.

Missouri Children's Division has one partnership with the University of Missouri-Kansas City (MSW program) and another with Missouri State University (BSW program). These NCWWI University Partnership (UP) programs are:

1. Identifying, selecting and administering BSW & MSW stipend programs that will increase recipients' child welfare knowledge and practice skills enabling them to address the challenges facing children, families and the child welfare system through dedicated field education, specialized coursework, and program supports that include an attentiveness to the transition to careers and agency settings;

2. Ensuring the meaningful engagement of each university with a local child welfare agency to collaboratively address specific systems challenges that hinder the transition to work, specialized practice, and retention of traineeship graduates; and,

3. Building the capacity of college and university social work programs to prepare students for the unique demands of serving in public child welfare through the development and delivery of a specialized social work child welfare curriculum with an emphasis on evidence-based and trauma-informed practices.

University of Missouri-Kansas City School of Social Work MSW Program and Missouri's Children's Division created a child welfare transformation zone in the greater Kansas City area in which the Missouri Children's Division and its private partner child welfare agencies are working to improve workforce selection, development, and retention. Every year the UP cohort includes eight trainees, four in foundation year studies and four in concentration year studies, with a total of 24 trainees graduating into child welfare employment in the Kansas City transformation zone over five years.

The trainees rotate through multiple child welfare field placements of approximately eight (8) weeks' duration (2 per fall and 2 per spring semester of each year), and engage in field learning three days per week instead of two, giving them intensive exposure to child welfare in the Kansas City Children's Division programs and contracted service agencies. Field experiences and learning are conceptualized around the National Implementation Research Network (NIRN) intervention components. A Field Instructor Academy is in place that meets monthly to support field instructors in their work with the NIRN Model and students. The program is committed to continual improvement of the rotational field model to ensure responsiveness to students', field instructors', and agencies' needs.

The Missouri State University School of Social Work BSW Program "Preparation and Retention for Excellence and Professionalism (PREP)" builds on the long-standing, collaborative relationship between the Greene County Children's Division (GCCD) and the Missouri State University School of Social Work (MSU SSW). Ten traineeships are available for each of the five years of the program.

Field placements at GCCD offer trainees a wide array of experiences, including the investigation and assessment of hotline reports, foster care case management, prevention services with intact families, resource home recruitment and management, and adoption and legal guardianship. GCCD is also committed to including students in experiences beyond worker-client interactions: supervisors and managers are involved in community- and state-level initiatives that expose trainees to mezzo and macro level practice, including policy and legislative development and implementation. Also, GCCD's partnerships with a wide array of government and community-based agencies that intersect with the child welfare system provide trainees with exposure to juvenile court, advocacy services, law enforcement, prosecutor's office, crisis nursery, probation and parole, drug and mental health courts, non-profit services, substance abuse treatment, and medical services, all of which serve as important conduits for trainees to fully immerse themselves in the complex systems affecting child welfare services.

Leadership Academy for Social Work Deans/Directors/Chairs and Child Welfare Agency Directors (LADD)

Agency-university partners engage in a leadership enrichment program to advance the preparation and support of the child welfare workforce. This new Academy advances change initiatives and leadership enhancements that address workforce, services, inter-organizational, organizational and related capacity-building to improve recruitment, selection and retention of professionally prepared staff.

The LADD Jurisdictional Change Initiative: Implement a family-centered service philosophy and evidence-informed practice model, with front-line practitioners acting as change agents to effectively engage parents and communities as partners, enable families to remain intact, and support sustainable change.

The Theory of Change: "Changing one's destination often involves starting from a different place" Improving child welfare outcomes requires prepared, supported, and effective front-line practitioners who are grounded in common organizational values, culture, and evidence-informed practice.

Workforce Excellence (WE) and Organizational Intervention

The Children's Division has four WE sites (Jackson County- Fletcher Daniels building, Greene County, Jefferson County and the 42nd Circuit) where agency staff and leaders engaged in a Comprehensive Organizational Health Assessment (COHA) and then development of an Organizational Intervention.

The NCWWI Organizational Intervention includes the Design Team meeting a minimum of 4 hours per month, in person with the facilitator, for a maximum of 3 years to accomplish successful implementation and sustainability.

Design Team members become the workforce leaders and champion the Change Initiative within the individual site. Based upon COHA results and other relevant data, the Design Team prioritizes goals related to workforce issues, chooses strategies, plans and implements those strategies, assesses results, and revises implementation plans as appropriate. Membership within the Design Team reflects individuals from all levels at the site including the manager or director, supervisors, caseworkers and/or case aides. As appropriate for the individual site, the Design Team may also choose to invite others outside the individual site. Design Team members work together to implement site-specific plans for implementation and change initiative/outcomes.

Leadership Academies for Middle Managers (LAMM)

A culturally responsive learning program for experienced state and tribal child welfare mid-level managers.   Its goal is to enhance the ability of middle managers to apply leadership skills for implementation of sustainable systems change to improve outcomes for children, youth and families. LAMM increases the effectiveness of child welfare agencies by enabling managers to address persistent complex challenges requiring adaptive, distributive, and inclusive leadership.

The first cohort of 35 participants completed a three day LAMM training in June 2015. Before and after attending the training, participants were asked to rate their competency-level on critical competency domains and learning objectives keyed to the LAMM. Participants reported increased knowledge of the LAMM Training Competencies from pre to post across each item. Results showed a statistically

significant difference from pre to post, $t(31) = 5.73$, $p \leq .001$, indicating that, on average, participants gained a greater understanding of the concepts and material presented at the training.

Leadership Academies for Supervisors (LAS)

The LAS is a blended learning program for experienced child welfare supervisors. A free web-based training program for building leadership skills, it is based on the latest research and presented by national experts. The core curriculum includes a Personal Learning Plan to develop individual leadership skills and a Change Initiative project to contribute to the Jurisdictional Change Initiative within the agency.   In July 2015, 38 supervisors from five circuits (the four Workforce Excellence sites plus St. Louis County) began the nine month LAS and in April 2016 completed the program. Feedback sessions with participants, their direct supervisors, LAS facilitators and coaches are scheduled to occur in May and June to obtain information to evaluate the participant's satisfaction and professional growth of the program.

The Missouri Children's Division intends to collect the information shared from each of the cohorts within the NCWWI projects to determine how to best integrate the learning into a cohesive and sustainable leadership development training package.

Strengthen I/A Process

One identified intervention to accomplish this objective is to provide comprehensive investigative training. In CY2015, the Children's Division contracted with Missouri KidsFirst to provide the Gunderson National Child Protection and Training Center ChildFirst curriculum to all investigation and supervisory staff.   This training brought together a faculty comprised of experienced professionals and experts. The faculty provided child abuse professionals a comprehensive introduction to a multidisciplinary team approach in an effort to improve staff's ability to effectively and reliably investigate child abuse. This training incorporated lecture and discussion, review of electronically recorded interviews, and skill-building exercises. The training covered topics such as child development, memory and suggestibility, testifying in court, legal issues and preparing children for court and provided current research related to interviewing children. Twelve training sessions were completed as follows:

January 2015: St. Louis

February 2015: Jefferson City

March 2015: Springfield

April 2015: Kirksville

May 2015: Kansas City

June 2015: Rolla

July 2015: St. Joseph

August 2015: Cape Girardeau

September 2015: Joplin

October 2015: Poplar Bluff

November 2015: St. Louis

December 2015: Independence

Missouri KidsFirst will provide two additional training sessions in CY2016 utilizing grant funding from the Missouri Task Force on Children's Justice (CJA). Scholarships will be made available for some Children's Division staff to attend in CY2016.

Implement Signs of Safety

In partnership with Casey Family Programs, Missouri began implementation of the Signs of Safety child protection practice model in 2014. The Division has partnered with Safe Generations to assist in implementation and in building internal capacity to fully integrate and maintain this model statewide.

Jackson County was selected as the initial pilot sight to begin using this practice model throughout all program lines. Implementation began in June 2015. Approximately 600 hundred Children's Division staff, contracted case management staff, and community partners received training on Signs of Safety within Jackson County in CY2015.

The Division is actively planning to implement Signs of Safety in a new circuit/area within each of the four regions by the end of 2016. All staff within these circuits will receive training on Signs of Safety by the end of 2016. Internal capacity is being developed to allow the Children's Division to provide basic Signs of Safety training to new staff.

Continue Older Youth Summits

In SFY14, CD and its partners began having Older Youth (OY) Summits. OY Summits are held at the community level and the focus is on education, employment and job readiness, cross systems collaboration, health and mental health, permanency and life-long connections. The goal of the summit is develop a common vision of where a community is and where they would like to be in helping older youth transition successfully to adulthood. The summit is intended to allow community members to identify next steps and responsible partners to achieve community vision. It is the intention of the Children's Division and its partners to have Older Youth Summits across the state. To date, five summits have been held:

- April 2013 in Kingdom City with over 80 participants from four Judicial Circuits from the Central part of the state.
- March 2014 in Kansas City with 144 registered participants from six Judicial Circuits in the Western part of the state.
- December 2014 in St. Louis with approximately 200 in attendance from five Judicial Circuits from the Eastern part of the state.
- June 2015 in Springfield with 161 participants from five Judicial Circuits in the Southwest region of the state.
- October 2015 in Joplin with 129 attendees from five Judicial Circuits in the Southwest region of the state.

A summit is planned for April 2016 in the Southeast region of the state and it is anticipated that 165 people will attend. Planning for a fall summit in the Northern Region of the state has begun.

Conduct Education Summits

The Division recognizes the importance of education for children in foster care. At the time the five year plan was developed, the intent was for a workgroup to be developed in year one to make recommendations for improvement. Part of this plan also included convening educational summits to strategize and form action plans. The Division is currently in the process of implementing a new practice model so this strategy will be explored further in the coming years.

Explore methods to elicit family feedback

Year 1: Research and visit states with exemplary parent feedback models.

Year 2: Develop proposal for implementation of chosen model based upon prior research.

Year 3: Identify pilot sites in collaboration with community partners as facilitators.

Year 4: Implement statewide.

The Children's Division has a small workgroup to research models to promote parental involvement through exploration of other states' models. The workgroup also has reviewed many parent engagement opportunities already occurring around the state. Children's Division remains committed to explore ways to truly engage and solicit feedback from parents in a meaningful and on-going manner. Several stakeholders have attended the workgroup meetings to share the work occurring in the local areas. The workgroup is also exploring ways to include biological parents in the CQI process. A proposal has not been developed at this time as the group feels that more information is needed.

In effort to elicit feedback from the families serviced by the Children's Division, surveys are mailed to a sampling of parents that have recently been involved in a child abuse/neglect hotline or have an open Family Centered Services case. The surveys are currently being sent through the mail with a self-addressed stamped envelope included for the respondent to return the survey. The response rate has historically been low. Because of this, a workgroup has been established to revise the survey questions and to make recommendations regarding the survey process. The Children's Division is partnering with the University of Missouri in this endeavor. (More information can be found in the Quality Assurance System). Currently, the workgroup is awaiting recommendations from the Trauma Committee regarding the wording of the survey instructions and questions. The workgroup has recommended that a pilot site be identified and used for electronic methods of delivery to see if the response rate increases.

Effective and diverse use of CTS funds

A variety of therapeutic and adjunct treatment services are funded by the Children's Division for the prevention and treatment of victims of abuse or neglect. The goals of these services are to:

- Provide services which ensure the safety and well-being of the child(ren) with 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.

All children and families served through CTS must have open involvement with the Division, such as an active CA/N Investigation, Family Assessment, Family-Centered Services (FCS) case, foster care case, adoption, or guardianship. Contracted services to an individual or family must be based on the goals developed by the Children's Service Worker and family. Since effective communication between all treatment agents is a prerequisite for successful intervention, the worker must carefully define the nature and scope of services to be delivered. These services are administered by community-based third party providers. Examples of CTS include (but are not limited to): individual, family, and group therapy, psychological evaluation and testing, parent aide, parent education, day treatment, drug testing, and respite. Children's Treatment Services are utilized only after all other funding resources, such as Medicaid or private insurance, are exhausted.

The CTS contract was revised beginning March 2016. The following services have been added in an effort to provide more evidence based services in an effort 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 will also create a more streamlined contracting process, and will better define services and provider qualifications.

<u>Develop and implement a new Family Centered Services model</u>

During CY15, an FCS new practice model implementation team was formed and tasked with strategizing the best way to implement the new practice model to include solution based approaches. The implementation team met four times in CY15 and consists of staff with a passion for FCS, and training staff. The implementation team is looking at ways to provide support, guidance, training, and to remove any barriers in order to implement the new practice model.

The goal of the new practice model is to focus efforts on families with chronic neglect who consistently return to the Children's Division in need of assistance. By focusing on this population, staff will have fewer cases thus allowing them to spend more time with these families. The hope is to enhance family engagement, decrease future maltreatment, and to reduce the number of children entering foster care. Solution focused approaches will be part of efforts to improve practice. Staff will be assigned cases at the supervisor discretion. Staff will carry a modified caseload based on the service needs of the family. Instead of stipulating the required tools a worker must use, the worker will have the discretion to utilize any assessment tools that work for the needs of the family. Families not served through the new FCS practice model may receive services through a Family-Centered Services case (FCS). Family-Centered Services includes a range of treatment and support services as appropriate for the needs of the family. The services are provided through referrals to outside agencies that can provide the services to the family.

Pilot sites for the new practice model will begin in CY16. There will be four regions (St. Louis, Northeast, Northwest, and Southeast Region) that will begin piloting the new FCS practice model.

Should the pilot prove valuable, the Division will discuss the possibility of statewide implementation with the Executive Team. The training for the imitative will involve solution based skill building and will provide staff with solution-focused tools to reach goals established in partnership with the family.

Improve FST Process

Team Decision Making (TDM) process in Missouri dates back over 10 years when it was first began in St. Louis City through the Family to Family program brought to the state by the Annie E. Casey Foundation. The St. Louis City area has had much success with this program in so far as it has been integrated into the practice and culture of the child welfare system. Both the facilitators of the meetings and the child welfare workers value the process and see it as a beneficial and efficient way to reach an appropriate decision for a case situation.

Approximately three years ago this practice was expanded to the areas of St. Louis County and Jackson County (The Kansas City area), and currently, plans are being made to implement a state wide rollout of the TDM practice. This is set to begin in CY2016 and will continue through CY17

Trauma Awareness and Secondary Trauma

As Children's Division aims to become a trauma-informed organization, it was clear a common understanding of trauma among all staff was needed. To provide this shared foundation, Children's Division adopted the National Child Traumatic Stress Network Child (NCTSN) Welfare Trauma Toolkit training. Staff training began in January 2015 and it is expected all staff will be trained by the end of June 2016.

In tandem with trauma awareness training Missouri is also focused on the secondary traumatic stress experienced by Children's Division staff, especially frontline staff and supervisors. All staff is presently being trained on an adapted version of the Promoting Resilience and Reducing Secondary Trauma Among Child Welfare Staff curriculum from the ACS-NYU Children's Trauma Institute, concentrating on self-care. Supervisory staff are required to have a next-level training focused on promoting resiliency and creating a trauma-responsive work environment.

A committee has been formed to bring the Resource Parent Curriculum developed by the NCTSN to all resource parents in Missouri. Currently this training is being offered by the Foster and Adoptive Care Coalition in St. Louis and Dr. Kim Fielding in the Southwest Region of the state. The spread of this training will occur by using champions to recruit potential trainers from their local communities to support this effort.

Residential Workgroup

Year 1 and 2: Convene workgroup to develop a protocol for review of children in residential longer than six months, and a residential review tool.

Year 3: Pilot review process in selected sites based on data review.

Year 4: Evaluate pilot for applicability statewide.

Workgroup has convened and a data dashboard has been created which focuses on demographics, outcomes and placement stability. The Case review tool is currently in development and will be ready to be used in summer of 2016. Once data is gathered from case reviews which include interviews a protocol will be developed and piloted.

<u>Develop the model for MOST</u>

Missouri Children's Division explored the possibility of providing services to children who experienced an entry into foster care through a program titled MOST (Missourians Overcoming Separation Trauma). Funding was not provided for this program through the legislative process at this time. MOST incorporates many of the tenets of the current Children's Division Practice model, however, because of the number of initiatives being pursued and the lack of funding to support MOST this program is not being pursued at this time. The tradeoff is in training staff and resource parents in trauma signs, symptoms and treatment.

<u>Develop Health Homes</u>

In calendar year 2015, a health home model for children and youth in foster care was established in partnership with Cardinal Glennon Children's Hospital and Washington University through the Supporting Positive Opportunities with Teens (SPOT) clinic. The goal is to more effectively coordinate health and mental health services for foster children. Cardinal Glennon serves children 12 and under who enter care in the St. Louis Region and provides entry to care health exams, comprehensive health assessments, standardized developmental screenings, mental health evaluations, counseling recommendations, referral and treatment, and education regarding normal child development and issues specific to children in foster care. They also provide ongoing primary care throughout placement, extending into reunification.

The SPOT serves youth 13 and over from St. Louis. Youth within these ages can access health and prevention services and can obtain educational health information. In addition, youth have continuous access to medical care, psychiatric services, dental services, and case management until age 25.

The pilot began by serving new children entering care with the hope to expand to all children in foster care in St. Louis.

<u>Assessments Within 30 Days of Custody</u>

Following the May 2015 strategic planning meeting of the Health Care Oversight and Coordination Committee, Children's Division baselined timely 30-day comprehensive assessments for children case managed by Children's Division and contracted foster care case management providers. The results revealed much room for improvement to either get assessments completed timely, or get the information entered into FACES. Data on timely comprehensive assessments is now collected and disseminated quarterly to Regional Directors and contracted foster care case management providers with the expectation deliberate plans for improvement will be developed and compliance monitored.

Health Outcomes Measurement

Developing an interface between Children's Division and MO HealthNet systems to track and measure health outcomes for children in care remains a goal. To effect more immediate change, MO HealthNet accepted from the Health Care Oversight and Coordination Committee recommendations of key metrics for inclusion within the new managed care contract that was released for bid in May of 2016. The opportunity to provide recommendations was significant since it is expected that by May 2017 the State of Missouri will expand to a statewide managed care system, including all children in foster care. Generating and providing various points of data specific to foster children is expected to be a performance requirement of the contract. More specifically, the health plan will work with foster parents/placement providers to ensure the child receives all required examinations and health care visits/interventions within the time specified by the Division and determined by the child's needs. The health plan will also be required to document and report: 1) the number of children who are eligible to receive the required health care visits/interventions; 2) the number of children who received the required visits within the required timeframe; 3) reasons why visits were not received within the required timeframe; 4) the number of children who needed mental health services and the number who did not receive mental health services and the reasons why; and 5) the most prevalent chronic diseases by age group.

Access to Behavioral Health Care

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

SERVICE DESCRIPTION

Stephanie Tubbs Jones Child Welfare Services Program

Child Abuse and Neglect Hotline Unit

Missouri statute charges the Children's Division (CD) to operate a single, statewide toll-free telephone number at all times for receiving reports of child abuse and neglect (CA/N). The Child Abuse and Neglect Hotline Unit (CANHU) serves as a gatekeeper and first responder for all child abuse and neglect reports. At the hotline unit, all calls are screened, assessed and classified by Children's Service Workers, who meet the same job qualifications as CD field investigators. Below is a call chart for SFY11 - SFY15:

Fiscal Year	Total Calls	Admin. Functions	Remaining Calls	Classified CA/N	Classified Non CA/N Referral	Documented Calls
2011	131,666	21,730	109,936	60% (66,003)	15% (16,607)	25% (27,326)
2012	138,582	22,685	115,897	60% (69,102)	16% (18,402)	24% (28,393)
2013	134,619	20,804	113,815	60% (67,691)	16% (18,423)	24% (27,701)
2014	137,620	18,734	118,886	63% (74,883)	16% (18,530)	21% (25,473)
2015	140,158	18,316	121,842	61% (74,713)	16% (19,395)	23% (27,734)

Source: FACES Report for FY11-FY15

Administrative Functions are defined as:

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

Documented Call is a "screened out" call that is not submitted to the CD field office for follow up because it does not meet any condition for a CA/N report or any requirement for a non-CA/N referral. EXCEPTION: A Documented Call that lists a family member who is involved in an unconcluded CA/N report is alerted as "Additional Information" to the assigned field worker who is investigating/assessing the unconcluded CA/N report.

As the chart above illustrates, the total number of calls received at the CA/N Hotline Unit since 2011 continues to be in the range of 131,000 to 141,000. During FY11-FY13 the percentage of calls falling into the three primary classifications (CA/N report, non-CA/N referral, Documented call) was virtually the same (60/15/25 for FY11 and 60/16/24 for FY12 and FY13). However, in August 2013 a statutory change requiring each Missouri mandated reporter to report incidents of CA/N individually rather than one report made by a designated reporter at a given school, institution, etc., resulted in a significant increase (over 7,000) in CA/N reports for FY14 compared to FY13. For FY15, total calls continued to increase but the percentage of calls classified as CA/N reports decreased by 2% with a comparable increase of 2% in Documented calls, which is more in line with the previous years (FY11-13) possibly due to mandated reporters making group calls to report the same incident to the hotline rather than individual calls.

Child Abuse and Neglect Call Management System Technology

The CA/N hotline uses Call Management System technology which provides real-time call data and management reports. This allows management the opportunity to adjust work schedules for optimum

coverage. The chart below provides the percentage of incoming calls answered and the average number of busy signals received each month.

Calls Answered Table

Year	Total Calls	Percent Answered	Avg # Busy Signals Monthly
2011	131,666	95%	213
2012	138,582	90%	1785
2013	134,619	89%	3066
2014	137,620	87%	3965
2015	140,158	86%	5572

Source: Information extracted from the Call Management System Technology Reports

The percentage of answered calls and the average number of busy signals remained relatively stable during 2010-2011. In 2012, the significant increase in call volume (increase of 6,916 calls over 2011), along with high staff turnover, resulted in an increase in the average monthly busy signals (from 213 to 1,785), along with a decrease in the percentage of calls answered from 95% to 90%. In 2013, the percentage of calls answered decreased by only 1% and in 2014 by 2%. The increase in average monthly busy signals from 1,785 in 2012 to 3,066 in 2013 and to 3,965 in 2014 is attributed to continued staff turnover in addition to a statutory change effective August 28, 2013 that required each mandated reporter to make a separate hotline call on each incident of abuse/neglect. Previously a designated mandated reporter was allowed to make one call for all mandated reporters with knowledge of the incident at the school, facility, etc.

On-Line Reporting

In 2015, call volume continued to climb to over 140,000 calls, and with continued staff turnover, the percentage of calls answered dropped by 1 % to 86% with average monthly busy signals rising to 5,572. To resolve this trend in the wrong direction, the decision was made by the CD Director in October 2015 to develop an on-line reporting option for mandated reporters for non-emergency situations. Because of the repeated request for the on-line reporting option by Missouri mandated reporters, it is believed that on-line reporting will take a significant number of calls out of the 800 queue and will reduce wait times and busy signals. The On-Line Reporting functionality for mandated reporters is currently under development and scheduled for testing in October 2016 with an anticipated implementation date of November 2016.

Mobility Project

Currently hotline workers are frequently required to take time away from answering incoming hotline calls to read entire emergency reports and prior history to on-call field staff during evenings, weekends, and holidays. During 2015, on-call field investigators were issued iPads enabling many of them to access

hotline reports via their iPads. When this mobility project is fully functional for investigators statewide, after-hours call out procedures will be streamlined and hotline staff will be able to focus entirely on answering incoming hotline calls.

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 shifts). Primarily, hotline staff leaves to take positions with another agency or transfer to a Children's Division field office. In 2012, this was addressed by the CD Director's decision to over-allocate CANHU staff with two extra Children's Service Worker positions to help offset the high staff turnover. In September 2013, the CD Director took further measures and approved the hiring of temporary hourly staff with previous hotline experience to fill coverage gaps while newly hired staff gained experience and speed in taking calls.

Further, retention and recruitment efforts have been implemented with the career ladder in 2014 and an out-basing plan underway during 2015. Currently, eight hotline workers have been promoted from Children's Service Worker II to Children's Service Worker III and more will qualify during 2016. The out-basing plan is designed to forward overflow hotline calls from the centralized hotline in Jefferson City to designated field offices. When out-basing is implemented as planned in 2016, CD field staff will be eligible to fill hotline positions at their current work location for the first time. It is believed that the career ladder and out-basing will significantly reduce both turnover and overall coverage issues at the hotline.

Child Abuse and Neglect Hotline Unit Oversight

Peer Record Reviews (PRR) are conducted at the CA/N hotline to determine the quality of the screening, assessing, and classification process by those manning the phones using a structured decision-making method. The number of calls selected quarterly is based on a percentage of total number of calls received and classified as CA/N reports. These reviews are randomly selected by Research and Evaluation. Over the past five years, the number of peer record reviews completed each year has increased from 6,080 in 2010 to over 6,700 for the last three years. The following chart is the PRR results from the past five years:

PRR CALENDAR YEAR	2011	2012	2013	2014	2015
TOTAL CALLS REVIEWED	6,553	6,419	6,793	6,725	6,755
Was the answer to ENTRY question #11 summarized clearly?	100%	100%	100%	100%	100%
Were all correct PATHWAYS chosen based on the answer to ENTRY question #11?	99%	99%	99%	99%	99%
Was the call correctly classified as a CA/N Report?	99%	99%	100%	100%	99%
Was the correct Response Priority chosen?	99%	99%	99%	99%	99%

Was the correct Track assignment chosen?	98%	99%	99%	99%	99%
Was the county of assignment correct?	100%	100%	100%	100%	100%

Source: Lotus Notes CANHU Peer Record Review Reports

As the chart above shows, there has been little change in peer review results (with accuracy in the 98%-100% range) over the past five years. The performance of the workers at the CA/N hotline unit has held steady over time indicating processes, such as training and supervision, are consistent.

Child Abuse and Neglect Reports

During SFY15 the Children's Division completed 68,623 reports of child abuse/neglect, involving 100,625 children. This was an increase in reports of only 0.2% from SFY15, but a decrease of 1.4% of total children. Over the past three years, this represents a total increase in the number of reports by 11.1%. The continued increase in the number of reports screened as Child Abuse/Neglect (CA/N) Investigations or Family Assessments may be due in part to the following:

Changes in statutory reporting requirements in 2013. When mandated reporters have reasonable cause to suspect child abuse/neglect they are required to immediately report to the Children's Division. These statutory changes also prohibits any internal investigation prior to making a report of child abuse/neglect and prohibits any individual, supervisor, or administrator from impeding a mandated reporter from making the report. In SFY2013, 60% of all reports were made by mandated reporters, compared to 66% in SFY2015.

Continued efforts to make mandated reporter guidelines and training available to all mandated reporters, increased emphasis on community education of child abuse and neglect and substance abuse is ongoing. Drug use continues to rise steadily in Missouri, especially heroin and opioid use. The Missouri Department of Mental Health (DMH) estimates that approximately 8% of the Missouri population eighteen (18) and older has a substance abuse disorder.

Incidents and Children Reported to the Child Abuse/Neglect Hotline

Year	Total Reports	Annual Change	Total Children	Annual Change
2013	61,765		91,812	-0.8%
2014	68,234	10.5%	102,100	11.2%
2015	68,623	0.2%	100,625	-1.4%

Source: Child Abuse and Neglect Annual Report, SFY15

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

<u>Reporter Demographics</u>

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 statute. Permissive reporters are those who are not required to report suspicions of child abuse/neglect, such as relatives or neighbors. The percentage of reports made by mandated reporters has risen slightly over the last three years.

Principals, social workers, and law enforcement personnel were the most common mandated reporters during SFY15.

Reporters of Child Abuse/Neglect during SFY15 by Occupation

	Number	Percent
Permissive	24,851	30.5%
Principal	12,442	16.7%
Social Worker	9,386	12.8%
Law Enforcement	8,878	11.7%
Nurse	4,243	5.8%
Mental Health	3,789	5.1%
Teacher	3,623	4.8%
Unknown	3,284	3.9%
Other Person with Responsibility for Care of Children	2,160	3.1%
Physician	934	1.2%
Juvenile Officer	746	0.9%
Day Care	574	0.8%
Psychologist	431	0.6%
Other Health Practitioner	396	0.5%
Other Hospital/Clinic Personnel	339	0.4%
Foster Parent	257	0.4%

Probation Officer	199	0.2%
Intern	165	0.2%
Minister	111	0.2%
Medical Examiner	61	0.1%
Jail/Detention Personnel	32	0.0%
Coroner	26	0.0%
Dentist/Dental Hygienist	26	0.0%
Resident	9	0.0%
Optometrist	2	0.0%
Chiropractor	1	0.0%

Source: Child Abuse and Neglect Annual Report, SFY15

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

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. A sub-committee of the Task Force on the Prevention of Sexual Abuse is finalizing curriculum development for standardized mandated reporter training that can be available in an online format.

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 68,623 reports in SFY15 that met criteria to be classified as child abuse/neglect, 43.8% were completed as Investigations and 56.2% were completed as Family Assessments.

CA/N Investigations

An Investigation is a classification of response by CD 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 upon 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.

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.

Sex Trafficking: The recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act.

Severe Forms of Trafficking in Persons: Sex Trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; or the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

Sex Trafficking Victim: A victim of sex trafficking or a severe form of trafficking in persons.

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

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

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

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

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

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

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

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

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

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

3. The division shall not be required to prove that the alleged perpetrator received sexual gratification or that there was an exchange or promise of anything of value as a result of the act of sexual abuse to establish sexual abuse under Sections 210 or 211, RSMo.

4. The use of force or coercion is not a necessary element for a finding of sexual abuse.

5. Sexual abuse may occur over or under the child's clothes.

6. The division shall not be required to prove that the child suffered trauma or harm as a result of the act of sexual abuse.

7. A child cannot consent to a sexual or sexualized act or interaction with a person responsible for that child's care, custody, and control.

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

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

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

Preponderance of Evidence: This conclusion is reached when all the elements that constitute the legal definitions of abuse or neglect can be proven using the standard of proof of Preponderance of Evidence. Preponderance of Evidence is defined in Section 210.110, RSMo., as "the degree of evidence that is of

greater weight or more convincing than the evidence which is offered in opposition to it or evidence which as a whole shows the fact to be proved to be more probable than not."

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 Division has sent the report to the superintendent of the appropriate school district.

A conclusion of home schooling is not appropriate when there is concern for educational neglect.

Inappropriate report: This conclusion is reached if it is determined the report did not contain allegations of abuse or neglect specified in Missouri State Child abuse and Neglect Statute (Section 210, RSMo.).

The data below illustrates the various conclusions reached for investigations in SFY15.
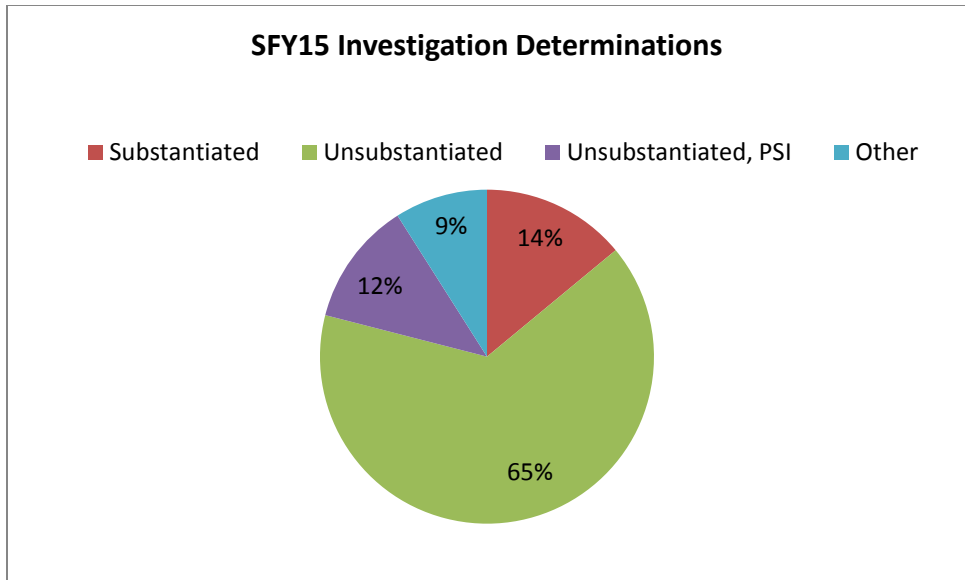
SFY15 Investigation Determinations

■ Substantiated ■ Unsubstantiated ■ Unsubstantiated, PSI ■ Other

- 14%
- 65%
- 12%
- 9%

Source: Child Abuse and Neglect Annual Report, SFY15

Other includes unable to locate, inappropriate report, located out of state, home schooling

Substantiated Children by Category of Abuse/Neglect

Category	2013	2014	2015
Neglect	60.8%	63.8%	49.4%
Physical Abuse	32.0%	29.6%	29.2%
Sexual Abuse	23.7%	22.7%	18.4%
Emotional Abuse	4.0%	7.6%	1.9%
Medical Neglect	3.7%	4.2%	0.7%
Educational Neglect	1.6%	1.4%	0.5%

Source for SFY15 data: Child Abuse and Neglect Annual Report, SFY15

Neglect accounted for the highest percentage of total substantiated reports. The overall substantiation rate has remained stable over the last three years at 14-15%.

Family Assessments

A Family Assessment is a classification of response by CD to provide for a prompt assessment of a child who has been reported to CD as a victim of abuse or neglect, 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:
- Family Assessment-Services Needed: The family needs Family-Centered Services beyond the 45 day assessment period.
- Family Assessment-No Services Needed: The family does not need Family-Centered Services from the Division or the community.
- Family Assessment-Family Uncooperative, Child Safe: The family refused to cooperate during the Family Assessment process. The worker has been able to document the child is safe, therefore a case will not be opened for Family-Centered Services.
- Family Assessment-Services Needed, Linked in Initial 45 Days: The family received services during the 45 day assessment period (either by the CD Children's Service Worker or by a community resource/support system). The family no longer needs services provided by the Children's Division.
- Family Assessments-Services Needed, Family Declined: The Division offered to provide Family-Centered Services, but the family refused services. The worker has been able to document that the child is safe.
- Unable to Locate: 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 SFY15.

SFY15 Family Assessment Determination at a Glance

Family Assessment Determination	Services Needed	Services Not Needed	Family Uncooperative - Child Safe	Services Needed - Linked in 45 Days	Services Needed - Family Declined	Other
Percentage	12.3%	70.2%	3.3%	7.4%	3.2%	3.6%

Source: Child Abuse and Neglect Annual Report, SFY15

Other includes unable to locate, inappropriate report, located out of state, home schooling

Perpetrator Demographics

The following table depicts the alleged perpetrators' relationship to the victim children in all of the child abuse/neglect reports received during SFY15:

Relationship	Percentage
Natural Parent	67.1%
Parent/Caretaker's Paramour	8.2%
Step-parent	4.6%
Unknown	4.1%
Grandparent	4.1%
Aunt/Uncle/Cousin (Also Great)	2.9%
Other	2.0%
Friend	1.2%
Adoptive Parent	1.1%
Institution/staff	0.9%
Sibling	0.8%
School/personnel	0.8%
Foster parent	0.7%
Day care provider	0.7%

Source: Child Abuse and Neglect Annual Report, SFY15

In the table above, "unknown" refers to the relationship between the alleged perpetrator and the victim. "Other" refers to a known relationship that does not fall into one of the categories in the table.

The data below highlights perpetrator demographics for substantiated reports for SFY15. This data has remained relatively stable over the last few years.

Two-thirds of the perpetrators (68.6%) were between the ages of 20 and 39.

Slightly over half (54.3%) were male.

Over three-fourths (77.5%) of the perpetrators were white and 16.0% were black.

While natural parents were the overwhelming majority of reported perpetrators, only 5.5% of them were found to be substantiated perpetrators with a final determination of abuse/neglect.

The most prevalent perpetrator characteristics were having an adequate support system (13.1%), having no apparent mental/emotional disturbance (12.3%), having other drug related problems (11.2%), and a history of criminal behavior (10.3%).

Child Demographics

The data below highlights child demographics for Family Assessments and Investigations for SFY15:

Substantiated Victim Children by Age

■ 0-6 Yrs ■ 7-12 Yrs ■ 13-17 Yrs

23%

45%

32%
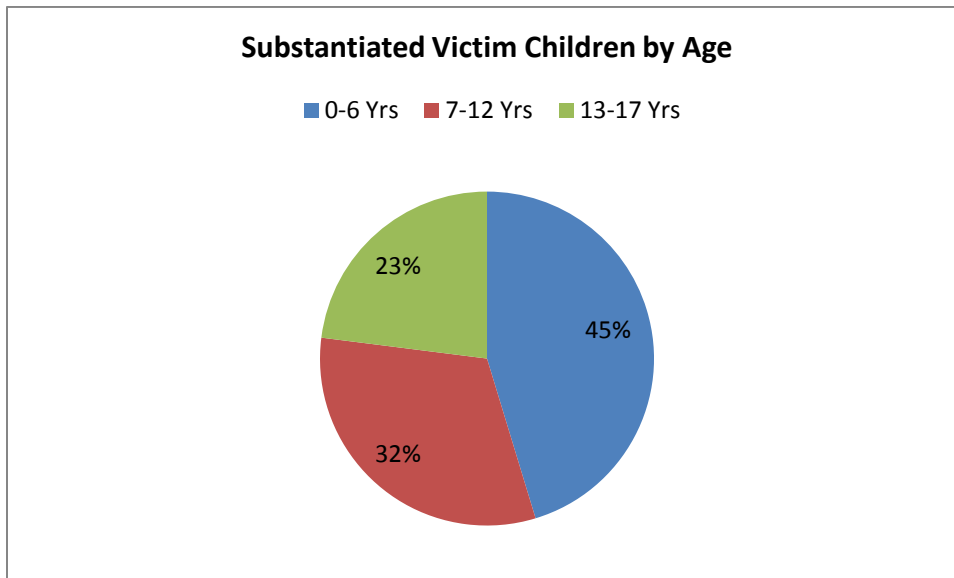
Source: Child Abuse and Neglect Annual Report, SFY15

Of the substantiated children, 55.7% were female and 44.3% were male. For Family Assessments, 48.5% were female and 51.5% were male.

Children birth through six years old constituted approximately 45% 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 33% of all children involved in substantiated Investigations. This demographic supports CD's goal to target services to Missouri's most vulnerable children.

Substantiated Victim Children by Category of Abuse/Neglect

■ Neglect ■ Physical Abuse ■ Sexual Abuse ■ Emotional Abuse

- 2%
- 14%
- 48%
- 36%
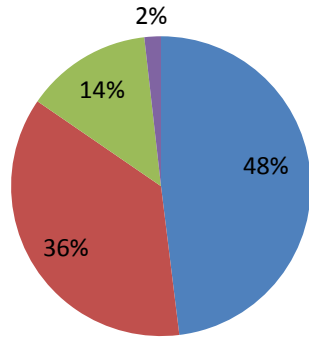
Source: Child Abuse and Neglect Annual Report, SFY15

Approximately 58% of substantiated neglect victims involved children birth through six years of age.

Approximately 54% of the substantiated sexual abuse victims involved children ages 12-17 years of age.

For substantiated reports in the Investigation track there was a relatively even split between male and female neglected and physically abused children. However, approximately 85% of the children who were found to be sexually abused were female and 68% of emotional abuse victims were female.

Substantiated Victim Children by Race

■ White ■ African-American ■ Other

- 8%
- 16%
- 76%
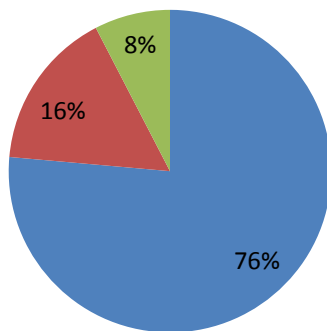
Source: Child Abuse and Neglect Annual Report, SFY15

For Family Assessments, 73.9% of children were White, 18.6% were African-American, and 7.4% were Other.

In comparison to the most recent Census data for Missouri, African-Americans were disproportionately represented in child abuse/neglect reports as only 11.8% of the population is African-American.

Children with Problem Sexual Behaviors

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 fourteen (14) is alleged to have committed an act of sexual abuse against any person under the age of eighteen (18). Historically, these reports have been classified as non-caretaker referrals which the 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 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 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 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 1,582 Juvenile with Problem Sexual Behaviors Reports between August 28th and December 31, 2015.
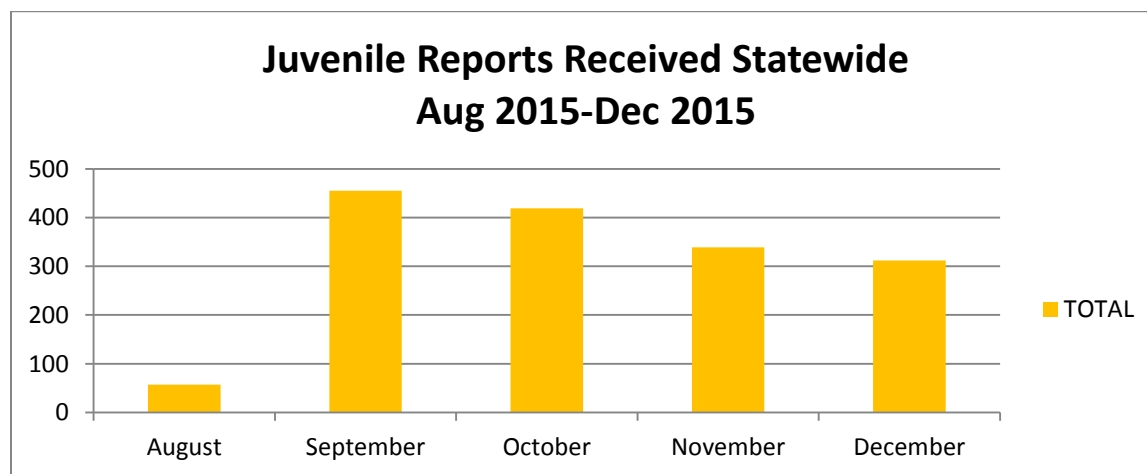
** J Reports were implemented by the Children's Division on August 28 2015

Child Abuse/Neglect Related Policy Development and Other Program Enhancements in CY15

Children's Division launched a CA/N program-based workgroup in CY12. The workgroup includes representatives from Central Office, Regional Offices, CANHU, Out of Home Investigation Unit, Training and Workforce Development, and the Department's Division of Legal Services. The CA/N workgroup has focused efforts to engage and receive input from multiple levels and program lines within the Children's Division to affect positive advances in policy and programmatic development. Members of the CA/N workgroup review draft policy changes related to CA/N and are able to provide feedback prior to implementation. Draft policy changes are also sent out to field-based administrators such as Circuit Managers and Children's Service Supervisors in order to obtain a broader lens of impact and functionality, which works to deepen our combined efforts toward a common goal of developing best practices in balance with considerations of application. The following are highlighted policies published throughout CY15. Some have a direct impact on the CA/N Program only, while others touch multiple program lines. It may be worthwhile to note, though not necessarily quantifiable, many of these policy and programmatic advancements play a significant role in supporting the implementation, assurance, and improvement of best practice in vital areas such as children's safety, family engagement, and service delivery.

Memorandum Number	Summary
CD15-03	Introduced an electronic mechanism for staff to submit referrals to the Child Abuse and Neglect Review Board.
CD15-22	Advised staff of a Missouri Supreme Court ruling that upholds statute protecting reporter confidentiality and provided guidance for staff to maintain confidentiality when court ordered to release reporter identity.
CD15-52	Introduced staff to Senate Bill 341 authorizing 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'. This memorandum provided staff policy on how to complete the assessment process.
CD15-76	Introduced staff to newly promulgated definitions for physical injury, sexual abuse, emotional abuse, and proper or necessary support.
PP15-IA-03	Practice point on parental and alleged perpetrator notification of a child abuse/neglect report. This practice point clarified statute that prohibits staff from notifying an alleged perpetrator of receipt of a CA/N report prior to assuring child safety. Statute requiring parental notification prior to interviewing children, unless the parent is an alleged perpetrator was also clarified.

Differential Response Pilot

Missouri implemented differential response statewide in 1999. Over time, it has been recognized that the Children's Division two-track system has eroded and, in practice, there are few distinguishing factors between how investigations and assessment are handled.

In July 2015, a differential response pilot was implemented in four circuits in the Southwest portion of the state in an attempt to complete family assessments in the way the statute originally intended. The goal of the pilot is to help families get the services needed through the family assessment process, and focus the Division's intervention to hopefully reduce the number of children entering foster care and to reduce repeat maltreatment. Staff participating in the pilot has reduced caseloads and staff is allowed to keep assessments open up to 90 days. All policies currently in place in regards to the completion of family assessments were eliminated, with the exception of those statutorily required. Staff is given the freedom to utilize assessment tools they find beneficial dependent on each family's situation. The frequency of client contact is driven by the needs of the family. The intention of the pilot is for staff to have increased engagement and be more directly involved as change agents within the family.

Feedback from the initial pilot site has been positive with increased family and worker satisfaction, improved engagement, and outcomes. Numerous circuits across the state have requested to be involved in the pilot. Circuits have been allowed to implement the pilot based on their individual staffing capacities. By June of 2016, over half the circuits in the state will be practicing differential response in this manner. Plans are currently underway to implement the new differential response model statewide.

The Child Abuse and Neglect Review Board(s)

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, CD notifies the alleged perpetrator in writing of the finding, of the evidence supporting the finding, and of the alleged perpetrator's right to seek administrative review within sixty days.

The alleged perpetrator can seek administrative review if:

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

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

The CANRB is a panel of nine private citizens from professions specified in Section 210.153 RSMo (http://www.moga.mo.gov/statutes/c200-299/2100000153.htm). Each panel member is appointed by the Governor and confirmed by the Senate. The Children's Division may establish more than one CANRB panel to ensure timely reviews. Currently, there are five boards meeting monthly. Three boards meet in Jefferson City, one in St. Louis, and the fifth board meets in Kansas City. In 2015, the Children's Division requested the establishment of a sixth board in Springfield based on the number of requests in the southwest part of the state. The Governor's office is currently involved in making appointments for the Springfield board. The goal is to implement the Springfield board during 2016.

Each board conducts approximately eight -ten administrative reviews each month. The boards decide by majority vote to either uphold or reverse the Division's findings. During the CANRB review, the board hears testimony from the Children's Division, the child's representative (if he/she chooses to participate), and the alleged perpetrator. The alleged perpetrator may be represented by an attorney, but witnesses are not subpoenaed and cross examination is not permitted. If the CANRB upholds the Division's decision, Section 210.152 RSMo allows the alleged perpetrator to seek judicial review in the circuit court of residence within sixty days of notification of the CANRB decision. At the judicial appeal, the alleged perpetrator may subpoena witnesses with the exception of the alleged victim and the reporter. The court may sustain or reverse the CANRB decision.

Background Screening and Investigation Unit

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

Over the past five year period, BSIU processed over 100,000 background screenings each year. As noted in the chart below, screening requests remained steadily in the range of 102,000 to 108,000 annually.

ANNUAL BSIU SCREENINGS	2011	2012	2013	2014	2015
	102,697	106,766	103,009	107,577	105,781

Source: BSIU CY11-CY15 Reports Produced by the Child Abuse/Neglect Hotline Unit

Yearly fluctuations are possibly attributed to an increased or decreased use of the Family Care Safety Registry (FCSR). State statute requires employees of licensed day care facilities, residential care facilities/ child placing agencies licensed by DSS, and foster or group homes licensed by DSS, to register with FCSR for their screenings. Although school employees are not required to register with FCSR, more schools may choose the FCSR service because it provides background screening information from the Missouri State Highway Patrol, Department of Mental Health, and theDepartment of Health and Senior Services in addition to the child abuse and neglect screening provided by BSIU.

Child Assessment Centers

Child Assessment Centers, more commonly referred to as child advocacy centers (CACs), are a safe and neutral place where children can go to receive specialized forensic, medical, and therapeutic services necessary to investigate and respond to the effects of physical, sexual, emotional, and psychological trauma caused by abuse. CACs are safe and child-friendly environments where law enforcement, prosecutors, and CD investigators can work together to explore abuse allegations in a manner sensitive to the needs of young victims and their families. The CACs bring together highly trained forensic interviewers and child advocates with multidisciplinary team investigators. This limits trauma to the

child and facilitates a more effective investigation. CACs also provide access to full forensic medical examinations by specially trained medical professionals and access to mental health services.

Child Advocacy Centers in Missouri are regionally located and provide services to all of Missouri's counties. Missouri has 15 regional assessment centers with the main offices located in St. Louis (two locations), Kansas City, St. Joseph, Springfield, Joplin, Sedalia, Trenton, Festus, Wentzville, Cape Girardeau, Doniphan, Columbia, Parkville, Osage Beach, and Branson. Satellite offices are also located in Union, Nevada, Pierce City, Butler, St. Robert, Farmington, and Hannibal. In total, CAC services are provided in 22 fully accredited locations around the state.

All CACs in Missouri are accredited by the National Children's Alliance. CACs go through an extensive accreditation process that requires they meet eleven areas of criteria for providing services. All CACs are reaccredited every five years. Beginning in January 2017, Missouri's CACs must meet revised standards established by the National Children's Alliance. The new standards require stronger demonstration of the victim advocacy, mental health, medical response and case review areas of accreditation.

According to data collected by Missouri KidsFirst, Missouri's CACs conducted forensic interviews with 7,180 children during SFY15 compared to 7,612 children in SFY 2014, a decrease of 432 children. Until SFY 2015, the number of forensic interviews conducted by CACs historically increased every year by several hundred. While Missouri KidsFirst is uncertain why the number decreased in SFY 2015, it is possible that the state law change regarding how cases of youth on youth abuse are handled may be part of the reason CAC's had a decreased number of referrals.

Missouri KidsFirst works with all the CACs coordinating public policy advocacy, providing support, training and technical assistance to each of the regional centers in the state. Missouri KidsFirst has a Board of Directors made up of leaders from across the State representing a diverse variety of backgrounds. The Board of Directors was developed to promote and support the financial viability of the Missouri Network of Child Advocacy Centers. The Directors of Missouri's 15 regional CACs make up the Missouri Network of Child Advocacy Centers, a program of Missouri KidsFirst and serve as an advisory board. Rooted in our belief that all adults are responsible for the safety and protection of children, our mission is to empower adults to protect children from abuse. To accomplish our mission, Missouri KidsFirst has three major programs:

- Prevention And Community Engagement- As the Missouri Chapter of Prevent Child Abuse America, Missouri KidsFirst provides leadership and education on the prevention of child abuse, including providing child sexual abuse prevention education and mandatory reporting training to youth-serving professionals and community members. Missouri KidsFirst also nurtures community coalitions and provides resources to enhance local prevention efforts.
- Multi-Disciplinary Team Member Training-Missouri KidsFirst believes that highly competent and well-trained child abuse professionals are essential to the investigation, prosecution and treatment of child abuse. It is Missouri KidsFirst's role as the state chapter for Missouri's Network of Child Advocacy Centers to provide education and technical assistance to Child Advocacy Center staff, child protective services investigators, mental health providers, law enforcement, medical providers and prosecutors.

- Public Policy-Missouri KidsFirst believes that children should be protected and prioritized by the state of Missouri. Each legislative session Missouri KidsFirst works to pass legislation that prevents abuse and promotes healing and justice.

Sexual Assault Forensic Examination - Child Abuse Resource and Education Network

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

Department of Health and Senior Services collaborates with Missouri KidsFirst and three Child Abuse Medical Resource Centers to provide a tiered system of care consisting of primary care providers, SAFE-CARE providers, and Child Abuse Medical Resource Centers. The Resource Centers are located within the state's three largest children's hospitals. Each Resource Center has a Director who is board certified in Child Abuse Pediatrics. Resource Centers provide training to SAFE-CARE medical providers, multidisciplinary team members, and primary care medical providers.

In SFY15, the SAFE-CARE program continued to utilize state funding to enhance the medical response to child maltreatment. Monthly online training was held for current SAFE-CARE providers, in addition to in-person classroom training. The mentoring program continued, with all providers having access to a mentor who is board certified in Child Abuse Pediatrics. In SFY15 the number of SAFE-CARE providers remained stable at 44. According to the Department of Public Safety's SAFE payment program, there were 1,633 child SAFE exams in SFY15.

In SFY15, the Department of Public Safety drafted new rules for the SAFE payment program. The new reimbursement system based the amount of reimbursement on the training and qualifications of the medical provider. SAFE-CARE providers had the highest level of training in the evaluation of child maltreatment, and therefore would receive the highest level of reimbursement. In addition, new legislation added child physical abuse medical evaluations to the Department of Public Safety payment program.

Task Force on the Prevention of Sexual Abuse of Children

The Task Force on the Prevention of Sexual Abuse of Children was created in statute during the 2011 Missouri legislative session. The Task Force issued its final report in December 2012 with numerous recommendations centered around community-based child sexual abuse prevention, professional training and technical assistance, multi-disciplinary team excellence, mental health services and treatment, awareness, funding, and statutory changes.

The Task Force continues to be active and meets quarterly with a large representation from various professions involved in the child welfare system. There are numerous sub-committees working on the recommendations from the initial task force report. The Children's Division is active in the Mandated

Reporter Curriculum, the Multi-Disciplinary Best Practices, and the Youth with Problem Sexual Behaviors sub-committees.

Some of the highlights of the work done through the Task Force in CY2015 include:

- The Mandated Reporter Curriculum sub-committee worked through 2015 on curriculum development to provide standardized training that will be available to all mandated reporters in Missouri in an online format.
- The Youth with Problem Sexual Behaviors sub-committee was instrumental in the passage of Senate Bill 341 which 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.
- The Multi-Disciplinary Team (MDT) Best Practices sub-committee has been and continues to work on developing several multi-disciplinary team assessments tools designed for MDTs to evaluate how well they are functioning and where they need improvement.   These tools include a MDT Five-point Assessment Scale, a MDT Levels Response Matrix, and a Multi-Disciplinary Team Meeting Observation Tool.

<u>Human Trafficking</u>

The 2015 legislative session created a task force on human trafficking that included the Department of Social Services as a required member. A Children's Division representative was selected to serve on behalf of the Department. The task force has met several times and conducted three public hearings across the state in Springfield, Kansas City, and St. Louis. The task force will continue to meet to research and explore the concerns before submitting recommendations to the General Assembly.

In September 2015, the Children's Division presented on a panel at the annual Protect our Children Conference, sponsored by the United States Attorney's Office District of Kansas, Western and Eastern District of Missouri, Southern District of Iowa, and the Southern District of Illinois. This panel included members of Boone County's multi-disciplinary team who presented information about their commercial sexual exploitation of children (CSEC) protocol. The Children's Division assisted in the development of this protocol, which is the first known multi-disciplinary approach to responding to concerns of CSEC. This group has also developed training for all professions within their community who have the potential to encounter CSEC, including schools, mental health professionals, law enforcement, and medical personnel. In January 2016, the Children's Division participated, along with several other agencies and service providers, in the planning of an event sponsored by Senator Jamilah Nasheed commemorating Missouri's first Sex Trafficking AwarenessMonth.

To comply with the Preventing Sex Trafficking and Strengthening Families Act, the Children's Division has contracted with Cornerstones of Care to provide introductory training on Human Trafficking to staff. The objectives of this training include being able to define and recognize the scope of human trafficking, being able to identify indicators and people at high risk, identifying resources for potential victims, and learning preventative strategies.

The following are policies that have been implemented to specifically address human trafficking and the commercial sexual exploitation of children:

Memorandum Number	Summary
CD15-64	Provided an introduction to definitions, prevalence and indicators of CSEC, and trauma bonding. Revised missing person report procedures to include a requirement to notifying the National Center for Missing and Exploited Children (NCMEC), the requirement to assess children's experiences while missing from care. This memo also introduced staff to the human trafficking training requirement.
CD16-14	Provided definitions of missing child/juveniles under Missouri statute. Clarified the process to report to NCMEC. Notified staff of a change in policy to allow for the release of foster children's photographs to law enforcement and NCMEC for the purposes of recovering missing/run-away youth. Introduced policy requiring staff to take/obtain a photograph of all children in care upon entry and at regular intervals.

PROMOTING SAFE AND STABLE FAMILIES PROGRAM

Intensive In-Home Services

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

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.

This program is provided through purchased services by vendors contracted with the state. Intensive In-Home Services are available to all 45 circuits within the State of Missouri.

According to the CD Annual Report, Table 38, in SFY15, 1,848 families and 4,611 at-risk children were accepted into the IIS program. In SFY14 there were 1,918 families and 4,983 children served. Intensive In-Home Services is recognized statewide as being a program which diverts children from entering foster care and allows them to remain safely with family, thus it is important for the program to serve as many children and families as possible. There was a slight decrease in the number of families and children served from SFY14 to SFY15 which can be attributed to a lower amount of families with a perceived need (due to lower FCS numbers). In addition, there has also been a spike in the number of children being removed without this preventative service due to substance use/abuse. It is believed by many judges that removal is the only option when parents are abusing drugs.

The percentage of children age five and under receiving IIS services has remained stable for the last five years. In SFY15, 40% of the children served by IIS were age five and under. In SFY14 and SFY13, the percentage of children five and under was 40%, and 42% respectively. 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 CD Annual Report, Table 39, in SFY15, 77% of the families remained intact at the end of the IIS intervention and avoided child placement, compared to 76% in SFY14 and 77% in SFY13. According to SFY15 IIS Annual Report, Table 24, in SFY14, 6.5% of children were removed during the IIS intervention. It is also important to remember there are times when placement into foster care or another placement outside of the home is in the best interest of the child.

The overarching goal of IIS is to protect children through the enhancement of family capabilities. As a result, the agency tracks the number of substantiated reports three months following the IIS intervention. According to the IIS contract, 85% of families who have received IIS intervention shall not have confirmed child abuse/neglect within the first three months following the completion of IIS intervention. For the last five years, contractors have exceeded this requirement with 0.08% of families having a substantiated report within 3 months for SFY15, 0% for SFY14, and .06% for SFY13, per the Child Welfare Outcomes Report, Measure #7. This data demonstrates success of the program mission to protect children from abuse and neglect.

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

In December of CY15, the IIS/IFRS training contract was awarded to three IIS contracted providers. The IIS/IFRS training contract provides specialized training as required in order to ensure thatcontracted intensive in-home specialists, intensive family reunification specialists, and supervisors may successfully provide IIS/IFRS to families, according to standards of best practice. IIS/IFRS training functions to train IIS/IFRS practitioners in this service model. IIS specialists and supervisors continue to self-report the increasing needs and severity level of families served. As a result, the regions and intensive in-home service providers offer input on training topics they would like added to the training curriculum to ensure specialist are better equipped to work with families. Children's Division staff is also encouraged to attend any of the trainings offered through the IIS/IFRS training contract.

In CY15, representatives from Singapore visited the state of Missouri to learn more about the IIS/IFRS programs. During their time in Missouri they spoke with central office staff, IIS contracted providers, and IIS staff. They were able to shadow IIS workers providing services to families and were able to see how the model supports the efficacy of the program to teach families skills to improve family functioning and allow them to remain intact. The representatives from Singapore are interested in replicating the IIS program in Singapore.

Intensive Family Reunification Services

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 which will maintain the child(ren) safely in the home following the intervention. Families are eligible to receive IFRS if at least one child (0-17 years) is in the custody of the Children's Division, placed in out-of-home care, and there is regular visitation between parents and their children. The contract also allows youth placed in residential treatment through guardianship and adoption subsidy to participate in IFRS to aid in reunification.

Contracted staff provides intense, time-limited family reunification services to families. Staff meets with families within 72 hours of the IFRS referral. The child(ren) is typically returned to the family within two to four weeks of referral to allow the specialist ample time to work with the entire family. An IFRS specialist's caseload varies based on the stage of intervention, and they serve a minimum of thirteen families annually. The intervention is intensive, averaging 13 hours per week, per family. The IFRS specialist is available to the family 24 hours a day, 7 days a week. Services are time limited, usually 60 to 90 days. The IFRS specialist and the foster care case manager work closely together throughout the intervention. The level of involvement will depend on the local protocol and the needs of each family.

The contract has three stages of intervention. Stage one is focused on preparing the family and child(ren) for the child(ren)'s return to the home. This stage includes visits between parents and child(ren) observed by the specialist. A specialist can serve a maximum of five families in stage one. Stage one is typically two to four weeks in duration. Stage two is intensive service delivery to the family immediately following the child(ren)'s return home. A specialist can serve a maximum of three families in stage two and this stage typically lasts six to eight weeks in duration. Stage three is a step down, follow up stage, focusing on resolving issues that arise following the removal of intensive services. The specialist conducts one home visit each month for ninety calendar days to monitor family functioning. A specialist can serve a maximum of eight families in stage three.

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

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

- Home maintenance/housekeeping skills
- Developing linkages with community resources
- Other individualized services meeting specific needs of the family

There are 13 contracted IFRS specialists in Missouri. There is interest in expanding this program; however, budget constraints preclude any expansion at this time. Sites offering IFRS include:

- Site #941: Jackson and Cass Counties
- Site #942: St. Louis City, St. Louis County and St. Charles Counties
- Site #943: Boone, Callaway, Cole, Camden, Miller, Laclede, Moniteau and Morgan Counties
- Site #944: Jasper, Newton and McDonald Counties
- Site #945: Osage, Franklin, Gasconade and Jefferson Counties
- Site #947: Crawford, Dent, Iron, Reynolds, Wayne, Perry, Bollinger, Cape Girardeau, Washington, Madison, Ste. Genevieve and St. Francois Counties.
- Site #948: Scott, Mississippi, New Madrid, Pemiscot, Stoddard, Dunklin, Butler and Ripley Counties
- Site #950: Greene, Christian and Taney Counties

IFRS 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. According to an ad hoc report produced in February 2016, in SFY14 there were 96 families served, compared to SFY14 with 100 families served, compared to SFY13 with 132 families served. The cause of the decrease can be contributed to a number of factors including: worker turnover, under-utilization, lack of understanding about the program, and a decreased service need in certain circuits. Also, the award of the new contract in April of 2014 caused a decrease in referrals because of delay of award, new contractors and staff, and new sites/reconfiguring. The reconfiguration of sites and the improved contract language is projected to increase referrals to the program in the future.

Families are referred to this program by the case manager in an effort to decrease the time to case closure, by allowing the family access to intense services. The families are screened by the IFRS agency to ensure that the child is or will be quickly placed in the parent home, the Family Support Team is in agreement with the plan, and that the family agrees to cooperate with the service.

As of January 1, 2016 there were 13 specialists across the state to work this program. If each served 13 families for the year, a total of 169 families could be served. Local agencies often arrange meetings with circuit management staff in various avenues to keep their local communities informed of the availability of openings and the IFRS program in general. This program has a part of the agency for many years, but has been a contracted component since 2009.

Since conversion to the FACES system, data entry issues have impacted all IFRS data collection, particularly follow-up data which provides insight into the effectiveness of this program. The Division relies on contracted staff to enter the follow up status into FACES for each child served. Follow up data was first available electronically in SFY11 when IFRS was put into FACES. The table below illustrates the percentage of children in foster care at three, six, and twelve months following the intervention. Some of the other follow up statuses include: unable to locate family, child ran away, information not

available, and other. The percentages for each of the other exit statuses were statistically insignificant and will not be listed and compared in this report. With some changes in contractors and sites and some needed data entry clean up, it was difficult to gather more in-depth accurate data for SFY15. Although the missing data is concerning, the percentage of children in foster care at each of the succeeding intervals is less susceptible to data entry issues. Efforts in 2016 will be focused on data cleanup for existing data as well as raising staff awareness of the availability of the program.

For SFY15, the percentage of children in foster care at 3, 6, and 12 months following the IFRS intervention is generally less than the previous two years. There are a couple contributing factors for this decline including a smaller number of children being referred to the program and an increased emphasis on foster care prevention. The results of the foster care review in CY11 and CY12 revealed a need to focus on family-centered practice. As discussed in the foster care section, the state also focused efforts on improving engagement with families which leads to a reduction of removals and better permanency outcomes for children.

Fiscal Year	Foster Care 3 months	Foster Care 6 months	Foster Care 12 months
2013	16%	19%	17%
2014	10%	4%	7%
2015	12%	2%	6%

Comparing outcome data for this program should be considered lightly as there are many factors which determine whether a child is returned home including the court and the family support team. While a family is working with an IFRS specialist, the family is also working with a foster care case manager and potentially several other service providers. Thus, it is difficult to determine the efficacy of the IFRS program in isolation. The other services provided to the family also have an impact on the family's status. In addition, it is important to remember a child placed outside of the home may have a positive outcome depending on the situation. If the child needs to be out of the home due to a mental health reason or to protect the safety of the other children in the home, the intervention may still be considered a success.

FAMILY SUPPORT SERVICES

Family-Centered Services

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

In SFY15, there were 19,331 active FCS cases compared to 20,091 during SFY14, and 19,835 in SFY13. (Source: CD Annual Report, Table #9). The total number of FCS cases in SFY15 decreased by 3.8% from SFY14. This decrease is attributed to the number of children active in out-of-home care increasing by 6.2%. (Source: CD Annual Report, Table #35). Fewer intact (no court involvement) FCS cases are being opened because more children are entering out-of-home placement. As the number of children entering out-of-home care increases, the percentage of intact (no court involvement) FCS families decreases.

Family-Centered Services Cases Active SFY13 - SFY15

Fiscal Year	Cases Active	Percent Change from Prior Year
SFY13	19,835	0.6%
SFY14	20,091	1.3%
SFY15	19,331	-3.8%

Contributing to the decrease in active FCS cases was guidance provided through a practice point from central office during CY14. The practice point provided direction for when a Family-Centered Service Case (FCS) case should be opened and closed on a parent of a child in out-of-home placement. This resulted in staff examining their caseloads and considering all factors when opening and closing FCS cases.

In SFY15, approximately 8% of FCS families were served as a result of substantiated child abuse/neglect reports (772 out of 9,880; Source: CD Annual Report, Table 11). Families with no substantiated report but requesting preventive services made up 14% of the total served. Almost 3% of the cases were opened due to court order. The remaining 75% 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.

Family-Centered Services Case Opened during SFY12-SFY14 by Reason for Opening
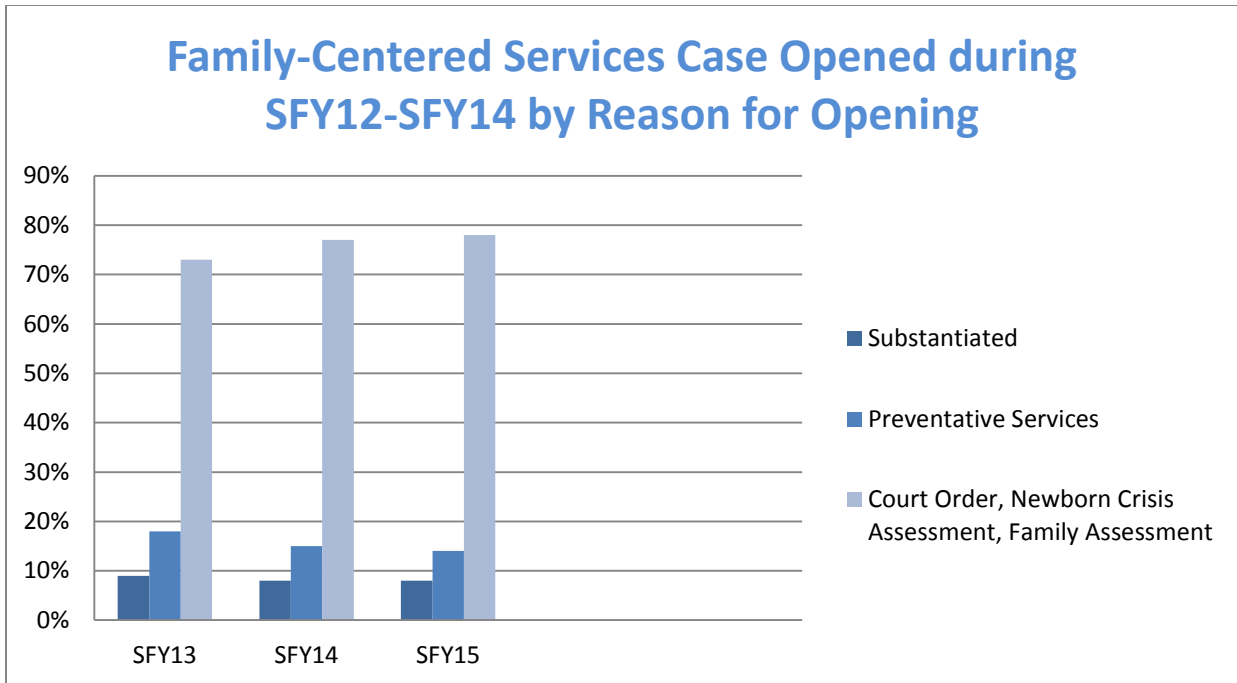
In January 2012, Family-Centered Services performance measures tied to desired practice outcomes were developed for individual staff performance expectations. The performance measure tied to Family-Centered Services evaluates whether workers are visiting with parents (at least one time per month). The data source for this measure is the Quarterly FCS Analysis Report provided by the Research and Evaluation Unit. One or more visits per month are considered compliance for this measure. The statewide goal for this measure was 80% in 2015. The 80% goal was determined by the CD Executive Team after discussion and reviewing the initial baseline during report development. Staff utilize the risk assessment to determine the number of visits with the parents each month with a minimum of one visit per month required.

During CY15, progress was made on this measure due to attention paid to practices related to this performance measure. The 2015 statewide performance for this goal was 76%. While that does not meet the 80% statewide goal, an improvement of 1% was realized over the course of the year.

In addition to monitoring the outcomes discussed within, the FCS Program Development Specialist participates in the Best Practice 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 new policy when reviewing case files.

Having strong family engagement practice strengthens the Children Division's mission and increases success for the children and families served. In an April 2015 edition of the In Focus newsletter, the Division focused the newsletter on the continuing efforts to improve and enhance our family-centered services approach around family engagement. The newsletter offered staff information about the new FCS model and resources staff can utilize when focusing on prevention and engagement efforts while working with children and families.

In CY14, the Children's Division recognized a need to improve our family-centered services practice and strengthen our philosophical base. Our foster care population continues to rise and the Division acknowledges the need to make changes to our prevention efforts in order to see a different outcome. A workgroup was developed to strengthen frontline practice and support programs that work by examining the values and beliefs about families and the philosophy and culture within Children's Division.

During CY15, an FCS new practice model implementation team was formed and tasked with strategizing the best way to implement the new model. The implementation team met four times in CY15 and consists of staff with a passion for FCS, and training staff. The implementation team is looking at ways to provide support, guidance, training, and to remove any barriers in order to implement the new practice model. Each region is represented on the implementation team and provides updates about what is being done or used in their region to facilitate the practice model, and what parts of the practice model their region is ready to start implementing.

The goal of the new practice model is to focus efforts on families with chronic neglect who consistently return to the Children's Division in need of assistance. By focusing on this population, staff will have fewer cases thus allowing them to spend more time with these families. The hope is to enhance family engagement, decrease future maltreatment, and to reduce the number of children entering foster care. Staff will be assigned cases at the supervisor discretion. Staff will carry a modified caseload based on the service needs of the family. Instead of stipulating the required tools a worker must use, the worker will have the discretion to utilize any assessment tools that work for the needs of the family

Pilot sites for the new practice model will begin in CY16. There will be four regions (St. Louis, Northeast, Northwest, and Southeast Region) that will begin piloting the new FCS practice model. Should the pilot prove valuable, the Division will discuss the possibility of statewide implementation with the Executive Team. The training for the initiative will involve skill building and will provide staff with solution-focused tools to reach goals established in partnership with the family.

To improve practice and enhance worker skills, the Children's Division holds a family-centered services training contract. The trainings should be reflective of a family-centered model for accomplishing in-home and out-of-home child welfare services and shall include modeling of skills for the successful application of family-centered practice models. The process for using the family-centered services training contract changed during CY15. The previous contract had six vendors for the whole state and was not conducive to providing training based on the FCS training needs of the state. The current process allows for any qualified vendor to provide direct education and information primarily on family-centered and family-systems approaches to working with families.

Child Care and Development Fund

As part of the prevention efforts, CD is the lead agency for the federal Child Care and Development Fund and administers the state child care subsidy program for low income and protective services families served through both CD and the Family Support Division (FSD). Child care subsidies helped support approximately 30,007 low income children with about 7,080 children served through protective services in SFY15.

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

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

Crisis Care

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

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

Care for children age 13 and older is often necessary due to the lack of a safe haven which may lead to participation in risky behaviors in order to survive. As a result, they sometimes fall victim to predators, drug addiction, prostitution, and/or experience serious injury or, in the extreme, death. Older youth may seek crisis care services due to an altercation with a parent, being kicked out of their home, parental substance abuse or mental health issues, homelessness, or because of situations that place them at risk of emotional, physical, or sexual abuse. Most often these situations are because of issues which build over a period of time and typically cannot be immediately resolved. As a result, in addition to providing a safe place for a "cooling off period", teens likely require providers to assist in stabilizing the crisis within the family through mediation, referrals for appropriate intervention services, and/or the necessary referrals within the community for permanent supports or living arrangements.

Crisis Care services are provided free of charge to families voluntarily accessing services in response to a family emergency. Crisis Care services are available twenty-four (24) hours a day, seven (7) days a week. A child will be accepted at a crisis care facility at any time, day or night, if space is available. Crisis Care contracts are awarded through a competitive bid process, with the last rebid occurring in 2015. Currently there are 10 crisis care facilities across the state.

In SFY15, 2,980 children age 12 and under were served, which was an increase of 19% from SFY14.

In SFY15, 546 children ages 13 to 18 were served, which is a decrease of 7% from SFY14.

Admission data has been collected for the past five years. Accuracy of the data is dependent on the crisis care facilities categorizing the reason for admission within the report submitted each quarter to the state

agency. The primary reason for admission in SFY15 was hospitalization of a sibling (50%), followed by overwhelming parental stress (47%) and homeless or unsafe housing (27%). Hospitalization of a sibling decreased during SFY15 by 22% from SFY13. Overwhelming parental stress showed a decrease from 56% in SFY13 to 47% in SFY15. The third highest reason for admission in SFY15 is homeless and unsafe housing (27%), which decreased by 8% from SFY13. Since this is a contracted service, other unknown variables could have impacted the number of children receiving crisis care. There is not a way to break down length of stay per admission reason at this time.

Based on the quarterly reports by the contractor, the primary reason for admission into crisis care during SFY16 was hospitalization of a sibling (50%), as the parents were unable to care for the child in crisis care while they stayed with the child that was hospitalized. The next highest reason for admission was overwhelming parental stress (40%), indicating the parent was unable to cope with all the stress in their lives so their child(ren) was placed in crisis care. The third highest reason for admission in SFY16 was homeless or unsafe housing, at 34%. Between SFY15 and SFY16 hospitalization of a sibling has been constant with no increase or decreased and overwhelming parental stress decreased by 7%. Homeless or unsafe housing has increased by 7%.

Home Visiting

Home Visiting is an in-home service designed to assist with the prevention of children entering alternative care by offering additional in-home support for at risk families.

The Home Visiting Program is a voluntary program providing assistance to eligible parents whose family income does not exceed 185% of the federal poverty level, and are currently pregnant or who wish to care for their children under the age of 3 years in the home. The program provides parents various opportunities to gain skills in the areas of early childhood development and education, improving parenting skills, school readiness, and child abuse and neglect prevention. 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 Parents as Teachers to maintain educational services with the family.

The Home Visiting program is located in eight regions across the state with the most contractors located in the St. Louis City/St. Louis County area. In SFY15, there were 14 competitive, 8 Community Partnerships, and the previous Children's Trust Fund contract, was rolled into the St. Louis Community Partnership, providing Home Visiting Services. There were a total of 3,165 unduplicated families and 5,014 children age birth to three years old served.

Home Visiting contractors currently utilize either an evidence-based or promising approach model focusing on the following areas: early childhood development, parent education, child abuse and neglect prevention, positive brain development, and school readiness. At this time, substance abuse is not a target area for the Home Visiting programs. Beginning in SFY17 the Children's Division will be comparing the families against Child Abuse and Neglect data on a monthly basis and will be looking at the data more closely to set a baseline for trends.

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 CD custody on an emergency basis only. These foster homes are available to receive children on a 24 hour basis. These foster homes are used on a short term basis only not to exceed 30 days.

Foster care placements —Foster homes are a licensed home caring for six or fewer children and are licensed by CD. Care includes the provision of food, lodging, clothing, transportation, recreation and training appropriate for the child's age and mental and physical capacity.

Relative care placements—Placement of a child in the home of an adult who is an extended family member. Relative placement providers must complete training and a licensure process to care for a relative child and for payment for to be received.

Kinship care placements—Placement of child in a non-relative kinship home in which licensing and training have been completed. The non-related child is in the custody of the Division and there is a relationship between the child and placement provider or between the placement provider and family (such as in the case of an infant).

Elevated Needs Care (Level A and Level B) placements—A specified placement for a child in foster care with elevated challenges and receives specialized care. These foster care homes must meet all licensing requirements as a traditional foster home plus receive specialized training for behaviorally and mentally challenged children. In addition, these foster homes must demonstrate a willingness to obtain any specialized training to meet individualized needs of the child.

Medical care placements—A foster care placement for a child with specific medical conditions where additional medical training is necessary for his/her care.

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

Independent living arrangements placements—Placement for a youth living on his/her own, usually in an apartment or college campus setting, with supervision from the case manager.

Residential treatment facilities placement—A residential child care agency licensed by CD and compliance is monitored by the Residential Program Unit to provide residential treatment services for children and youth. Each Region has a residential specialist assigned that ensures that each child placed in this setting is appropriate. Each child's information is reviewed and this includes behavioral summaries, CSPI scores, and medical and mental health information. The average length of stay for a child in a residential facility during Calendar Year 2015 was 199.61 days (6.65 months).

Below is a breakdown of the placement types and what placement the child was in at the end of the fiscal year. Duplicate counts may occur between placement types. For example, a child placed in a foster home on an emergency basis will count as a foster home and an emergency placement. The data illustrates a decrease in the number of children in residential treatment and a significant increase in the use of relative and kinship care which has been a CD focus over the last several years. The Division recognizes the importance of keeping children with family. The increase in Medical placements indicates children and youth are entering care with a diagnosed condition which requires additional care and training. The Division is observing not only a natural increase in children classified as medical as a result of the increase in the foster care population, but are seeing an increased number of children with autism spectrum disorders, which often times require a medical approach rather than behavioral as parents must adapt to the needs of the youth they are caring for.

Foster Care Placements

Placement Type	SFY12	SFY13	SFY14	SFY15
Emergency	265	194	215	169
Foster Care	5,685	5,690	5,998	6,105
Relative Care	5,508	5,927	6,254	6,810
Kinship Care	1,194	1,459	1,740	2,077
Elevated Needs	886	909	940	1,038
Medical Care	269	308	341	390
Transitional Living	335	326	337	343
Independent Living	331	292	271	297
Residential Treatment	1,877	1,986	2,049	1,985
Statewide children	16,350	16,487	17,154	19,312

Source: CD Annual Report Table 19; Data based upon last known placement at end of fiscal year

All licensed out-of-home resource providers are required to pass a child abuse/neglect background screening and a criminal background check. The electronic fingerprint live scan systems are designed for

ease of use and for capturing high quality fingerprint images, helping to ensure superior acceptance rates and accurate criminal history information. The prints are submitted for processing to State and Federal Automated Fingerprint Identification Systems. Employees of group homes and residential treatment centers are also required to submit to the background screenings and criminal background checks.

Foster Care Population Increase

For over a decade, the Division experienced a decrease in the foster care population. The foster care population in Missouri reached its lowest point in January 2009 with a point in time total of 9,104 children in care. However, since that time, the Division has experienced a continual growth of children in foster care with the foster care population being at 13,118 in January 2016. Steps are being taken to understand the growth in the foster care population and if possible, make changes to safely curtail the growth.

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

Children Active in CD Custody During SFY11 - 14

Fiscal Year	Number of Children	Change from Prior Year
SFY11	16,493	
SFY12	17,160	4.0%
SFY13	18,289	6.6%
SFY14	18,290	0.0%
SFY15	19,429	6.20%

Source: CD Annual Report, Table #35

In addition to the active population as shown above, the CD Annual Report, Table 35 indicates the number of children entering care rose by almost 100 children between SFY14 and SFY15; this was after an increase of over 600 during SFY14 to SFY15. According to Table 35 of the CD Annual Report, the number of children exiting foster care has increased each year from SFY11 to SFY15. While the number of exits has increased from the each year, the exit rate has not surpassed the rate of entries. Therefore, the total number of children in care continues to rise. The increase in entries/reentries was 1.3% in SFY15 while the increase in exits was only 12.1%, compared to SFY14, contributing even further to the increased foster care population.

(Re)Entries and Exits SFY09-SFY14

A line graph titled "(Re)Entries and Exits SFY09-SFY14" showing Entries (blue) and Exits (red) from 2011 to 2015.

Entries: 5932 (2011), 6267 (2012), 6432 (2013), 7035 (2014), 7128 (2015)
Exits: 5515 (2011), 5792 (2012), 5910 (2013), 5930 (2014), 6646 (2015)
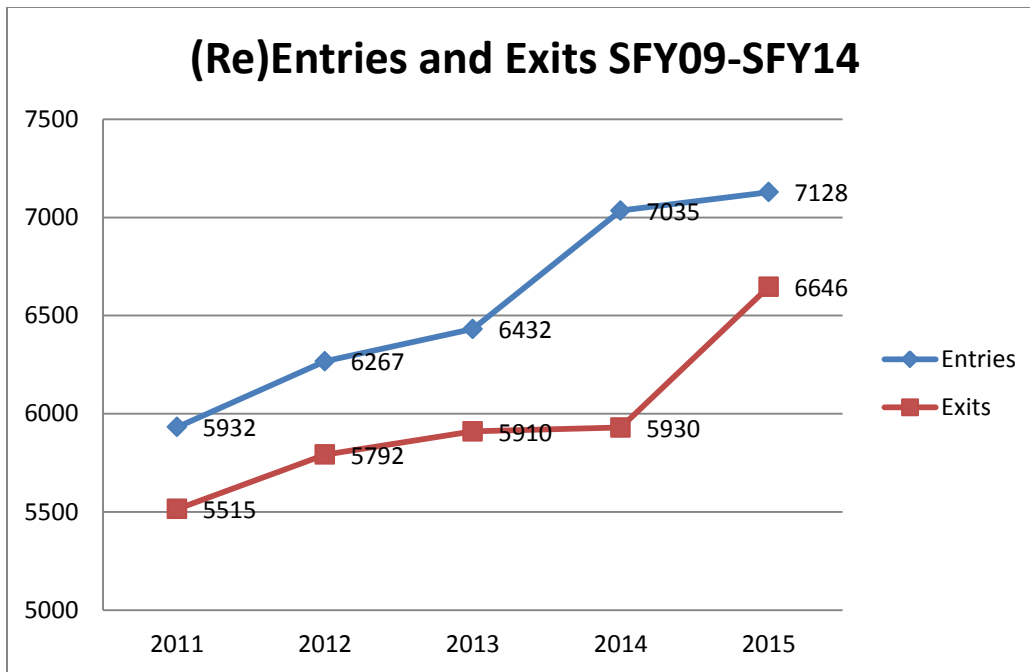
Source: CD Annual Report Table 35

In an effort to find explanations for the increase in foster care population growth, the Quality Assurance Unit conducted a data analysis to look at different factors such as entries and exits, parent involvement in case planning, Intensive in Home Services data, collaboration with community stakeholders, staff retention, employee engagement results, service array and number of hotlines. Data will continue to be monitored and ideas explored regarding the increase of entries and the disproportionate number of exits.

Some areas of focus and development for SFY15 and ongoing in regards to the growth of the foster care populations are:

Service Workers

Previously, if foster youth were placed in another county, a service worker would visit that child on behalf of the case manager in the county of jurisdiction. The service worker and case manager would work together to provide case management services to the child. In Fall 2014, regional plans were designed to eliminate service workers, and full implementation began in 2015. Case managers are now expected to see all youth on their caseload, in person, in their placement, each month. This will allow workers to know and understand their youth first hand and should improve permanency for foster youth. Youth will also know who their workers are and be able to be more involved in the entire case planning process.

Worker Retention

Worker turnover can greatly affect case planning and slow permanency for youth in foster care. In CY14, a Management Analysis Specialist position was created to focus on staff retention and turnover. Also in CY14, a Career Ladder was implemented, allowing experienced workers to seek approval to become higher level workers, with increased pay, also helping with worker retention. See the Program Support,

Recruitment and Retention of Staff section of this document for more information on efforts regarding worker retention.

Family Centered Services

As described further in the Family Support Services section, in CY14, the Children's Division recognized a need to examine the current Family-Centered Services (FCS) philosophy and organizational culture regarding engaging families, to find out what is being done and what needs to improve. Children's Division looked at whether staff are given the knowledge to treat families with respect and dignity through the engagement process. A workgroup was established in CY14 and charged with developing a new FCS model for Children's Division. The workgroup was tasked with developing a framework, recommending a model, and developing core training for staff. Improvements in FC S can lead to better services to intact families, ultimately creating fewer removals and fewer youth in foster care. Currently there is a pilot process in place to examine the effectiveness of this new model.

Trauma Informed Practice

Children's Division recognizes exposure to trauma can impact children's physical health, emotional health, learning, behavior, and social skills. The Division, therefore, is committed to becoming a trauma-informed organization by which its policies and practices are embedded with a trauma awareness and focus. To steer the development and implementation plan for becoming a trauma-informed agency, the Children's Division partnered with the Department of Mental Health (DMH) in March 2014 to share the employed position of Patsy Carter, PhD, Director of Children's Clinical Services for DMH. In addition to assisting CD in becoming a trauma-informed agency, Dr. Carter will help build a clinical structure within the agency and provide clinical consultation services.

The initial phase of implementation is to ensure staff have a shared foundation of trauma awareness. The Division has elected to train staff using the NCTSN Child Welfare Trauma Training Toolkit curriculum. A group of select staff and contracted providers received NCTSN Child Welfare Trauma Training Toolkit train-the-trainer in September 2014 and nearly all staff in their respective regions have received this training. Future training sessions will incorporate resource providers and multidisciplinary members (juvenile officers, guardian ad litem).

All existing staff have been trained to the NCTSN Child Welfare Trauma Training Toolkit. Training continues at this time to inform new employees. CD is also working to embed modules of this training in to Child Welfare Practice Training for new employees to begin learning about trauma. This will be followed up within their first year of employment by full training to the toolkit. CD has also conducted statewide training for all staff on secondary trauma as well as supervisors' training on how to identify and address secondary trauma in staff. A standing group of trauma specialists meets bimonthly with Dr. Patsy Carter to continue growing their knowledge so they can enhance implementation within their region and provide trauma specific consultation as needed. CD Central Office has convened a trauma committee that meets monthly. This committee is responsible for identifying policies, practices and environments and to review these through the lens of trauma. Some policies and practices have already been revised based on these reviews. Dr. Carter has been meeting with regional teams to identify circuits who are interested in working on trauma and developing local trauma committees to implement the same review process in regards to local policies and practices as well as environments. Two circuits have already been actively

engaged in this process and have been successful in implementing changes in local practices as well as environments. These teams can also identify state policies that may need to be reviewed by the state trauma committee. To date an additional 11 circuits have expressed interest in three of the five regions that have met with Dr. Carter.   To assist in understanding of CD's foundational approach, a document has been developed that integrates the two foundational components of the Five Domains of Well-Being and Trauma Informed Care that will be disseminated to staff. This document provides examples and guides on how the integration of these two approaches can be used in the field.

Youth Trauma

Children ages 0-6 are identified to be at greater risk of maltreatment, and children who have experienced trauma are more vulnerable to future trauma. In response, Missouri has created the Missouri Early Trauma Initiative (MET) to explore strategies to address the trauma these young children endure. Understanding children in foster care can experience separation trauma at the time of removal from their caregiver or when transitioning between placements, MET created the Missourians Overcoming Separation Trauma (MOST) initiative. This proposed initiative focuses on mitigating the impact of separation trauma on children in foster care ages 0-8 by utilizing a home visitor model in an educational and skills building approach with the caregiver and resource provider.

Since the foster care increase continues, several strategies have been implemented to try to safely reduce the number of children in foster care. Focus groups and interviews, as well as an in-depth case review, were conducted in 2011 and 2012 by Casey Family Programs, and key themes were identified. Strategies addressing the key themes, and associated action steps which have been completed this year or continued since the review, are as follows:

- Expand Family-Centered practices as a way to keep families intact and achieve permanency
- Continue Team Decision Making (TDM) meetings in the St. Louis Region and implement further expansion of TDM in Jackson County (this process began in 2014). There are further discussions of expansion statewide if funding allowed, or development of a strategy for redirecting resources.
- Improve relationship with the courts and external stakeholders and align goals regarding safety and risk
- Expanded Fostering Court Improvement (FCI) projects to an additional circuit
- Hold statewide FCI meetings twice a year
- Build organizational development capacity with the Children's Division

A comprehensive strategic plan was developed and designed to attend to those areas over which the division has control and which will result in improved recruitment of new staff and retention of existing valuable resources. These primary strategies were drawn from information gathered from the field through case reviews and interviews as well as from field workgroup recommendations. The plan is divided into seven primary strategies:

- Enhancement of training
- Leadership development
- Supervisory support

- Staffing
- Reducing administrative burden
- Staff recruitment
- Further data analysis

Supervision Advisory Committee reviewed all existing regional tools and provided recommendations for standardized statewide case consultation guide

Piloted a case consultation guide for supervisors on how to incorporate outcome data into the case consultation process, statewide implementation began in February of 2015.

Implemented a FACES newsletter, several FACES enhancements were added in CY2014 to reduce duplication and increase user ability.

Developed staff PERforM outcome measures to monitor benchmarks and desired outcomes tied to safety, permanency and child well-being

To improve family engagement and shared decision making, FST templates were developed for use during Family Support Team Meetings

Implemented the North Carolina Family Assessment Scale General + Reunification (NCFAS G+R) as a family assessment tool. These tools are designed to assist staff in conducting a thorough and comprehensive assessment of family's history, structure and functioning, identifying protective capacities and child vulnerabilities.

The Supervision Advisory Committee (SAC) focused on several improvements throughout 2014 including career ladder and staff training changes. They continued to review and discuss Survey of Employee Engagement (SEE) results and data.

Increase service delivery capacity and align funding stream for preventative and reunification services

Held interagency collaborative meetings to create new avenues to access health information for children in foster care, cyber access was given to all front line staff, so that they may access a summary of foster youth's medical services.

On August 28, 2013, SB205 and SB208 went into effect, which allows children who left foster care after the age of 18 but are still under the age of 21 to come back into care. If it is deemed to be in the best interest of the youth, the youth may have his or her custody returned to the Children's Division through a petition to the court from the youth, Children's Division, or Juvenile Officer. In this past legislative session, the re-entry law was revised again to rectify a barrier in the practice with the courts which were interpreted in the statute – some jurisdictions did not want to hear petitions for re-entry unless the youth was from their jurisdiction originally. The legislation was revised to state that youth may re-enter care where they are living, in a surrounding county where they reside, or in their previous jurisdiction. Current data on the number of youth re-entering after age 18 is not available, but past reports indicate that the number has been 10 or less.

Worker Visits with Children

Beginning in CY12, worker visits with children were added to the foster care case managers' performance appraisal which requires staff to be measured on how well they perform for the measure. The measures are specific to each job classification and program area and are intended to strengthen accountability. Staff who wish to have a successful performance appraisal understand they must be proactive in meeting with the children on their caseload each month. The measures are used by supervisors to identify practice issues and develop plans for improvement with staff as needed, as well as to focus on the value of visits with children in achieving permanency.

The state reported FFY15 visits as required and anticipates having successful submissions for FFY16 and FFY17. Missouri has increased or maintained the percent of monthly visits with children by caseworkers every year since the new standard was implemented.

Missouri achieved 98% for FFY15 of children in care having monthly visits based on the data reporting methodology, consistent with the changes in the law made by P.L. 112-34 as explained in ACYF-CB-PI-12-01. In addition, 99% of the visits conducted during FFY14 were held in the child's placement.

Length of Stay

Since SFY09 the average length of stay for children in the foster care system has decreased from 25.1 months to 21.29 months in SFY15. In addition, according to outcome measure 9c from the Child Welfare Outcomes Report, children who reunified had an average length of stay of 13 months whereas children who exited to guardianship stayed in care an average of 19.89 months and children exiting to adoption had an average length of stay of 30.24 months.

To continue the focus on reducing the length of stay in foster care, current strategies include enhancing supervisory oversight through reinforced training and development of the Clinical Supervision Process. This strategy was intended to focus supervisors to thoroughly review a child's progress towards the case goal, create better collaboration with the court in monitoring child progress towards permanency, and develop local processes for reviewing older youth who have a goal of Another Planned Permanent Living Arrangement (APPLA). The Clinical Supervision Process was piloted in several areas, with full implementation statewide, in February 2015. The Children's Division continues to emphasize timely achievement of permanency with staff, managers, Quality Assurance and Quality Improvement Specialists and the Courts.

To explore decreasing length of stay in foster care, family engagement efforts became an important factor. Family engagement is a key factor in service planning and permanency, and thus has become an increased area of focus. The Division continues to develop strategies and guides to aid staff in increasing family engagement. Another area of focus is diligent search, used for both parents and potential relative and kinship placement resources. There are enhanced tools for staff use to aid in diligent search. These tools can assist staff in locating and engaging both parents as well as locating relatives and kin for potential placement resources.

A future plan is to look at implementing the Team Decision Making (TDM) model across the state. The effort will help decrease the time in care for children by allowing the best decisions being made for a child early and often while they are in the Division's custody.

Placement Stability

As a result of the CFSR, the Division developed a workgroup to develop strategies to increase placement stability. According to Outcome Measure 13a from the Child Welfare Outcomes Report, the percentage of children with two or fewer placements in the last three years, in care less than 12 months, has slightly decreased over the past years with 83.18% in SFY11, 82.60% in SFY12, 81.84% in SFY13, 80.64% in SFY14 and 79.73% in SFY15. Case review results and AFCARS composite data indicate outcomes have remained fairly stable from 2010 to 2015. Some of the strategies that were explored and/or implemented by the placement stability workgroup and the sub-committees included expanded utilization of IIS Consultation. Currently, the Intensive In-Home Services (IIS) contract has language which allows the contractors to provide consultation services to high-risk families not enrolled in Intensive In-home Services. A Practice Point was posted in 2014 for staff to encourage the use of this consultation. The IIS specialists can provide additional support to resource providers and family support team members during times of placement instability by attending team meetings and/or providing strategies to help families.

In addition to monitoring the data provided in the foster care section, the foster care Program Development Specialist (PDS) attends Best Practice Reviews across the state to compare practice from circuit to circuit and to use the results to inform policy and practice statewide. The PDS also travels to all parts of the state to provide field support to staff when requested.

Relative and Kinship Care

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

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

Kin and Relative Placement Statistics

Fiscal Year	Total Relative Placements	Relative Placement % of Total In Care Population	Total Kinship Placements	Kinship Placement % of Total In Care Population
2011	4,881	31.01%	1,001	6.36%
2012	5,508	33.37%	1,194	7.16%
2013	5,927	34.55%	1,460	8.51%
2014	6,253	34.19%	1,739	9.51%
2015	6,810	35.05%	2,077	10.69%

Source: Outcome Measure #17a/b

As the table above illustrates, significant increases in the use of relative and kinship placements have occurred since FY11. According to the CD Annual Report Table 21, in SFY15 50% of the children exiting care exited from a relative home placement. This is an increase from SFY10 (37%), SFY11 (40%), SFY12 (44%), SFY13 (47%) and SFY14 (49%). 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. In 2013, information was provided to staff that included tools to inform relatives and kin. The notification letter, brochure and talking points were intended to provide staff with tools to educate potential relative/kinship providers regarding the placement process and to aid staff in fulfilling the statutory requirement to notify all adult relatives within 30 days of custody.

In April 2011, the Legal Aspects of Relative Placements Training DVD was introduced, and 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 to both relative and kinship providers. The STARS for the Caregiver Who Knows the Child training curriculum, a version of the foster parent training used in Missouri, is used with relatives and non-relative persons who have a close emotional relationship with the child or parent. It focuses on the same competencies as the foster parent curriculum and addresses issues of the role change which occurs when relatives or kin have a child placed in their home.

There has been an increase in the percentage of children achieving guardianship since the last fiscal year. According to the CD Child Welfare Outcomes Report, Outcome Measure 9, in SFY15, 18.99% of the

children in foster care achieved permanency through guardianship compared to 11.21% in SFY09, 12.67% in SFY10, 11.38% in SFY11, 13.80% in SFY12, 15.07% in SFY13 and 16.48% in SFY2014. One reason for this increase is the expansion of guardianship subsidy to include great-grandparents, great-aunts, and great-uncles. In addition, with the increase in the amount of children placed with relatives and kin, and the increase in the number of children exiting from a relative placement, the percentage of children achieving permanency through guardianship has increased. In August 2013, Missouri expanded those eligible for guardianship subsidy to include all placements; this is believed to be another reason for the continued increase in guardianships.

Another Planned Permanent Living Arrangements

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

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

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

In 2015, federal law went into effect that requires a child be at least 16 years of age before APPLA can be used as the case goal. The Division continues to work within its own agency to comply with this law as well as work with the court system and other partners to enact this change. Several memos regarding the Reasonable and Prudent parenting standard are soon to be released. These memorandums address that older youth are allowed to bring two advisors to Family Support Team meetings that can advocate on their behalf. During these Family Support Team meetings, the case worker is required to discuss with the youth and team, how the reasonable and prudent parenting standard is being applied. The case manager must document this discussion in the FACES computer system.

Children with APPLA Goal
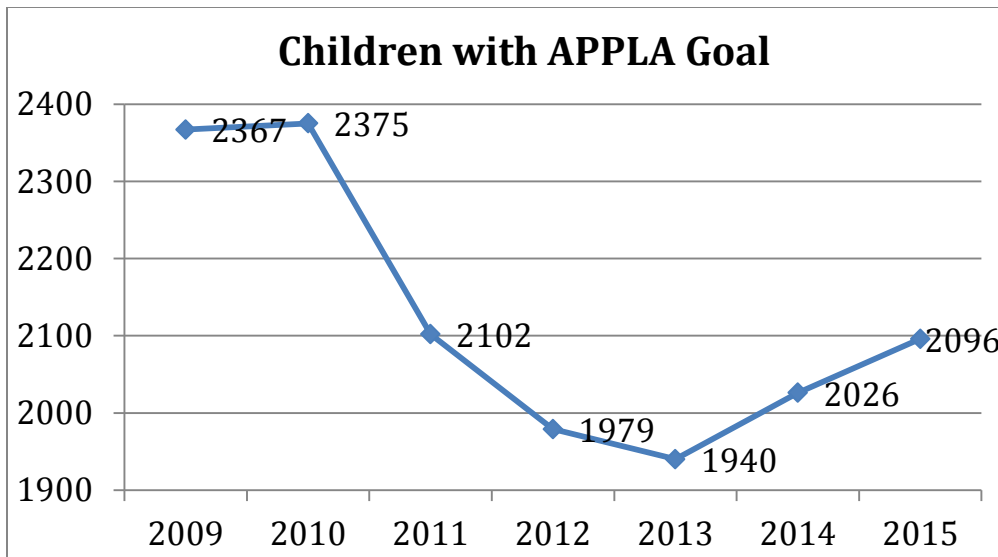
Source: CD Annual Report, Table 25

In recent years, Central Office and QA/QI staff have focused on educating staff about the appropriate use of the APPLA goal. Emphasis has been placed on using this goal when other options have been ruled out and when the goal is appropriate for the child considering the circumstances of the case. According to an ad hoc report produced by the Research and Evaluation Unit, point in time data on January 31, 2015 indicates that 95% (1,354 out of 1,426) of the youth with a goal of APPLA are age 14 and older and only 1% (12 out of 1,426) are under the age of ten. These numbers indicate appropriate oversight of APPLA goal usage is being maintained. It is expected to change the focus of this report to show children who are 16 and older.

The Older Youth Program (OYP) provides services to youth with an APPLA goal through life skills teaching, youth leadership opportunities including leadership boards, financial assistance for post-secondary education, and subsidized living arrangements. The OYP reflects the philosophy and the services offered to foster youth and the program addresses permanency and positive youth development.

Staff use the Life Skills Strengths/Needs Assessment Guideline Questions and Life Skills Strength/Needs Assessment Reporting Form to assist in the planning process. The strengths/needs assessment allows staff to develop rapport and engage the youth and develop goals. The Casey Life Skills Assessment is also used as a practice tool and framework for working with youth in foster care. It assesses independent living skills and provides results instantly. Permanent connections are also captured on the Adolescent FST Guide and on the case member screen in FACES.

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

In SFY15, Children's Division sponsored statewide training on the Permanency Pact in conjunction with FosterClub All-Stars including Missouri's 2014 All-Star. The train the trainer format will be used. Three sessions with 45 participants each are scheduled. The Permanency Pact is a tool designed to encourage life-long, kin-like connections between a young person and a supportive adult. Missouri has shared this

resource with staff in the past for use as a tool, however has not put anything in policy. In SFY16, Children's Division will be using this tool in a more formalized way in case planning for youth with the goal of APPLA. The tool will be introduced through policy after the training has been held.

In SFY 15, "What's It All About? A Guidebook for Youth in Out-of-Home Care" was revised. This guidebook contains information about permanency goals and placement options for youth as well as rights and resources. The guidebook is to be given to all youth coming into care after age 14 and those youth turning 14 while in care.

Court Appointed Special Advocates (CASA) have a supplementary program, "Fostering Futures", which provides advocacy for children ages 14 to 18 transitioning out of foster care. CASA works with the Children's Division to pinpoint specific needs of each child and volunteers will serve as mentors to help with the transition to independence. Local CASA agencies are involved in community meetings and are invited to participate in many training alongside CD staff.

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 CD Residential Program Unit (RPU) has the responsibility for licensure, supervision and license renewal for the Residential Treatment Agencies for Children and Youth (RTACY) and Child Placing Agencies (CPA).

During SFY15, 756 children entering the custody of the Children's Division were in a Residential Treatment Agency placement. This is an increase from SFY14 when 725 children entering custody of the Children's Division were in a Residential Treatment Agency placement. Throughout SFY15, 2243 children in the custody of the Children's Division received service in a Residential Child Care/Group Home placement. This is an increase from SFY14 when 2191 children received residential treatment services. These decreases and increases are very slight between SFY14 and SFY15 indicating not much change has taken place. Residential facilities in Missouri have reported that the children entering residential care have an increased need for intensive treatment. There has been a policy in effect to move younger children out of residential treatment and into a less restrictive setting. There has also been an on-going effort to get older youth into specialized foster care settings. Also, there are more foster/relative/kinship homes being developed and utilized due to the foster care case management contracts. Residential treatment services provided include: individual, group and family counseling, recreational therapy, educational services, medical and psychiatric services, transitional living and life skill training for older youth, family focused reunification services and a closely supervised, structured place to live.

In 2015, children received services through 66 licensed residential treatment agencies for children and youth operating at 118 separate sites. Fifteen RTACYs are dually licensed to provide child placing services. In 2015, there was one initial RTACY license awarded. Twenty-eight RTACYs renewed their licenses in 2015. In 2015, of the 66 licensed RTACYs, 28 are accredited through nationally recognized accrediting bodies (Council on Accreditation of Services for Children and Families, Inc., Joint Commission on Accreditation of Healthcare Organizations, Commission on Accreditation of Rehabilitation Facilities).   No additional RTACYs actively seeking accreditation at this time. Such

accreditation in Missouri serves as prima fascia evidence that an accredited agency meets state licensing standards. Licensed RTACY staff are required to have initial orientation and a minimum of 40 hours of on-going training per year while licensed CPA staff must have a minimum of 20 hours.

Specialized Care Management Contract

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 2012 and MACF was awarded the new contract, which began on July 1, 2012.

Children and youth referred for services under this contract must be at significant risk of long-term residential care and have serious behavioral health needs. This contract provides specialized care management services which are individualized for children who demonstrate an inability to function in less-restrictive settings without such services. This may be evidenced by multiple failed residential placements or repeated need for acute psychiatric hospital admissions. While 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 325 youth statewide. The areas served are comprised of designated counties within the central, eastern, western, and southwestern regions of the state. As of March 2016, there are approximately 300 youth being case managed through this contract. From July 1, 2012 to present, approximately 550 youth have been served 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 16 years.

Nine specific outcomes are measured during each contract period (July 1 through June 30). The following outcome measures assess safety, permanency and stability, and child well-being:

Children shall not be the subject of reports of child abuse or neglect where there is a finding of preponderance of evidence and the incident date is later than the enrollment date.

   Target Goal: 99.43%   SFY15 Data: 100%

Children shall not be on/or have been on runaway status in excess of 48 hours.

   Target Goal: 95%   SFY15 Data: 98%

Children shall not be or have been arrested or detained.

   Target Goal: 95%   SFY15 Data: 97%

Children should remain stable within their community 90 days after disenrollment. It should be noted that this data does not include children who dis-enrolled and because of the child's age and/or legal status, data could not be gathered regarding their stability in the community.

Target Goal: 90%   SFY15 Data: 97%

Youth will not experience a move that is to the same placement type or a more restrictive placement setting.

Target Goal: 78%   SFY15 Data: 80%

Children placed in a residential care facility at the time of enrollment will be moved to a less restrictive setting within 180 days.

Target Goal: 50%   SFY15 Data: 43%

Children enrolled with the contractor for an entire month must have received at least four face-to-face visits with the contractor each month with no more than ten days between visits at any time.

Target Goal: 95%   SFY15 Data: 97%

Children dis-enrolled or discharged must have had a physical examination within the past 12 months.

Target Goal: 90%   SFY15 Data: 92%

Children must be enrolled in and actively participating in an educational program or have successfully graduated.

Target Goal: 90%   SFY15 Data: 95%

These measures address the commitment by CD and MACF to ensure youth are safe, stable, and have the opportunity to be successful. Current performance indicates that MACF met, and often exceeded, most outcome measures. Data outcomes for SFY 2015 show that the number of youth exiting residential care within 180 days of enrollment fell slightly below the target goal. Since the population of youth that MACF services have very high needs it often takes a longer amount of time to stabilize and find appropriate community placements for youth to transition to. Data for the outcome measures is tracked every quarter and outcomes are discussed with the contractor on a regular basis.

Children's Division and MACF staff continue to reach out to internal and external stakeholders during routine contact to discuss and define this stability service array and factors that distinguish it from other case management services that focus on permanency. On August 24, 2015 and January 12, 2016, CD and MACF staff met to discuss the current state of the Specialized Care program and contractor performance. At these meetings, quantitative and qualitative data was shared for the group to discuss strengths and barriers in serving this population of children with intensive needs. Meetings between CD and MACF will continue to occur on a quarterly basis.

Foster Care Case Management Contracts

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, it changed the payment structure from a fee-for-service model to a performance based model. Each contractor is awarded a maximum caseload and paid based on the awarded caseload; however, the contractor achieves a financial incentive if they

perform beyond the expectations of the contract. Likewise they achieve a financial disincentive if the contract expectations are not met.

The initial contracts were awarded on June 1, 2005 to seven provider consortiums to serve 1,845 cases across nine Missouri counties. Since then, Foster Care Case Management has experienced substantial growth. The Children's Division now contracts with seven provider consortiums to serve 3,435 cases across 28 Missouri counties. Because contractors serve a set caseload of 15 children per case manager, the percentage of children served through the contract is influenced by the number of children entering and exiting care statewide. Contractors currently serve approximately 26% of the children in the care and custody of the Children's Division. This is a decrease from 2009, when approximately 38% were served by the private contractors and the total number of children in care was lower.

When referring cases to the contractor, the Children's Division's focus is preventing case disruption. The referral methodology is promulgated in regulation and requires a 1-for-1 replacement methodology where a case is referred only when another case exits the contractor's services. This 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.

The contracted providers are evaluated on a yearly basis using three performance outcome measures. These performance measures are permanency, re-entries into care, and safety. If a contractor does not meet a performance measure, the division collaborates with them to develop a Performance Improvement Plan that outlines specific strategies they will implement to meet the outcome measure for the coming year. Contractor performance since the contracts began is indicated in the following chart.

Foster Care Case Management Performance Measures
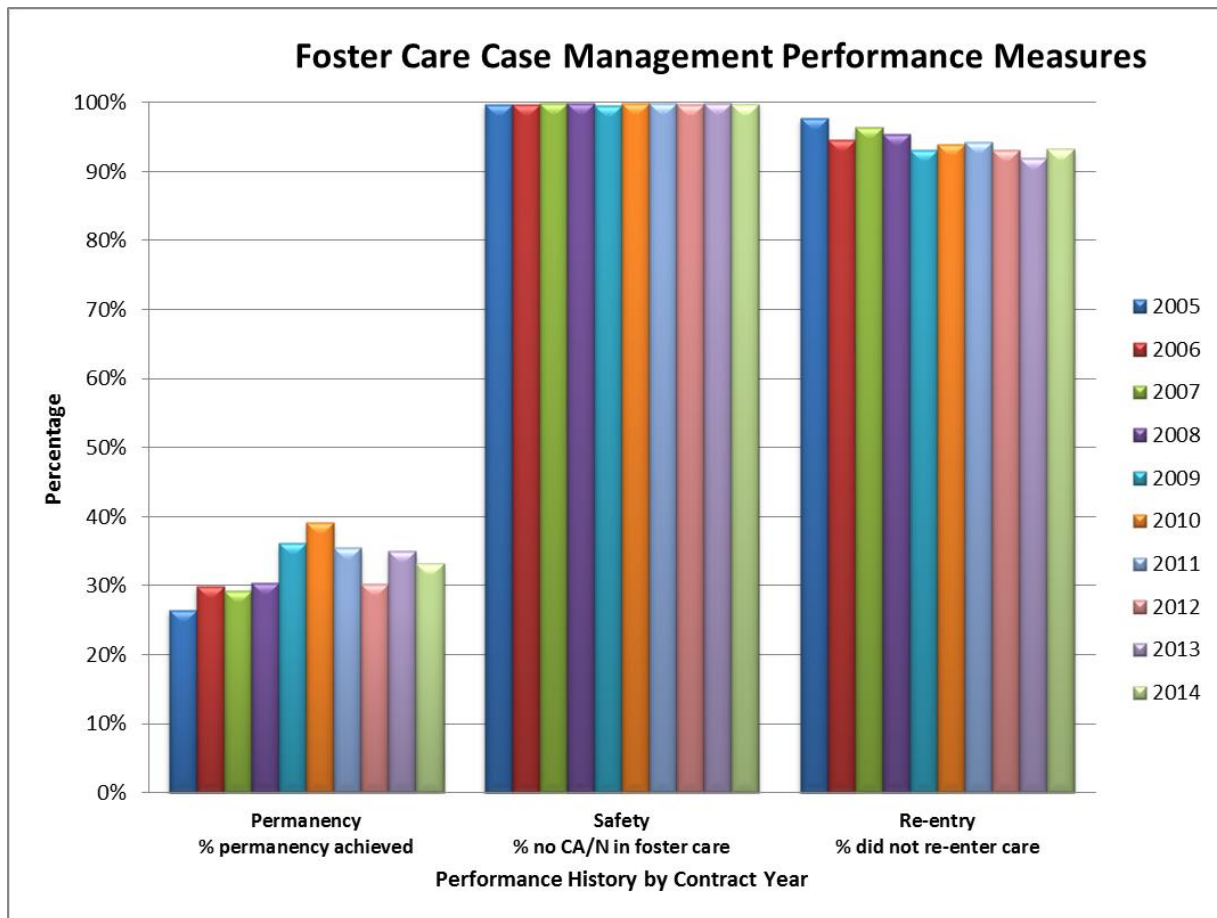
The permanency targets for each region over the last 10 years have ranged between 26 to 54 percent. These targets are subject to change with each contract bid and are set based on the permanency rates achieved by the Children's Division in each region.

Privatized Recruitment and Retention Contract

In August 2013, Cornerstones of Care Healthy Families Program was awarded the state contract for Recruitment, Licensure, Training and Retention of Resource Homes.

In January 2014, the Northwest Region of Missouri as well as Jackson County came under the purview of a contract for Privatization of Recruitment Licensing and Retention of Resource Homes. This two year pilot project contract was awarded to Cornerstones of Care (COC) who is responsible for recruitment, training, and licensing/approval of resource homes in the counties of the Northwest Region and Jackson County. COC and their two subcontractors 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.

By late 2013, 865 resource home cases were transferred to COC. As of February 2015 there were 1,295 licensed/approved resource families in the pilot area. As of February 2016 there are 1413 licensed/approved resource families in the pilot area indicating the success of the contractor in increasing the number of resource families available in the pilot region. During the third year of the pilot the

decision was made for the contractor to be responsible for placement identification to include an allowance for shelter care. During the initial two years of the pilot the contractor was responsible for identification of only placements in a family like setting. Assessment of this process identified the process as inefficient for the contractor and Children's Division staff and was having a detrimental effect on children awaiting transition to their alternative care placement. This has been a positive change and has not resulted in a higher percentage of children being placed in shelter than prior to the change due to the concerted effort made to address and increase in residential and shelter placements made in the first year of the pilot. The concerted effort included a focused data review by staff in each of the areas and ongoing meetings and discussions with local staff to focus on the shared goal of fewer youth in residential. COC in turn hired intensive home finding specialists to address placements of youth in an effort to avoid placement in and to increase discharge from residential. Residential placements have decreased in Jackson Co. and remained stable in the NW.

During this second year of the contract, the focus was on assessment of the pilot and determination of the next step in privatization of resource development in Missouri. The determination was made to maintain a contract for recruitment, licensure and retention of foster and adoptive homes in the current regions and not expand to additional regions. Additionally, the CD decided to exercise the option to extend the current contract for another 12 month period with the intent of assessing a full two years of the pilot and approach the new contract request for proposal informed by the assessment. In year two the Children's Division and Cornerstones of Care have focused on the following data measures as indicators of the efficacy of the pilot and consistent with the benchmarks and outcomes in the contract.

The number of Resource Homes have been tracked to determine if new alternative care vendors are being developed to allow youth the availability of a family like setting for alternative care placement as well as determining how successful the CD and the contractor are in increasing use of relative placements:

Number of Active Vendors by Quarter
Northwest Region - Jan 15, 2014 - Dec 31, 2015

	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 5	Qtr 6	Qtr 7	Qtr 8
Career Foster (CF)	18	20	18	19	21	28	27	24
Foster Home (FH)	203	207	205	228	237	300	313	340
Kinship Home (KH)	27	35	43	57	72	97	95	95
Relative Home (RH)	89	103	125	154	181	250	262	263
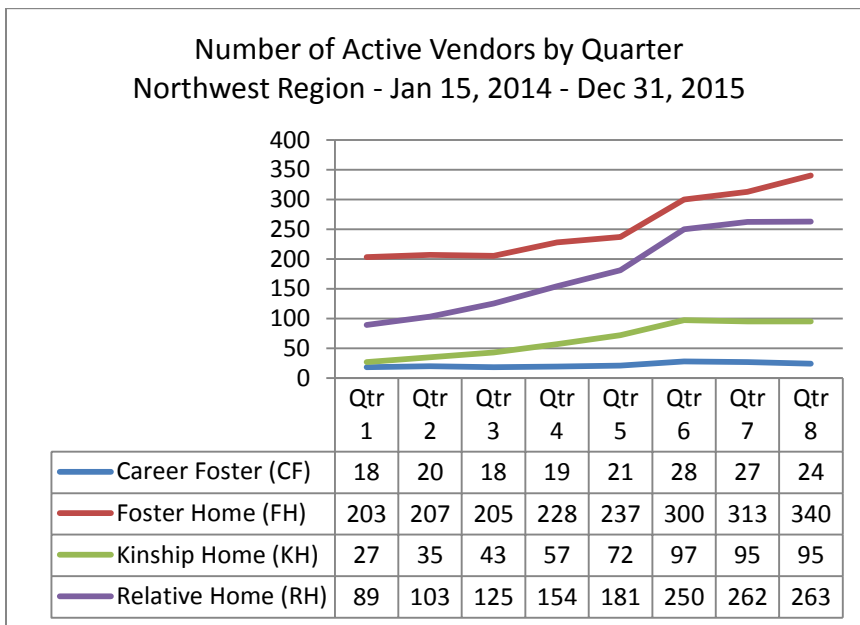
Number of Active Vendors by Quarter
Kansas City Region - Jan 15, 2014 - Dec 31, 2015

	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 5	Qtr 6	Qtr 7	Qtr 8
Career Foster (CF)	33	35	39	43	42	49	54	58
Foster Home (FH)	228	229	241	251	261	323	318	320
Kinship Home (KH)	21	28	36	41	51	60	54	53
Relative Home (RH)	76	110	131	158	189	229	235	234
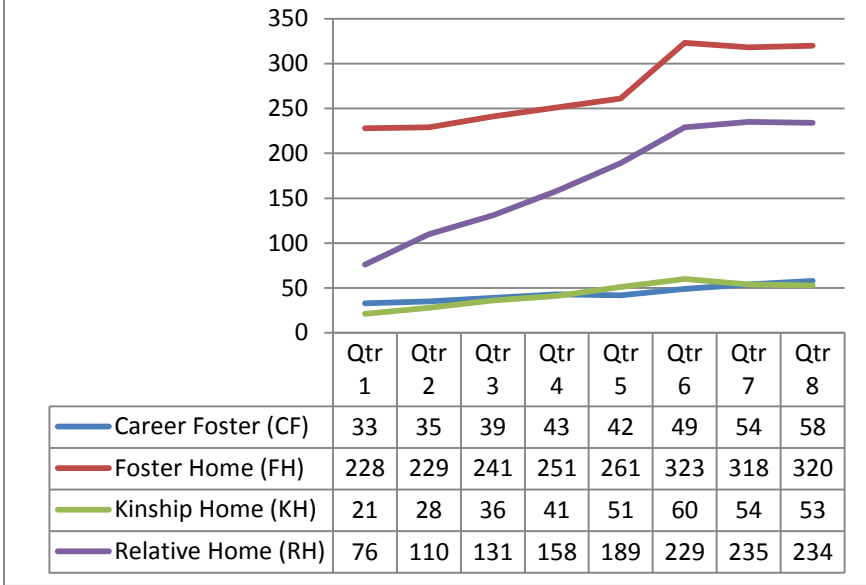
Vendors in use each month has been reviewed to determine if the resource homes being developed and retained by the contractor as meeting the needs of the population of youth in the care of the Children's Division.

Vendors in Use as of the Last Day of the Month
Northwest Region - Dec 2013 - Dec 2015

Vendors in Use as of the Last Day of the Month
Kansas City Region - Dec 2013 - Dec 2015

Data points: Dec 13: 141, Jan 14: 148, Feb 14: 153, Mar 14: 152, Apr 14: 157, May 14: 164, Jun 14: 166, Jul 14: 168, Aug 14: 190, Sep 14: 181, Oct 14: 186, Nov 14: 188, Dec 14: 211, Jan 15: 214, Feb 15: 206, Mar 15: 204, Apr 15: 207, May 15: 212, Jun 15: 207, Jul 15: 212, Aug 15: 216, Sep 15: 202, Oct 15: 214, Nov 15: 203, Dec 15: 199
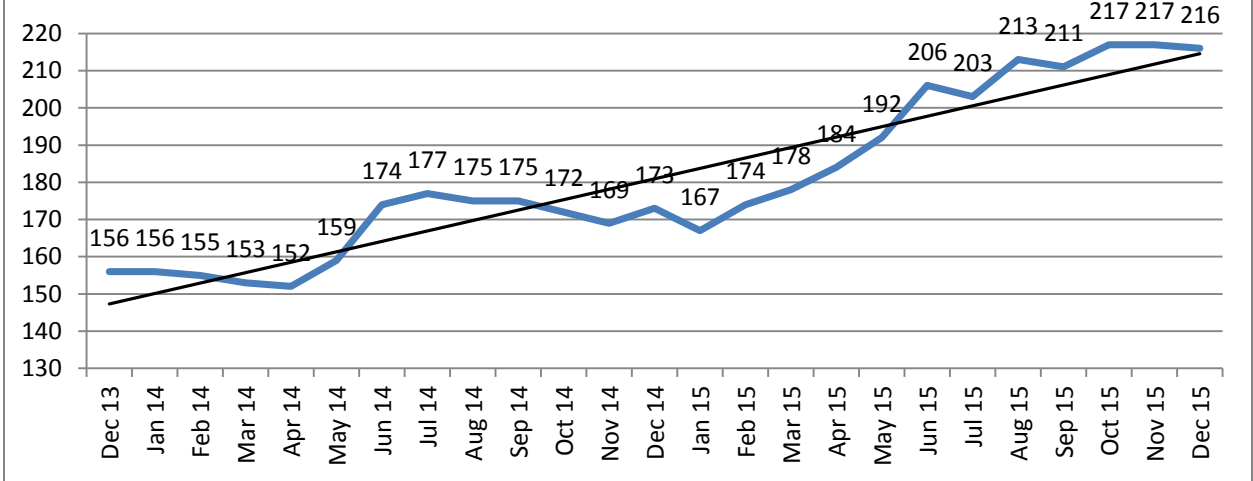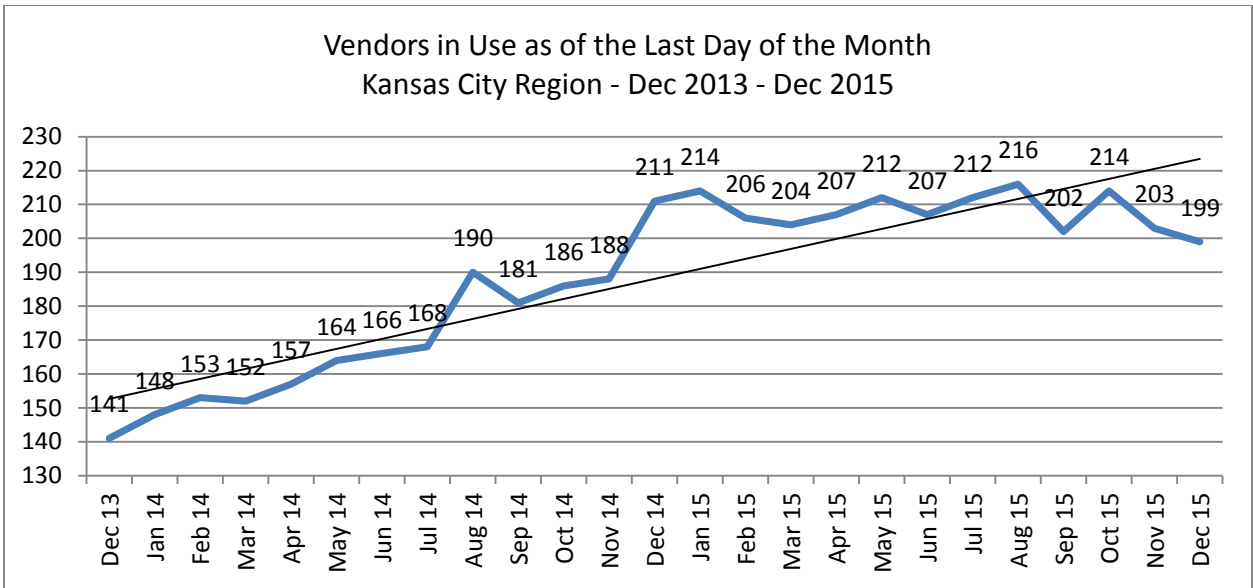
The number of initial licensures demonstrated a substantial increase within the first two quarters of 2014 resulting in a backlog in processing of initial applications and in turn completion of initial licensure activities. During the last two quarters of 2014 and during 2015 the data indicated a more typical pattern of highs and lows in processing of applications and licensures consistent with the remainder of the state. This pattern is typical because of the time necessary to complete home assessment and training. The following two charts indicate this licensing trend for foster, relative and kinship licensures.

Number of Initial Licensures by Month
Northwest Region - Jan 15, 2014 - Dec 31, 2015

Legend: FH, RH/KH, CF

Number of Initial Licensures by Month
Kansas City Region - Jan 15, 2014 - Dec 31, 2015
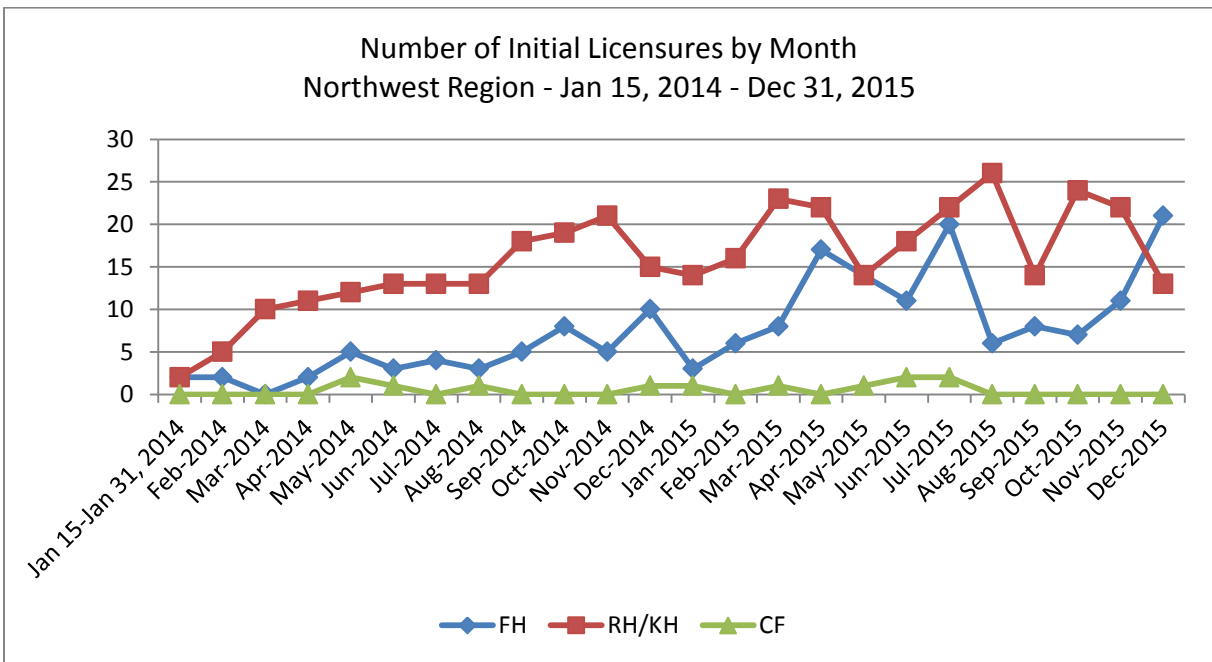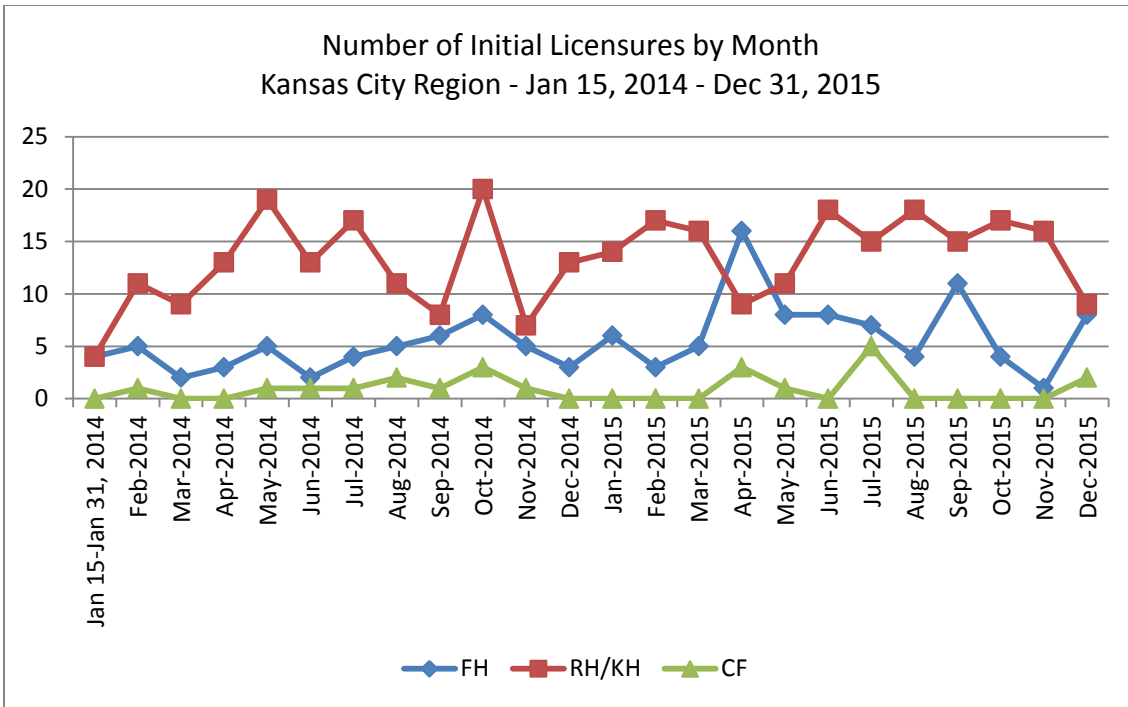
The following two charts indicate the pattern observed with adoptive resource approvals throughout the two year pilot.

Number of Initial Approvals by Month
Northwest Region - Jan 15, 2014 - Dec 31, 2015

Number of Initial Approvals by Month
Kansas City Region - Jan 15, 2014 - Dec 31, 2015
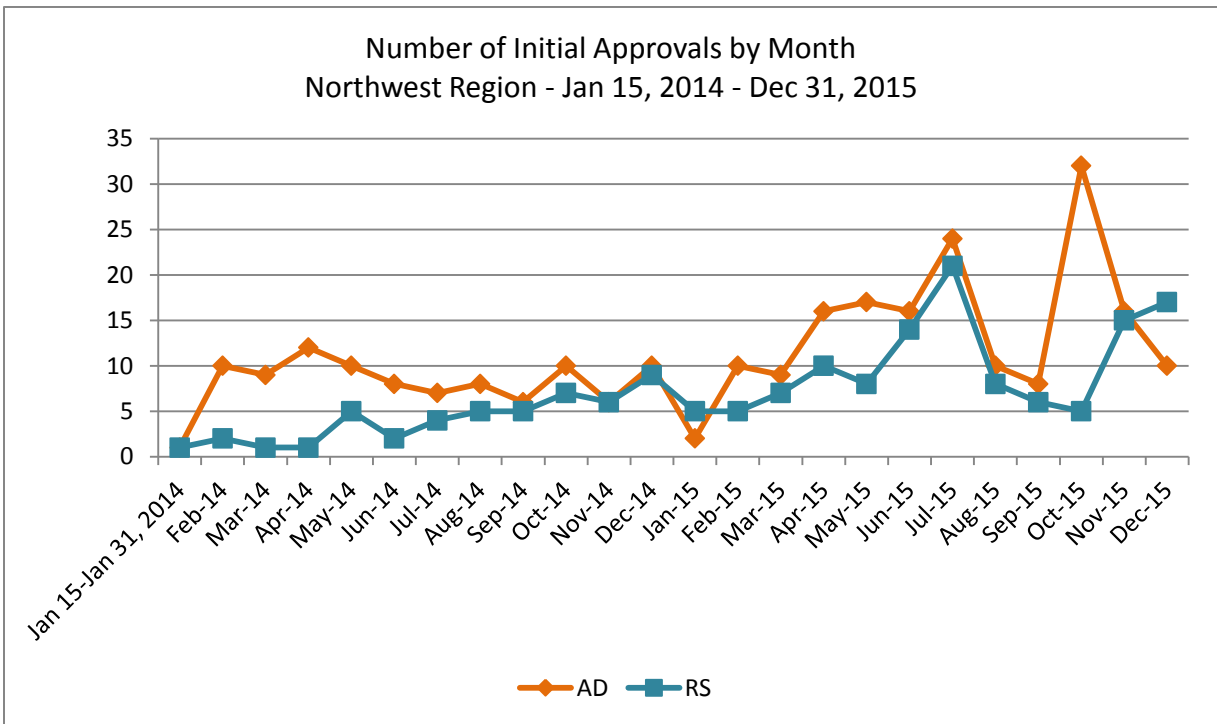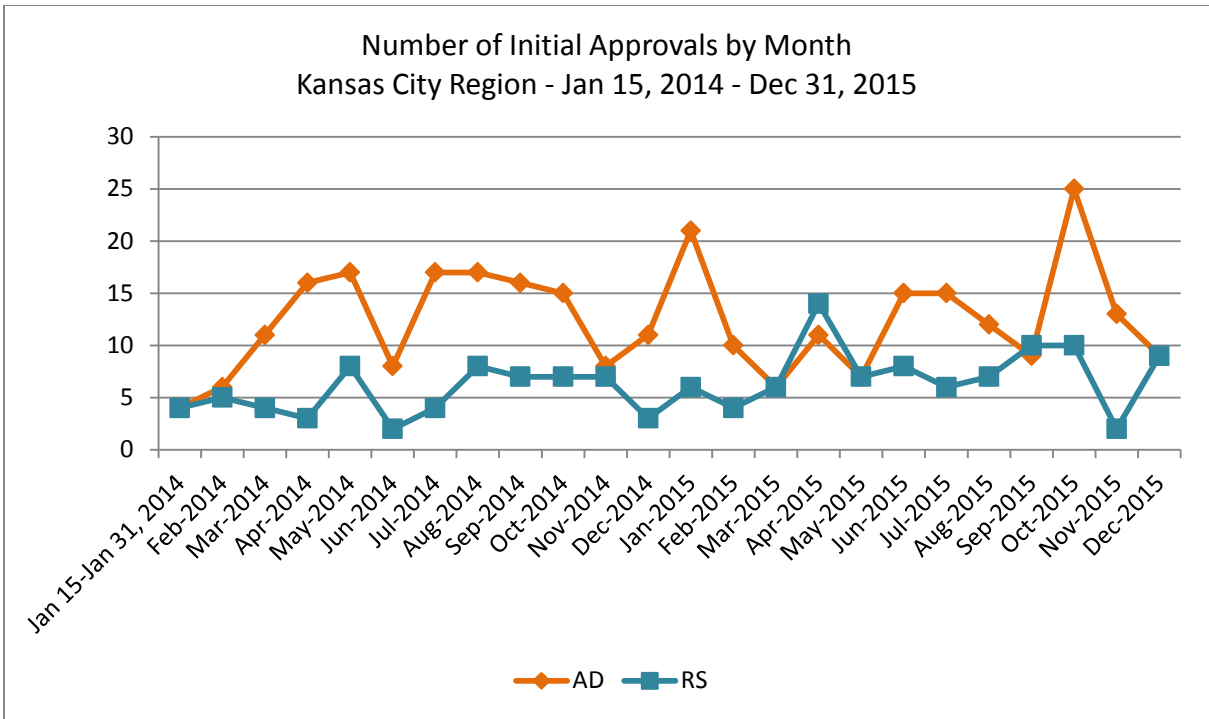
The following chart indicates the trends observed in resource development by resource type throughout the two year pilot.

Newly Developed Vendors by Type - Northwest Region
Jan 15, 2014 - Dec 31, 2015

Newly Developed Vendors by Type - Kansas City Region
Jan 15, 2014 - Dec 31, 2015
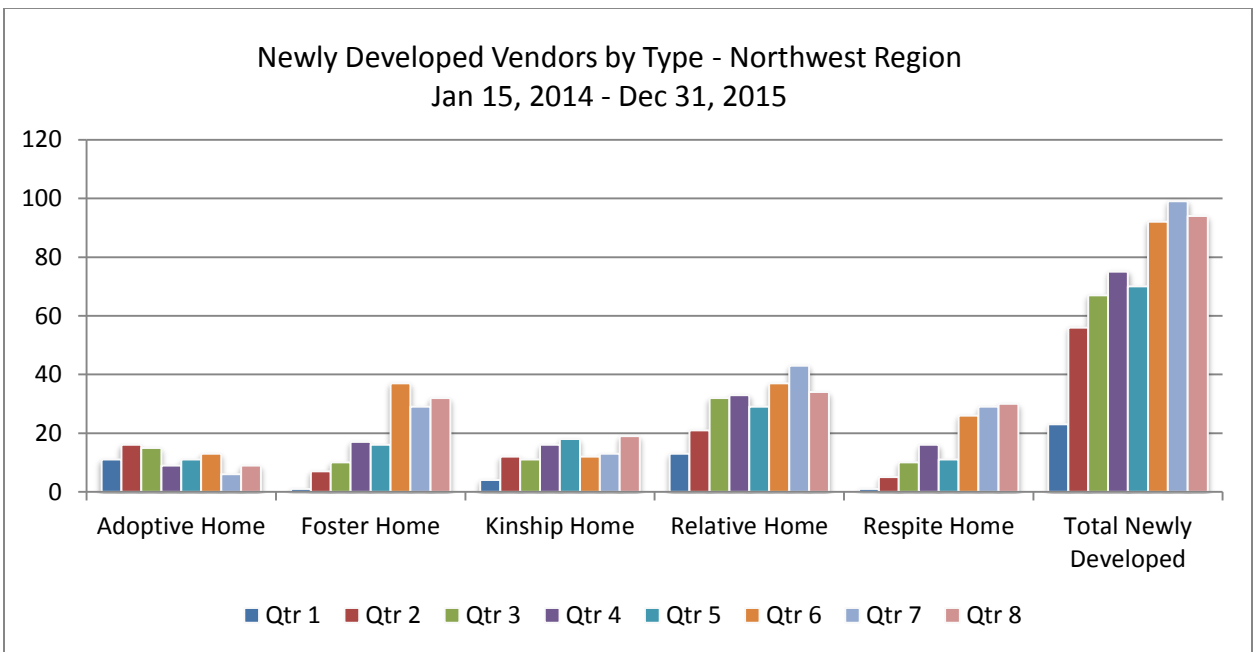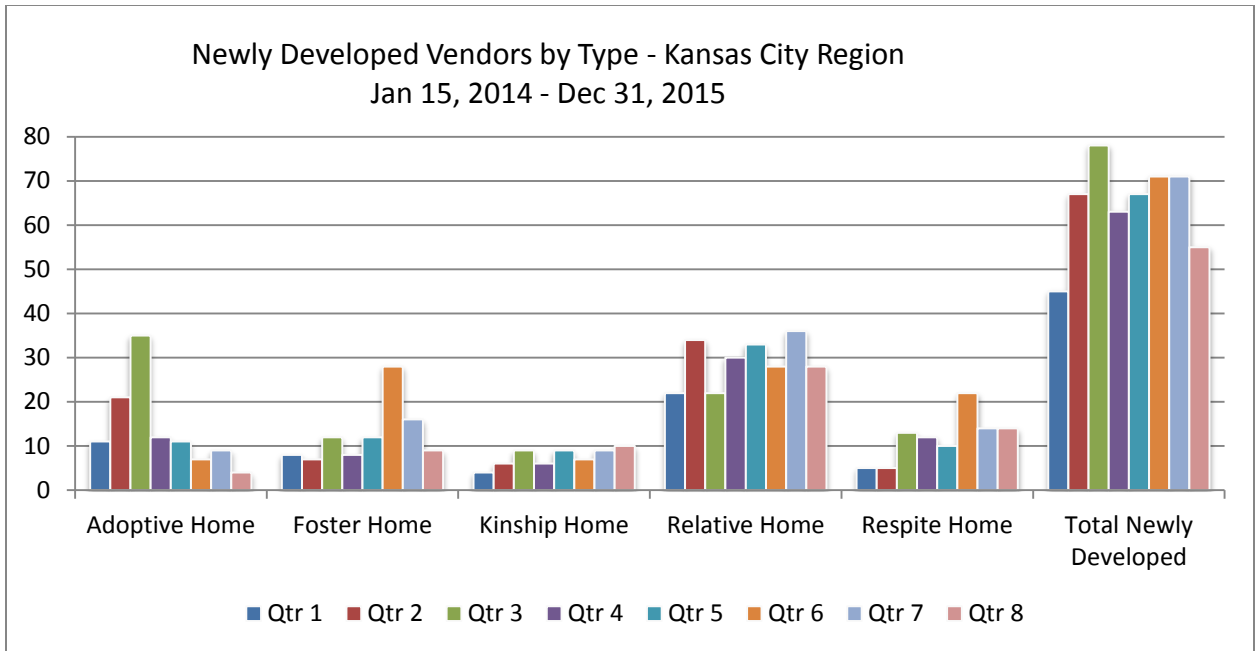
The following three sets of charts indicate the consistent focus on placement of children in family like settings that are within their home community and meeting the goal of two or fewer placements in a twelve month period. Family-like settings combine the data for foster, relative and kinship homes in the charts below.

Throughout the two year pilot we have observed an increase from quarter one to quarter eight of 78.4 to 81.4% of youth in the Northwest region residing in a family like setting and 76.2 to 79.4% in Jackson County.

Percentage of Children by Placement Type
Northwest Region - Point in Time at the End of Each Quarter

	12/31/13	3/31/14	6/30/14	9/30/14	12/31/14	3/31/15	6/30/15	9/30/15	12/31/15
Foster Home	31.6%	32.4%	33.0%	33.3%	31.8%	34.7%	37.8%	37.2%	38.6%
Kinship Home	9.0%	10.2%	10.3%	9.0%	10.8%	11.1%	9.4%	10.5%	9.7%
Relative Home	37.8%	37.1%	36.8%	38.4%	38.0%	34.1%	33.6%	33.7%	33.1%
Family-Like Settings	78.4%	79.6%	80.2%	80.7%	80.7%	79.8%	80.8%	81.5%	81.4%
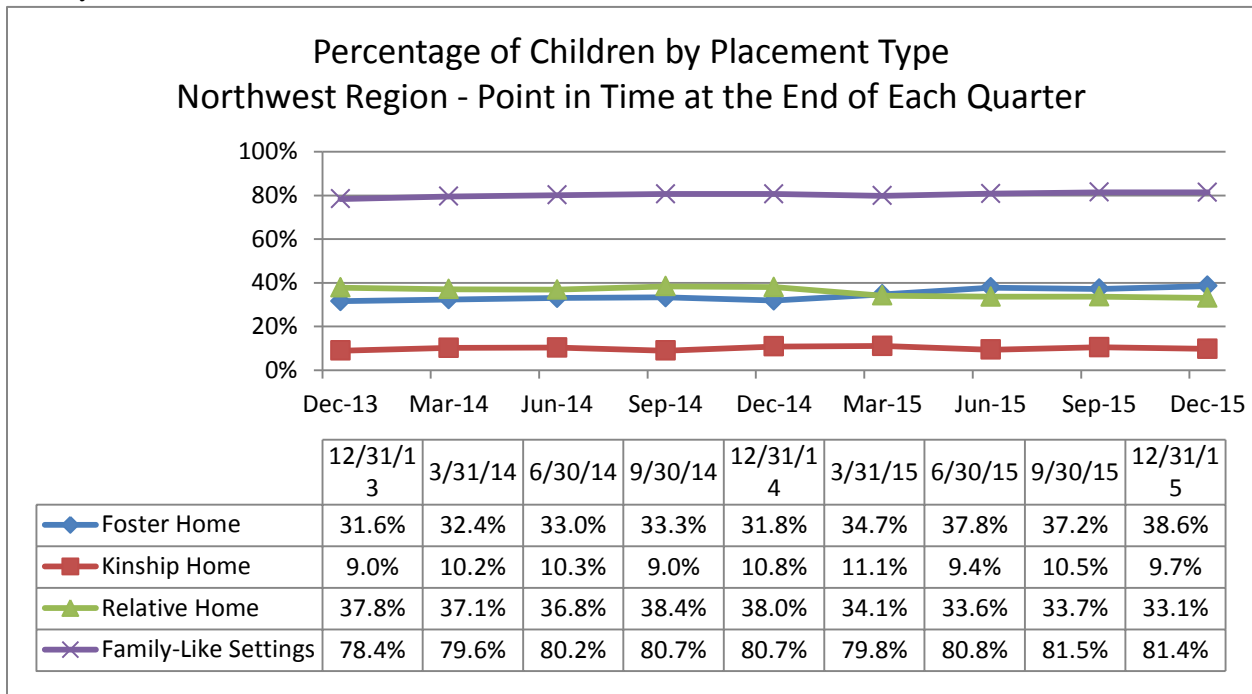
Percentage of Children by Placement Type
Kansas City Region - Point in Time at the End of Each Quarter
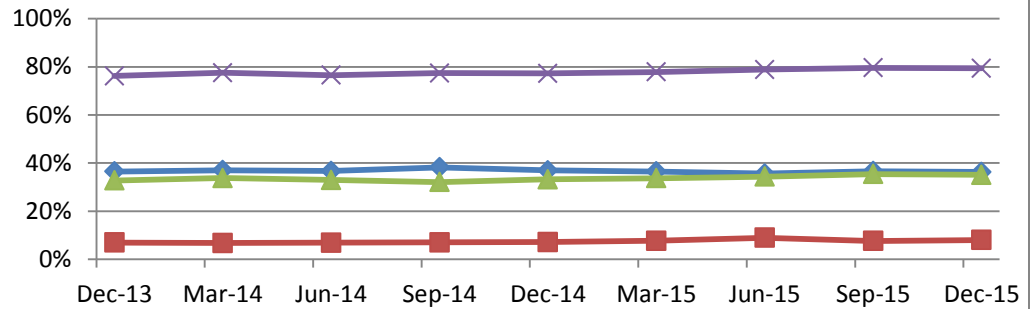
	12/31/13	3/31/14	6/30/14	9/30/14	12/31/14	3/31/15	6/30/15	9/30/15	12/31/15
Foster Home	36.5%	37.0%	36.7%	38.2%	36.9%	36.5%	35.6%	36.6%	36.3%
Kinship Home	7.0%	6.7%	6.9%	7.0%	7.1%	7.7%	8.9%	7.6%	8.0%
Relative Home	32.8%	33.7%	33.0%	32.1%	33.2%	33.7%	34.3%	35.4%	35.1%
Family-Like Settings	76.2%	77.5%	76.5%	77.4%	77.3%	77.8%	78.9%	79.6%	79.4%

Throughout the two year pilot we have observed an increase from quarter 1 to quarter 8 from 51.53% to 59.28% of children residing in their home community in the Northwest Region in the foster care setting, a more significant increase with relative homes from 52.57% to 67.54% and a decrease from 31.03% to 28.5% in other placement types such as residential or hospitalization.

Percentage of Children Residing in their Home Community - NW Region
Placement Dates between 1/15/14 - 12/31/15
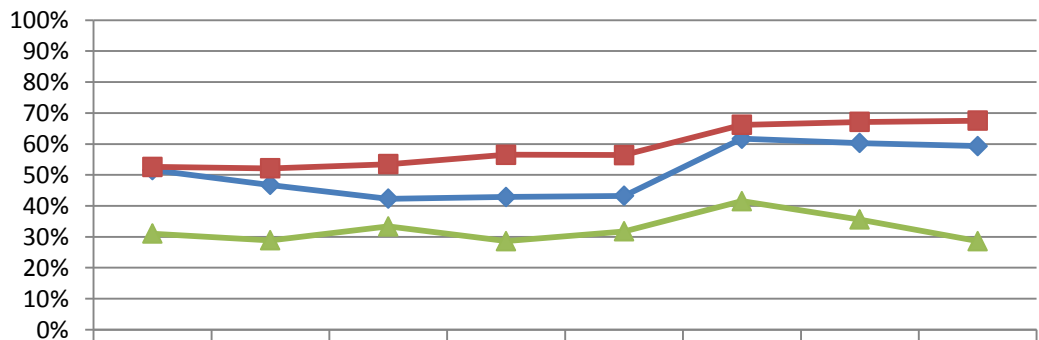
	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 5	Qtr 6	Qtr 7	Qtr 8
Foster Home	51.53%	46.72%	42.28%	42.86%	43.24%	61.67%	60.27%	59.28%
Relative Home	52.57%	52.12%	53.44%	56.49%	56.40%	66.16%	67.11%	67.54%
Other	31.03%	28.85%	33.33%	28.57%	31.75%	41.51%	35.59%	28.57%

In Jackson County there was an observed decrease in the percentage of children residing in their home community from 82.23% to 74.66 in foster homes, 78.86% to 73.58% in relative homes. The percentage

of youth residing in other placement settings such as residential or hospital within their home community has leveled out over the 8 quarters of this pilot as indicated by the 79.28% to 79.65% comparison. To be noted is the marked increases during quarters 5 and 6 before leveling off to 79% if youth in other settings residing within their home community.

Percentage of Children Residing in their Home Community - KC Region
Placement Dates between 1/15/14 and 12/31/15

	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 5	Qtr 6	Qtr 7	Qtr 8
Foster Home	82.23%	83.12%	79.05%	75.91%	76.89%	73.03%	72.11%	74.66%
Relative Home	78.86%	79.17%	77.83%	74.60%	73.46%	74.56%	73.37%	73.58%
Other	79.28%	80.36%	81.51%	83.72%	86.67%	86.00%	81.40%	79.65%
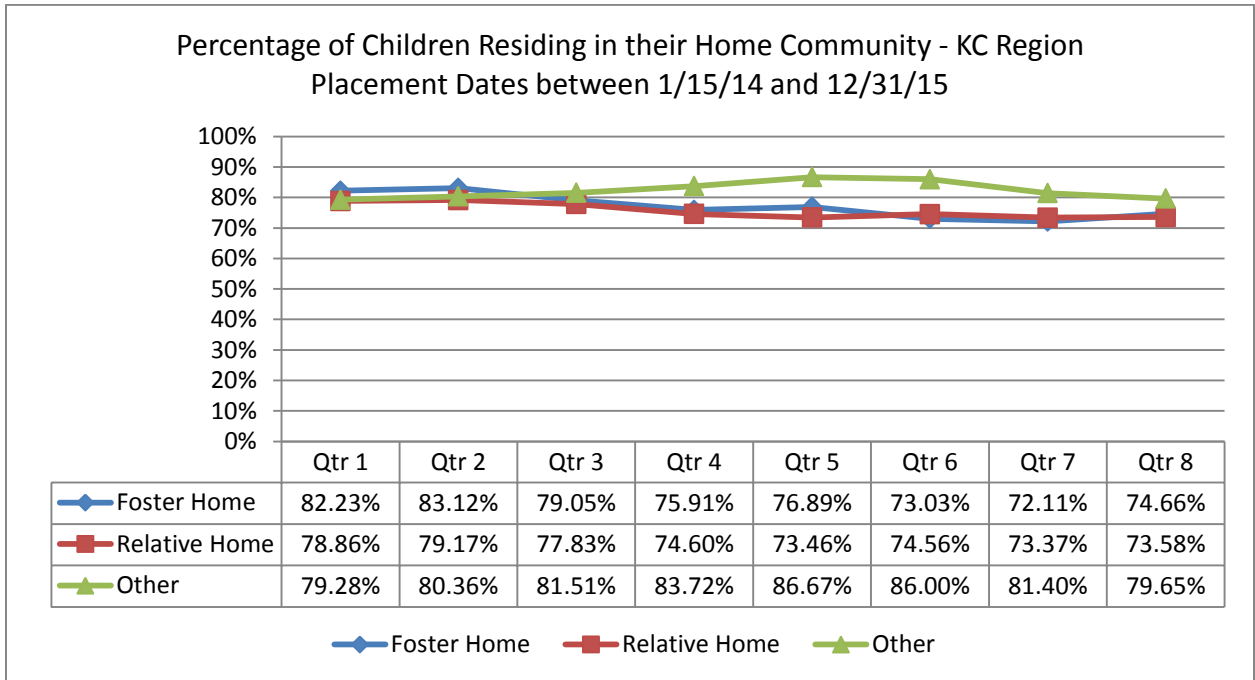
Data consistent with the CFSR measure for youth in care less than 12 months with two or fewer placements was also reviewed for this report.

The Northwest region has demonstrated over the 8 quarters of this project an average of 74% of the foster care population having 2 or fewer placements while relative placements were much more stable as indicated by the average of 88.8% of placements having 2 or fewer placements while placements in other placement types have experienced two or fewer placements only 66.5% of the time during this pilot.

Percentage of Children in Care for Less than 12 Months with Two or Fewer Placements - Northwest Region
January 15, 2014 - Dec 31, 2015

	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 5	Qtr 6	Qtr 7	Qtr 8
Foster Home	76.3%	73.3%	68.3%	67.7%	74.2%	78.3%	77.6%	77.0%
Rel/Kin Home	88.2%	89.4%	87.0%	85.0%	90.2%	87.1%	91.8%	91.7%
Other	61.7%	65.2%	62.5%	76.1%	74.7%	66.7%	63.3%	62.5%
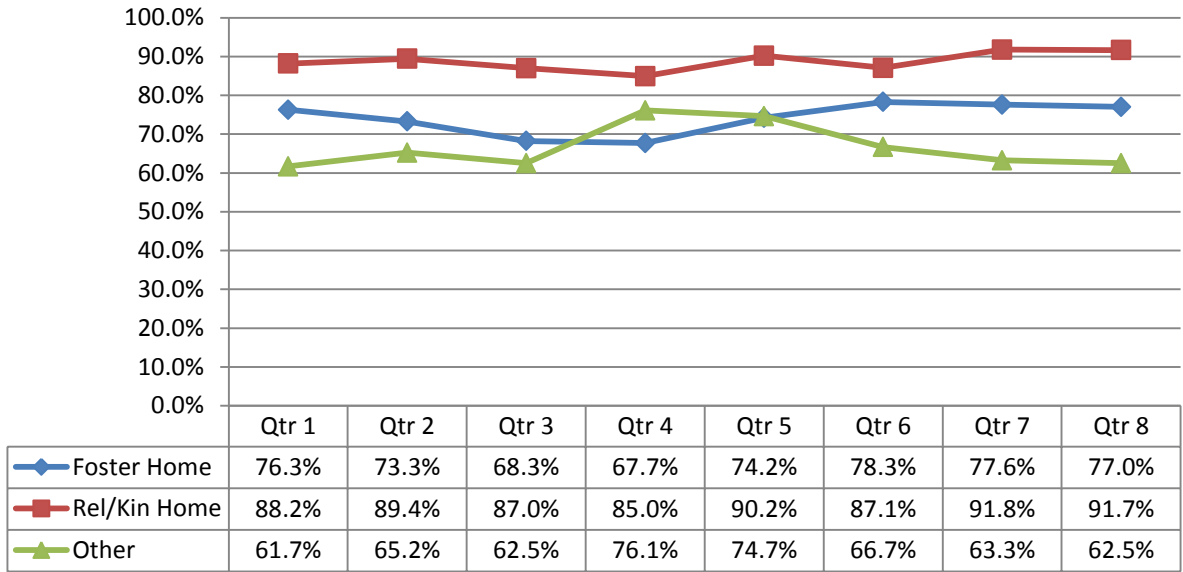
The Kansas City region has averaged 80% of cases of youth in foster care experiencing two or fewer placements in their first 12 months while placements with relatives/kin averaged 87.6% with two or fewer placements and children in other placement types averaged a percentage of 69.3%.

Percentage of Children in Care for Less than 12 Months with Two or Fewer Placements - Kansas City Region
January 15, 2014 - Dec 31, 2015

	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 5	Qtr 6	Qtr 7	Qtr 8
Foster Home	76.8%	79.4%	78.7%	76.9%	76.7%	76.1%	86.2%	89.5%
Rel/Kin Home	92.7%	90.7%	85.6%	83.4%	83.3%	89.1%	89.0%	87.4%
Other	61.5%	73.7%	77.0%	68.4%	67.8%	68.3%	70.9%	67.1%
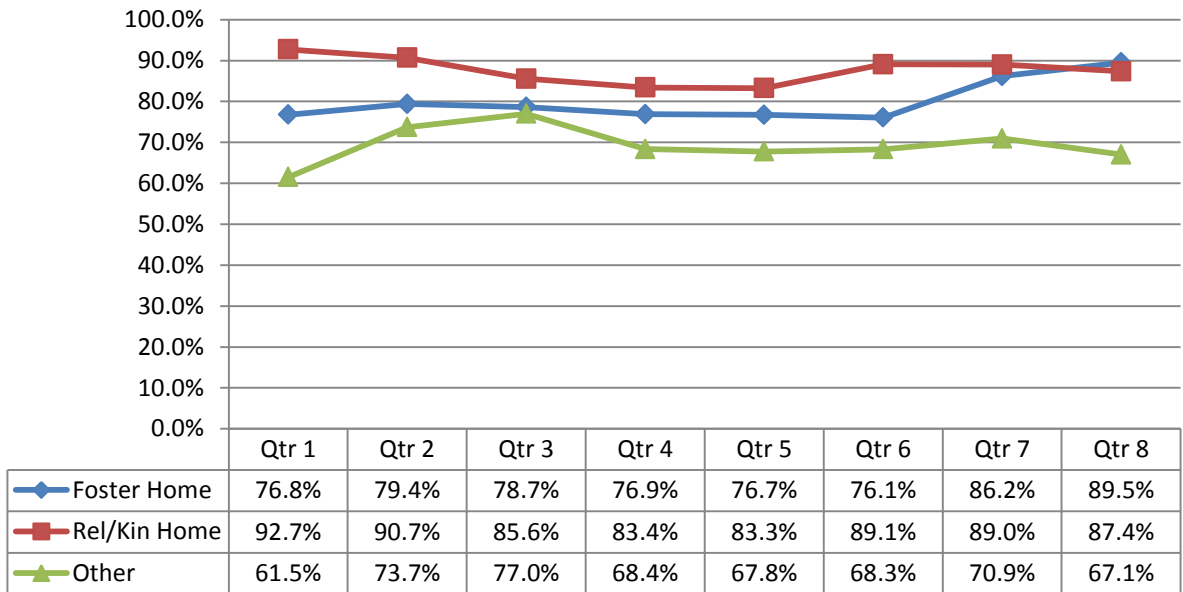
ADOPTION PROMOTION AND SUPPORT SERVICES

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 CD, to complete the assessment.

When it is not possible or in the best interest of the child to return to their biological family, consideration is given to placing the child for adoption. Several factors influence this decision; the attachment of the child to his/her biological family, the parent's ability and willingness to voluntarily relinquish the child for adoption, the juvenile court's determination of whether or not parental rights will be terminated, and the desire of an older child to be placed in an adoptive family. In a case involving a child under fourteen years of age, the guardian ad litem shall ascertain the child's wishes and feelings about his or her adoption by conducting an interview or interviews with the child, if appropriate based on the child's age and maturity level, which shall be considered by the court as a factor in determining if the adoption is in the child's best interests.

Persons who are interested in becoming adoptive parents currently apply at local CD offices, with the Foster Care Case Management contractors or with the Recruitment, Retention and Licensing of Foster and Adoptive Resources Contractor in Jackson County and the Northwest region of Missouri. All applicants must complete the STARS and Spaulding training provided through the Division or its contractors. Children's Division workers 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 on the Adoption Exchange Website at www.adoptex.org.

Each year youth are featured on the Missouri Heart Gallery, including photo presentation in venues around the state and through the Heart Gallery website http://www.moheartgallery.org. The Adoption Exchange partners with the Division to arrange for the photography and photo preparation for the gallery.

Adoption Recruitment Training Support

The Adoption Recruitment Training Support (ARTS) team serves as a centralized group consisting of regional adoption representatives who meet quarterly with representatives from Central Office to discuss recruitment strategies, training needs, or opportunities for support to staff. Team members share information with one another on regional recruitment events, providing new ideas for all regions to consider for recruitment of resource homes and informing the state recruitment plan.

This team provides assistance in updating the profile and contact information on the AdoptUSKids website. ARTS serves as a forum to discuss and resolve adoption issues faced by field staff, assist in defining best adoption practice for CD and provide necessary support to staff responsible for identifying and supporting permanent homes for children.

The focus in 2015 was on refining the Heart Gallery process as well as revising policy around the transfer of an adoption case from alternative care to adoption and from one county to another. The revised adoption staffing process was also a topic of discussion. The adoption staffing policy is based on a consensus building approach. This is a decision-making process that fully utilizes the resources of a group. A consensus decision represents a reasonable decision that all members of the committee can accept. This policy was released to staff on February 17, 2016. The ARTS team will continue to be a sounding board for developing 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 few years, registrations have declined. This can be contributed to better initial placement of children, the increased number of children being placed with kinship or relative providers and the improved quality of adoption staffings. As a result, the Division took a closer look at the Heart Gallery process and partnered with the Adoption Exchange and the ARTS team to revise and update the registration form, process and book. The Gallery featured children with the greatest recruitment need, picking the top 50 to be displayed on the website first. The children to be featured are chosen based on length of time in foster care and appropriateness of Heart Gallery for recruitment. After the initial 50, staff were able to register any child throughout the year, starting a new process of open-registration. Currently there are 63 children photo listed with the Heart Gallery website.

Due dates or time frames is now a thing of the past. The most significant change to the Heart Gallery is the ongoing registration throughout the year, allowing photographs to be taken and posted on the website on an ongoing basis. Staff have experienced less stress and more flexibility with the new process. Staff now have more time to decide if the Heart Gallery is the most appropriate recruitment tool for the child as well as the opportunity to register children who become available for recruitment throughout the year. As with previous years, photographs will continue to be printed, however, the plan for 2016 is to print just twice a year, in May and November, for the traveling Gallery. Each region will receive 8x10 images of children from their region who are featured in the Heart Gallery for display at regional events. This approach will allow for flexibility to feature the Heart Gallery at a moment's notice in smaller venues, i.e. churches, school functions, and community events. Prospective adoptive families should be directed to the online Heart Gallery for a complete list of children featured. Regions will also receive extra images of children from other regions and will have the flexibility to exchange with other regions. The Children's Division is continuing to hold focused grassroots efforts at events such as PTA functions, fairs, and church events.

The Missouri Heart Gallery is a joint effort between the Missouri Department of Social Services and the Adoption Exchange-Missouri Office.

Subsidized Adoption and Guardianship Program

Some children placed in out-of-home care will never be able to return to their birth home. Furthermore, many of these children suffer from handicapping conditions and others are older or are members of a sibling group. These factors make it challenging to find adoptive homes. Frequently, these children have special needs such as the need for medical care, counseling, therapy, or special educational services. The cost of caring for these children can be prohibitive for a potential adoptive family, or those wanting to provide permanency through a guardianship arrangement. Adoption and guardianship subsidy provides the child the benefit of a permanent family while assisting with the financial responsibility of adopting or becoming a guardian to a special needs child. In SFY15 adoption and guardianship expenditures were $77,545,653, slightly higher than SFY14's expenditure of $74,118,553. As of June 30, 2015 there were 14,272 children receiving adoption subsidy and 4,397 children receiving guardianship subsidy, per DSS Research and Evaluation.

Effective August 28, 2013, Senate Bill 47 updated state statute 453.072 RSMo to include additional eligible parties able to receive guardianship subsidy. The law now states: "1. Any subsidies available to adoptive parents pursuant to section 453.073 and section 453.074 shall also be available to a qualified relative of a child or a qualified close nonrelated person who is granted legal guardianship of the child in the same manner as such subsidies are available for adoptive parents. 2. As used in this section: (1) "Relative" means any grandparent, aunt, uncle, adult sibling of the child or adult first cousin of the child, or any other person related to the child by blood or affinity; (2) "Close nonrelated person" means any nonrelated person whose life is so intermingled with the child such that the relationship is similar to a family relationship."

As of January 2, 2016 there were 2,243 legal guardianship entries since August 28, 2013 who had prior relative, kinship or foster home placements. This is the second full year of data available. At this time it is not clear if there was a significant increase in guardianships based on the guardianship expansion; however, over the next few years, CD will be tracking this data to determine the impact of the legislative change. Additionally, the Division currently has a draft version of the guardianship assistance agreements and state policy and regulation to accommodate the successor guardian requirements of H.R. 4980.

Child Placing Agencies

In CY 15 there were 58 licensed child placing agencies with an additional 47 operating sites for a total of 105 child-placing operating sites. Of the 58 licensed child placing agencies, 35 were accredited. The child placing agencies placed 394 domestic and 83 international children for adoption. As a result of Russia closing their adoption program for The United States the child placing agencies could no longer place children from Russia, and closed their Russian programs. Several child placing agencies are involved in the foster care case management and the specialized contract described previously in this report.

Populations at Greatest Risk of Maltreatment

The primary concern of the Children's Division throughout the continuum of care is always child safety and well-being. The Division utilizes protocols built upon Structured Decision Making (SDM) and Framework for Safety (FFS) to assess for risk, to address threats of danger, and to focus treatment

services on families at the greatest risk of child maltreatment. The Framework for Safety model enables staff to identify vulnerabilities and protective capacities, thus allowing services to be targeted to the most vulnerable children and to caregivers with limited capacities. The Risk Assessment (SDM) assesses the likelihood of maltreatment within the next 18 to 24 months. For active family-centered service cases, the risk level is used to guide the minimum amount of contact with the family each month. These guidelines are considered "best practice" and help focus staff resources on the cases with the highest risk. High risk families have significantly higher rates of subsequent referral and substantiation than low risk families, and are more likely to be involved in serious abuse or neglect incidents. When risk is clearly defined and objectively quantified, the agency can ensure resources are targeted to higher risk families.

The Signs of Safety Child Protection Practice Framework is used to determine what supports are needed for families to care for their children, whether there is sufficient safety for the child to stay within the family, whether the situation is so dangerous the child must be removed, and if the child is in the foster care system, whether there is enough safety for the child to return home. Signs of Safety has been fully implemented in Jackson County since September of 2015. The Division is currently implementing Signs of Safety in St. Louis City. In order to ensure the rest of the state is trained on the new child protection practice, three additional hubs has been identified (one in each region). The new hubs will all launch in 2016 with one launch scheduled per quarter. The goal is for staff to be trained in each of the five regions so they may train the rest of the state.

Signs of Safety is a child protection framework built upon solution-focused therapy which stresses the importance of relationships, critical thinking, and workers as change agents. This framework is simple and stresses getting the answers to three important questions: what are we worried about, what is working well, and what needs to happen. In addition, a scaling question is used to make judgments about how safe the child is, from the perspective of the worker, the family, their networks, and other professionals, to develop understanding between the parties and to drive change.

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

Identified Population

Pre-school aged children are typically more vulnerable and at the greatest risk of maltreatment because they are dependent on others to meet their nutritional, physical, and emotional needs. 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

■ 0-6 Yrs ■ 7-12 Yrs ■ 13-17 Yrs

- 45%
- 32%
- 23%
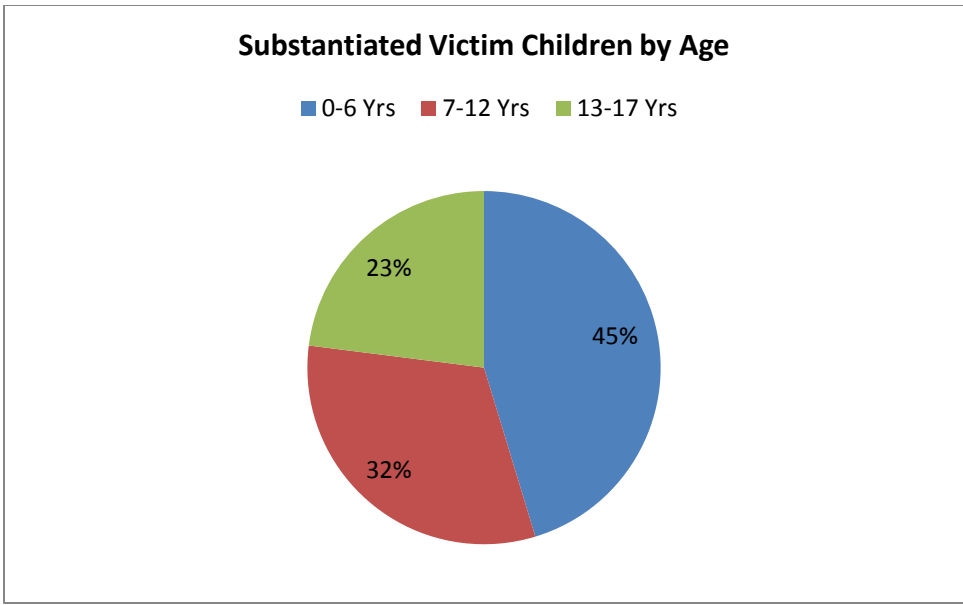
Source: Child Abuse and Neglect Annual Report, SFY15

Based on the chart above, children birth through age six constituted 45% of all substantiated victims in SFY15. Similarly, the chart below shows one of the highest populations of children involved in family assessments to be children birth through age six. Thus, children in this age group are at the greatest risk of maltreatment.

Children Receiving the Family Assessment and Services Approach

■ 0-6 Yrs ■ 7-12 Yrs ■ 13-17 Yrs

- 38%
- 39%
- 23%
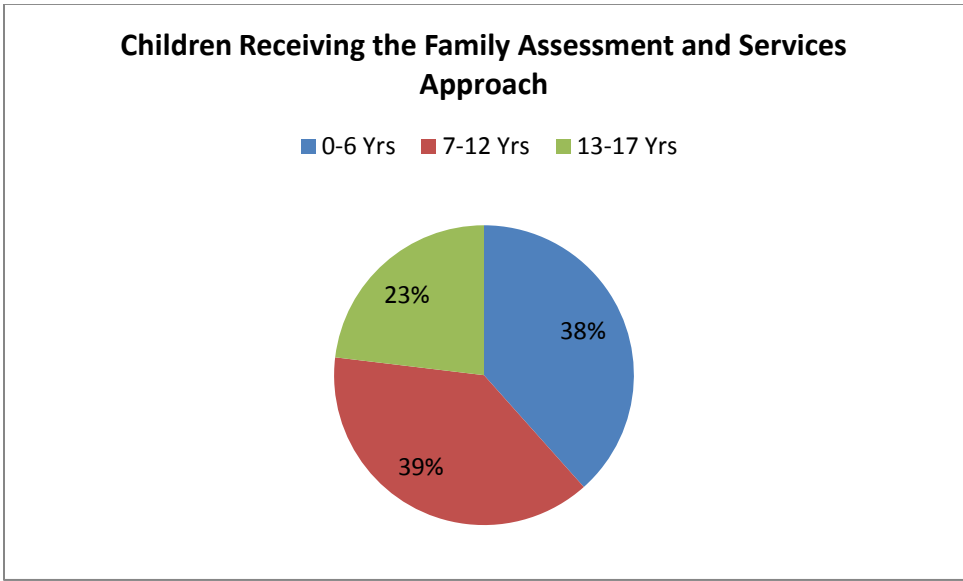
Source: Child Abuse and Neglect Annual Report, SFY15

Of all the children found in need of services after completion of a family assessment, approximately 43% were children birth through age six.

It is also important to note the most recent Missouri child fatality data indicates that in CY14, 72% of all child abuse/neglect fatalities were children under the age of five.

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

- Children in families with prior history of abuse or neglect
- Children in families who have previously received services
- Children who had three or more siblings under the age of eighteen living in their home
- Children who presented a history of delinquency, had a developmental disability or a concerning characteristic related to their mental or behavioral health
- Children whose primary parent/caretaker had a historical or current substance abuse problem or mental health concern
- Children whose primary parent/caretaker had a history of abuse/neglect as a child

Services Targeted to this Population

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

According to Research and Evaluation in CY15, there were 857 children eligible for referral to First Steps pursuant to CAPTA requirements. Of these eligible children, DESE reports 178 (20.77%) referrals were received citing CAPTA as the reason for referral. According to DESE in CY15, the number of children referred to First Steps by referral source DSS is 1,004. Department of Elementary and Secondary Education (DESE) is trying to cleanup this referral reason to minimize the incorrect referral reasons. This number represents the referrals to First Steps that are not part of the CAPTA requirement. The First Steps program is only for children who are birth to three. The reason for low referral rate continues to be explored. All staff received a reminder regarding the service in late 2013. A FACES update has been made that provides the referral form on the conclusion screen so staff can easily complete the referral at the point of conclusion. DESE has an online referral option, as well. The Children's Division continues to work with DESE to revisit the language and layout of the CAPTA vs. DSS referral on their website. Staff may be quickly selecting the DSS Referral Source option instead of the CAPTA option as DSS appears first in the drop-down list and CAPTA is spelled out, and does not include the acronym. CD is also exploring an alert box on the conclusion screen once an individual conclusion of Preponderence of the Evidence is entered for a child under 3 years of age.

The percentage of children age five and under receiving IIS services has remained stable for the last five years. In SFY15, 40% of the children served by IIS were age five and under. In SFY14 and SFY13, the percentage of children five and under was 40%, and 42% respectively. The IIS program provides an array of services specifically targeted towards early childhood.

In 2014, the Children's Division recognized a need to improve family-centered services practice and strengthen the division's philosophical base. A workgroup was developed to strengthen frontline practice and support programs that work by examining our values and beliefs about families and our philosophy and culture. The goal of the new model is to focus efforts on families with chronic neglect who consistently return to the Children's Division in need of assistance. By focusing on this population, staff

will have fewer cases thus allowing them to spend more time with these families. The hope is to enhance family engagement, decrease future maltreatment, and to reduce the number of children entering foster care. Staff will be assigned cases at the supervisor discretion. Staff will carry a modified caseload based on the service needs of the family. Instead of stipulating the required tools a worker must use, the worker will have the discretion to utilize any assessment tools that work for the needs of the family. In 2016, two regions (St. Louis and the Southeast Region) began piloting the new FCS model. Should the pilot prove valuable, the Division will discuss the possibility of statewide implementation with the Executive Team.

In CY16, CD Memo 16-03 informed Children's Division staff of safe sleeping guidelines in response to a Continuous Quality Improvement (CQI) request and critical event recommendations. The goal of the memo was to assist staff in understanding their role and responsibility in providing preventive education about safe sleep practices to families and individuals caring for children under the age of two.

Staff should provide education, resources, and discuss safe sleep practices with all families and individuals caring for children, two years old or younger. Information should also be provided to families who are expecting a new baby in the home.

Children's Division is collaborating and partnering with The Children's Trust Fund to support community education regarding safe sleep practices. Staff can access additional information as well free printable materials including rack cards and posters about safe sleep practices at Electronic Materials — Children's Trust Fund of Missouri.

The Children's Division is joining efforts with community partners in order to support a consistent message for safe sleeping environments for young children in the state of Missouri. In February 2016, a meeting was held to start the planning process to provide a safe sleep message to the state in a collaborative effort. The group plans to meet again and begin the implementation process of supporting community education regarding safe sleep practices.

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 available. Children's Division does not have child specific data for intact family services; however, development of Results Oriented Management (ROM) FCS reports is underway and testing in ROM has begun in April 2016. This will help staff and managers differentiate homes with young children from others. The ROM FCS reports are expected to be implemented during FY16. Services may be provided by direct case management or may require the use of purchased services. The worker will use community providers when he/she assesses some, or all, of the services cannot be delivered directly. The following services should be considered:

- Infant developmental stimulation/early childhood education
- Specific habilitation and medical services
- Respite care
- Home-based services to provide instructions on infant and child development (i.e., Parents as Teachers Program and Home Visitation Providers)

- First Steps services for ages birth-three with a policy requirement for mandatory referral for POE finding for child/ren under the age of 3
- School district services referral for children over the age of 3 with a developmental concern or delay
- A special or therapeutic preschool, including day treatment or child care facilities which can meet the child's needs
- Referrals to Early Head Start and Head Start
- Parent aide services for the parents
- Mental Health services for the child or parents

The Division recognizes the importance of addressing the developmental needs of all children served including those under the age of five. Staff should discuss the child's development and health history with the parents. If a child seems to be functioning below age level, attention should be paid to what stimulation is being offered the child and suggestions should be made to the parents or caregiver if necessary. Observation should also be made of proper nutrition, sleep habits, and other health related problems. Staff should also contact teachers and counselors for information on school progress and make a referral for a cognitive screening to confirm any delays. If a child seems to be functioning well below age level, a referral should be made to First Steps (ages 0 - 3), School District (age 3+) and the Regional Diagnostic Center for evaluation. There is a regional center servicing every county in the state. Preschool is highly recommended for any child who is functioning below age level.   The school age child who is developmentally delayed will be evaluated by the school. Any child who is receiving special services in school should have a semi-annual IEP (Individual Educational Program).

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

In SFY14, a Home Visitation program was introduced which is designed to improve parenting practices through home visitation, group training and networking activities. Home Visiting is an in-home service designed to assist with the prevention of children entering alternative care by offering additional in-home support for at risk families. The target population for this program is families who have a child under the age of 3 and a household income under 185% of poverty. The goals are to support and encourage care that promotes positive brain development, to provide services that lead children to school readiness, to ensure low-income children and children with special needs have equal access to services and reduce incidences of child abuse/neglect. The Home Visitation program is located in 8 regions across the state with the greatest number of contractors located in the St. Louis City/St. Louis County area. In SFY15, there were 14 competitive, 8 Community Partnerships, and the previous Children's Trust Fund contract, was rolled into the St. Louis Community Partnership, providing Home Visiting Services. There were a total of 3,165 unduplicated families and 5,014 children age birth to three years old served.

Home Visiting contractors currently utilize either an evidence-based or promising approach model focusing on the following areas: early childhood development, parent education, child abuse and neglect prevention, positive brain development, and school readiness.

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

The Missouri legislature passed Senate Bill 341, which went into effect on August 28, 2015. This bill requires 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'. 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 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 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 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 the assessment reveals the child's behaviors are of such severity that the child cannot be safely maintained in the home and/or community.

In September of 2015 the Signs of Safety practice was fully implemented in Jackson County. In order to ensure the rest of the state is trained on the new child protection practice, three additional hubs has been identified (one in each region of the state). The new hubs will all launch in 2016 with one launch scheduled per quarter. Creating everyday safety for children is the primary aim of the Signs of Safety. Signs of Safety utilizes a child-friendly approach that brings the voice of the child to the assessment and planning process. A fairy with a magic wand (for girls) or a wizard (for boys) is used to explore problems, wishes, and things that are going well. This graphic representation may be used when talking to children under the age of five. The approach draws on numerous specific methods and tools to directly involve children under the age of five in safety planning.

The percentage of children age five and under receiving IIS services has remained stable for the last five years. In SFY15, 40% of the children served by IIS were age five and under. In SFY14 and SFY13, the percentage of children five and under was 40%, and 42% respectively. The IIS program provides an array of services specifically targeted towards early childhood.

Under Age Five Children without Permanent Families

The population of children ages five and under in foster care has remained relatively stable over the last few years. According to the Child Welfare Outcomes Report, Table 8b, approximately 36% (7,018 out of 19,429) of the children in foster care in SFY15 were age five and under. This percentage is the same as SFY14 with 36% (6,584 out of 18,290), SFY13 with 36% (6,201 out of 17,154. Because the population

of children age five and under has remained stable over the last few years, the state projects approximately 36% of the population will be age five and under in SFY16.

According to point in time data effective January 31, 2016, approximately 48% (2,323 out of 4,847) of the children age five and under were female and 52% (2,524 out of 4,847) were male. For the same time period, approximately 68% (3,315 out of 4,847) of the children were white and 18% (858 out of 4,847) were black. The remaining 14% were American Indian/Alaskan Native, Asian, multi-racial, and unable to determine. In addition, 53% (2,559 out of 4,847) of the children age five and under are placed with relatives or kin. This figure is higher than the percentage of all children in foster care placed with relatives or kin.

The State places a strong emphasis on achieving permanency for all children served including those age five and under. No further changes are anticipated, as the division will continue stressing the importance of permanency for all children. The data from the last five years (SFY11 - 15) supports this endeavor. The Child Welfare Outcomes Report shows a higher percentage of children age 0 - 5 achieving permanency through reunification, guardianship, and adoption than any other age group. The percentages below represent the percentage of those exiting who are ages 0 - 5, 6 - 12, and 13 and older.

Age Groups Exiting to Reunification

Years	0-5	6-12	13+
SFY11	42.4%	31.2%	26.5%
SFY12	38.6%	34.1%	27.4%
SFY13	39.1%	36.5%	24.5%
SFY14	37.6%	35.9%	26.5%
SFY15	37.8%	35.7%	26.5%

Age Groups Exiting to Guardianship

Years	0-5	6-12	13+
SFY11	41.9%	32.6%	25.5%
SFY12	40.5%	34.0%	25.6%
SFY13	38.5%	38.3%	23.2%
SFY14	38.2%	37.0%	24.9%
SFY15	40.0%	37.2%	22.8%

Age Groups Exiting to Adoption

Years	0-5	6-12	13+
SFY11	58.1%	30.1%	11.7%
SFY12	55.4%	33.9%	10.7%
SFY13	58.4%	31.9%	9.8%
SFY14	55.8%	34.2%	10.0%
SFY15	58.0%	32.3%	9.8%

Source: Child Welfare Outcomes Report, Measure #9b

Some strategies for achieving permanency for young children include: increased parent-child visitation whenever possible, front loading services to get the family engaged early, placement with relatives, concurrent planning, and regular FST meetings to review progress and clearly define goals. Concurrent permanency planning is a process of working towards reunification while, at the same time, establishing and implementing an alternative permanency plan for a child. Concurrent planning is intended to reduce the length of stay in care. If a child has been in placement for more than one year, and the current permanency plan is not proving successful, the Family Support Team should consider changing the permanency plan to the concurrent permanency plan. If it appears the child will be unable to return to their family of origin, the FST, with the involvement of the family, shall develop alternate plans for the child using concurrent planning and meeting the court and ASFA timeframes. This concurrent plan must include placing with relatives unless contrary to the welfare of the child. In addition, staff should provide full disclosure to the parents of problems, changes, possible consequences, and timelines, as well as discussing alternative permanency decision making on an ongoing basis. Staff must discuss with parents the negative effects of placement on children, the urgency for reunification, and the need for a concurrent plan if they do not follow through.

Parent-child visitation is important at any age, but it is especially important when children are under the age of five as visitation helps parents bond with their children and stay current with the changing developmental needs of their children. Frequent visitation with young children also allows parents to practice and improve the parenting skills they are learning in parenting classes and/or counseling sessions. Because the Division already encourages service provision for children under the age of five, there are no anticipated changes or updates forthcoming.

Point in time date from January 31, 2016 shows Children's Division has 147 children age 5 and under available for adoption (TPR complete and having a goal of adoption); of those children 109 (74%) are in a pre-adoptive placement. This area remained steady since 2013 with 69% (85 out of 124) and 70% (90 out of 129) in 2014 and 69% (110 out of 160) in 2015. All of this information was from point in time data January or March of those years. This continuing rise and stability come as a result of an increased focus on ensuring children who are available for adoption are matched and placed in pre-adoptive homes.

For the 26% of children aged five and under, not in a pre-adoptive placement, there are many recruitment activities that should be occurring in an effort to locate pre-adoptive placements. The Heart Gallery

showcases children in foster care available for adoption and awaiting adoptive families.   Families who may be interested can search the website or view photographs at the travelling gallery. The display is featured in many public venues where people who have not considered adoption can be exposed to the opportunity. In addition to the Heart Gallery, adoption events from around the state are posted on the CD website. Each circuit has their own strategies for recruitment. Staff also utilize the AdoptUSKids web service whose mission is to feature waiting children, raise public awareness about the need for foster and adoptive families for children in foster care and assist in recruiting foster and adoptive families who can be connected with waiting children. Additionally, staff circulate profiles of children awaiting adoption amongst other agency staff and among private agencies with families awaiting placement of children in the 0-5 age group.

As mentioned in the foster care section, in an effort to reduce length of time in foster care for all children, PIP strategies included enhanced oversight by supervisors through reinforced training and development of guides to ensure supervisors discuss a child's progress towards the case goal, better collaboration with the court in monitoring child progress towards permanency, and developing local processes for reviewing young children who have not yet achieved permanency. The Children's Division continues to emphasize timely achievement of permanency regularly with staff, managers, Quality Assurance and Quality Improvement Specialists, and the Courts. Some circuits, through the Fostering Court Improvement project, have begun to utilize case reviews periodically to identify barriers to permanency for children of all ages. In other circuits, staff reviews cases on a monthly basis with their juvenile office to ensure children do not remain in foster care longer than necessary. These reviews have been successful in moving children to permanency.

Services for Children Adopted from Other Countries

The Children's Division is the licensing body for all child placing agencies in Missouri. Many of these agencies conduct international adoptions. The rules for licensing child placing agencies require that such agencies conduct a variety of adoption services. The adoption services provided to families adopting internationally include pre-placement planning, and post- adoptive services, placement supervision, assessment of the child's adjustment into the home, and support services. Adoption disruptions are also assessed by the child placing agency. The section of the child placing agency's rules pertaining to international adoptions is in the process of being revised.

Children's Division provides post adoption services for children adopted from other countries and their adoptive families through the Adoption Resource Centers in the same manner as families of children adopted from foster care, including referral for adoption competent counseling, and support groups and parenting education. (See Adoption Resource Centers in the Collaboration section).

PROGRAM SUPPORT

Signs of Safety

In partnership with Casey Family Programs, Missouri began implementation of the Signs of Safety child protection practice model in 2014. Signs of Safety was initially developed in Western Australia and its

practice has spread to many jurisdictions across America and throughout the world. This model centers around three core principles: working relationships, fostering a stance of inquiry, and landing grand aspirations in everyday practice. Work within Signs of Safety focuses on identifying the worries, what's working well, and what needs to happen within a family to create and maintain safety for the child. There is a strong focus on family engagement and building partnerships with families as the key to successful intervention.

The Division has partnered with Safe Generations to assist in implementation and in building internal capacity to fully integrate and maintain this model statewide. Safe Generations assists in orientation sessions for staff and stakeholders, basic training for frontline staff, and in-depth training for supervisors. Safe Generations also provides frequent coaching calls with frontline staff and supervisors to assist in skill development and case consultation.

Jackson County was selected as the initial pilot sight to begin using this practice model throughout all program lines. Implementation began in June 2015. Approximately 600 hundred Children's Division staff, contracted case management staff, and community partners received training on Signs of Safety within Jackson County in CY2015.

The Division is actively planning to implement Signs of Safety in a new circuit/area within each of the four regions by the end of 2016. Missouri will be the only state in the country to fully implement this practice model state-wide. The St. Louis region began implementation in December 2016 and staff began training in February 2016. The 31st Circuit (Greene County) and the 29th Circuit (Jasper County) will begin implementation in May. The 11th Circuit (St. Charles County), the 12th Circuit (Audrain, Montgomery, and Warren Counties), and the 20th Circuit (Osage, Gasconade, and Franklin Counties) will begin implementation in August 2016. The 25th Circuit (Maries, Phelps, and Texas Counties) and the 37th Circuit (Howell, Shannon, Oregon, and Carter Counties) will begin implementation in November 2016. The five hubs will assist in statewide implementation by building internal capacity within their regions. As each hub becomes immersed in Signs of Safety, it is anticipated that practice and commitment will begin to spread to surrounding counties and that stakeholder engagement in statewide implementation will naturally occur. All five hubs will have an area-specific implementation team to assist in coordination and maintaining fidelity to the practice model. As internal capacity is developed, catalysts in each hub are being identified who will be instrumental in providing training, technical support and consultation as the practice model is expanded. An introduction to Signs of Safety will be incorporated into Child Welfare Practice Training so newly hired staff become familiar with the practice model.

Team Decision Making

Team Decision Making (TDM) in Missouri dates back over 10 years when it was first began in St. Louis City through the Family to Family program brought to the state by the Annie E. Casey Foundation. Team Decision Making focuses on gathering individuals involved with the family and coordinating a meeting to make the best decisions possible. These meetings are triggered by certain events in the system such as the possibility of removal, a child in foster care changing placements and a foster child achieving permanency.

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

Approximately three years ago this practice was expanded to the areas of St. Louis County and Jackson County (The Kansas City area). This expansion has achieved mixed results in impacting the child welfare community in both of these areas. However, both areas continue to work on building this practice and bringing their external partners onboard with this process.

At this time plans are being made to implement a state wide rollout of the TDM practice. This is set to begin in CY2016 and will continue through CY17. Missouri is again partnering with the Annie E. Casey Foundation (AECF) to assist with this project. The AECF will take a threefold approach, the first of which is bringing the practice in the current three sites back to fidelity of their model and to strengthen the skills of the facilitators of the meetings. The second is helping guide the plan for statewide expansion, including the possibility of having the state be a site for an evidence-based research project. The final main effort of AECF will be to implement an online database for data collection regarding TDM practice.

At this time there are many data issues surrounding the Team Decision Making processes going on in the state's three sites. Both St. Louis areas are using an old Access database which is constantly having technical issues. The Kansas City area keeps their own Excel spreadsheet to gather data. Both areas are struggling to disseminate and use data to improve their process. Due to these issues, it is very difficult to gather and report any consistent and reliable TDM data. With the new online database, many of these data issues should be resolved.

Reaccreditation

The Children's Division obtained full reaccreditation in March 2015 which will remain effective through January 31, 2018.   As part of Council on Accreditation (COA) maintenance, the Children Division continues to utilize fourteen regionally based Quality Assurance and Quality Improvement Specialists to conduct quarterly accreditation maintenance visits to all COA-approved circuits in their regions.

Additionally, the Children's Division submits an annual Central Office Self Study to Council on Accreditation. The Self Study provides current evidence for all Administration and Management (PA-AM) and Service Delivery Administration Standards (PA-SDA). The Annual Self-Study requirement ensures ongoing administrative attention to the accreditation standards. It supports uniform implementation across the system by instituting a regular review period for updating policy, procedure, and administrative data reports.

During October 2015, the Council on Accreditation implemented an additional maintenance requirement for accredited child welfare agencies. On an annual basis each of the agency's service providing regions will complete a Maintenance of Accreditation (MOA) Regional Report. The MOA report ensures each region's attention to ongoing implementation of specific Administration and Management (PA-AM), Service Delivery Administration Standards (PA-SDA), and child welfare standards related to personnel qualifications and caseloads. The areas identified on the report are foundational to an agency's risk management and provision of quality services.

The Children's Division is anticipated to begin the next round of reaccreditation site visits between April and June 2017 beginning with the Central Office. Each subsequent on-site visit will occur approximately every six to eight weeks until each region has been evaluated by a COA approved review team.

Family and Children's Electronic System (FACES)

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

Since becoming fully operational, Missouri has been concentrating on addressing issues from the Pre-SACWIS Review in 2011 and system's change requests approved through the state Change Control Board. The focus of these changes was to not only work towards achieving SACWIS compliance, but to address usability and make adjustments that would increase staff productivity and reduce duplication.

The formal SACWIS Review was held on September 16-20, 2013. Missouri received the final SARGe report in February 2015. With the guidance from our federal partners, Missouri has created an inventory to track all findings and progress towards action plans for these items. The goal would be to create action plans addressing all findings and provide an updated SARGe document within two years. These changes are prioritized with other changes which need to occur in the production environment. Children's Division continues to strive to prioritize and incorporate enhancements to the automated system which will support not only staff in the field, but policy and practice.

Missouri participated in a NYTD Pilot Review in August 2014. The final NYTD N-QIP was received in February 2015, noting strengths and areas needing improvement. Missouri completed the first wave of improvements as of January 2016. The final wave of improvements will be completed by September 2016, prior to the start of the 2016B reporting period. At that time, Missouri should be ready to exit the NYTD N-QIP.

In addition, Missouri has been addressing final issues from the 2008 AFCARS Review. The most recent response plus test scenarios were submitted in February 2015. Missouri is hopeful that this last update and the test scenarios will resolve any remaining issues so as to be able to exit the AFCARS AIP in the near future.

Some of the system changes completed this past year include numerous FACES enhancements to all areas of FACES. A driving force behind these enhancements was to streamline processes as much as possible and eliminate duplicate data entry whenever possible. As part of these enhancements, the Division was able to include in these projects as many as 30+ smaller systems changes requested by workers through the Change Control Board process. A new Adoption Function was implemented that clearly defines a child's spell in foster care separately from their spell in adoption. In addition, Children's Division began implementing a large mobility project consisting of deploying iPads to all front line staff. FACES apps in the areas of Safety Assessment, Visitation and Contacts were developed specifically for the iPad. These apps allow staff to enter and save information directly on the iPad without data or WiFi connectivity and then sync it back to FACES at a later point when connectivity is available. The goal is to reduce duplicate data entry and save time for staff. Other benefits of iPad use are access to work email and

calendar, GPS and many Children's Division Forms that can be completed directly on the iPad and capture electronic signatures. (See below for more information on the Mobility Project)

FY16 FACES projects are underway. This year was largely focused on findings from both the SACWIS Review and the NYTD Pilot Review. In addition, projects will be initiated to bring Document Imaging to FACES and to develop a new Universal Case Review Tool. This Case Review Tool will be within our FACES system, will be able to draw random samples of cases and provide individual case review data for workers and supervisors as well as aggregate data.

Upcoming plans for FY17 include developing an online system for child abuse/neglect reporting. This new internet system will allow mandated reporters to report non-emergencies online rather than calling the statewide 1-800 system. Missouri also plans on making system changes to support new initiatives such as Signs of Safety and Five Domains of Well-Being. Such changes would include adding new forms and tools to FACES and to stop doing current tools that are no longer relevant to the new practice model.

Mobility Project

In May 2014, the Children's Division received the funding and spending authority to purchase 1,500 tablets for frontline staff. Additionally, CD is developing FACES applications which will allow frontline staff to perform some of their documentation and research job functions while in the field. As part of the Children's Division staff recruitment and retention plan, tablet technology will enable staff to enter key information directly into FACES while out in the field (even if not connected to wi-fi or 4G), thus reducing administrative burden and time spent in the office. As of the end of March 2015, over 550 iPads had been deployed to Children's Division frontline staff. An additional 850 were to be purchased in the spring of 2015.

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
- Minimum of 32 GB of storage
- Wi-Fi
- 3G/4G
- Bluetooth
- Security/encryption
- Ability to access FACES

The group also identified the following four specialized FACES applications and forms portal as top priority for development:

- Contact Communication Log screens
- Participant Characteristics
- Visitation Logs
- Safety Assessment

- Forms portal containing fillable forms used by each of the program areas when out in the field will need to be available on the devices

Seven areas in the state (NE, NW, SE, SW, KC, St. Louis City and St. Louis County) identified an initial field user/tester that would be involved in development of the four FACES applications and various forms and testing of the iPads in the field. After development and initial testing, the mobile technology was initially provided to the full field unit for each of the initial users (56 total users).

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

The final order of iPads will be complete in the Spring of 2016. All frontline staff will have an iPad available to them for use in their work in the field. In addition by the end of 2016, all Children's Division offices will have WiFi installed and most frontline staff will be equipped with Virtual Desktop. Virtual Desktop allows staff to remote in via their iPad to the network and allows them access to the full FACES application.

As of June 2015, the forms portal and the four FACES applications have been developed:

- Contact Communication Log: Captures contact information about the workers contact with internal and external parties in a case. This application will be used by all program areas including investigations/assessments, Alternative Care, and Family-Centered Services.
- Visitation Log: Allows staff to capture notes from a visit between a parent and their child. Typically only Alternative Care staff will use this application.
- Safety Assessment: Allows staff to do the initial safety assessment right out in the field. Typically only Investigation/Assessment staff will use this application.
- Participant Characteristics: This application allows staff to update information on case participants. This application will be used by all program areas.

Evaluation of the project is being done in partnership with the University of Missouri-Columbia. The following are the outcome and process measures for the mobility pilot:

- Improved timeliness of contact entries will be measured in FACES
- PERFORM outcome measures will increase
- Initial contact with alleged victim during investigations/family assessments
- Timely child abuse and neglect investigation and family assessment conclusions
- Chief Investigator 72 Hour Signature
- Monthly Summaries completed within 30 days
- Worker visits with children conducted monthly
- Worker visits with parents conducted monthly (intact and foster care involved families)
- Worker satisfaction will be evaluated through a survey or focus group method.

iPad mentors have been identified in each region of the state. Mentors are available to provide technical support to staff in using their iPads.

MSW Program

The Children's Division understands the importance of building leaders at all levels and invested in staff to empower opportunities for continuous learning, competency, skill development and accredited academic advancement for frontline child welfare practitioners, supervisors and managers. To that end, the Children's Division has partnered with four public state universities (University of Missouri-Columbia, University of Missouri-Kansas City, and University of Missouri-St. Louis and Missouri State University) to offer Division practitioners, supervisors and managers graduate study opportunities through Title IV-E funded MSW educational programs. The Title IV-E funded MSW education program will return to offering part-time graduate education beginning with the fall 2016 cohort at all four public state universities.

During FY15, Children's Division reviewed the Title IV-E MSW Program and asked questions to the university partners about how to enhance the partnership and increase utilization of the funds. After discussion and analysis, the Children's Division restructured the agreements in an effort to increase the amount of students per academic cohort from 10 to 16 students beginning this fall. As such, the Children's Division has enhanced flexibility for employees to engage in educational opportunities, including options to receive on-line or on-campus learning to complete their part-time graduate programs.

Recruitment & Retention

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

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

The Division's workforce recruitment and retention efforts have included the establishment of the Public University Collaborative Services (PUCS) contract to:

- Enhance the Division's research and evaluation efforts
- Create curriculum and/or provide ad hoc instruction in conjunction with the Division's professional development initiatives, and
- Provide consultation services to improve direct practice, supervision and administration

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

Ongoing efforts have included, but not been limited to:

- A review of the knowledge base specific to workforce recruitment and retention in public child welfare in collaboration with university partners at the University of Missouri-Columbia School of Social Work
- Review and initial analysis of secondary administrative data specific to workforce turn-over occurring over the last three (3) fiscal years
- Establishment of data gathering and analysis of the Division's current workforce to identify trends specific to recruitment and retention efforts
- Engagement with public universities in ongoing collaborations designed to assist the development of evidence-based outcomes and recommendations to improve workforce recruitment and retention practices
- Engagement with public universities to identify or create curriculum which introduces students to coursework resembling the child welfare practitioner and leadership competencies of the Division
- Involvement in career fairs and panel discussions within communities and at universities and colleges throughout the state
- Involvement in the Division's ongoing efforts in collaboration with the National Child Welfare Workforce Institute
- The creation of a Workforce Recruitment and Retention Workgroup, including field representatives from every region, to begin the process of implementing Staying Power as the Division's recruitment and retention model.
- The creation of workforce recruitment materials, such as: brochures, flyers, fanfare items, etc.
- Assisting field offices to identify and engage perspective employees in the hiring process
- Serving on Career Services and Field Placement Advisory Boards with University partners

National Child Welfare Workforce Institute (NCWWI)

Missouri Children's Division is participating with University of Missouri Kansas City and Missouri State University in the University Partnership grant and has been selected for NCWWI's Workforce Excellence (WE) intervention. There are four WE intervention sites, Jackson County Fletcher Daniels building, Greene County, Jefferson County and the 42nd Circuit. These opportunities have allowed for Children's Division to participate in a three year effort of organizational intervention where staff and leaders at every

level take part in a Comprehensive Organizational Health Assessment (COHA) and development of an intervention which is proactive, strategic, collaborative, and sustainable, designed to address critical workforce challenges; engage in leadership development for middle managers, through the NCWWI Leadership Academy for Middle Managers (held in June 2015); and participate in leadership development for supervisors, through the NCWWI Leadership Academy for Supervisors (first cohort graduated in April 2016).

Please see section on NCWWI Leadership Activities for more information.

Research Initiatives

The Children's Division permits research and release of data involving persons served. Below is a list of research proposals approved by the Children's Division's research committee. The results of these studies may be used to enhance and inform Children's Division policy and practice. This is not a comprehensive list of research proposals that were approved as some projects are approved due to the participant's role only. In approving research, the Division exhibits due regard for study subjects' participation rights with emphasis in areas of privacy, confidentiality, and informed consent. All research and release of data involving persons served is conducted in accordance with applicable state and federal laws.

Persons requesting approval for research proposals involving Children's Division (CD) staff, data, or individuals served are required to submit an *Application to Conduct Research* to the CD Research Committee. Research applicants must fully explain the purpose, methodology, and expected benefits and risks of their studies. They must provide copies of HIPAA-compliant consent forms they intend to use. Additionally, they must describe the specific data requested and explain why the identifying information is essential to their research. If applicable, applicants must provide a detailed plan outlining how they will maintain confidentiality of identifying information used in their research.

The researcher must agree to share their findings with the Division upon completion of the study. The Research Committee is responsible for evaluating all research proposals to ensure research plans are in compliance with state law and with Children's Division policies and procedures.

Persons serving on the Research Committee include the following:

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

Following is an update regarding studies reported last year.

1. Decision Making in the Foster Care System (University of Missouri-St. Louis)

This research study is about mental health and decision-making in the foster care system. It is an effort to learn about how foster youth with mental health needs, caseworkers, and foster parents engage in mental health decision-making within the context of family support team meetings. It also collects data about each party's perception of the process and stakeholders' perceptions of personal empowerment. The applicant has communicated with the CD research committee regarding changes to her original proposal and provided additional information as needed.

2. 30 Days to Family Comparison Study (PolicyWorks, Ltd.)

The study is an evaluation designed to test the 30 Days to Family™ theory of change. It theorizes foster children/youth served by the program will experience more favorable immediate, intermediate, and longer-term outcomes resulting in improved well-being, reduced mental health concerns, and cost savings. Additional information regarding this study was requested by the CD research committee and provided by the applicant.

The following studies were approved in 2015. This is not a comprehensive list of research proposals that were approved as some projects are approved due to the participant's role only.

1. Enhancing Nurse Home Visitation to Address Vulnerabilities and Prevent Maltreatment (Washington University, St. Louis)

This study identifies mothers involved with the nurse home visitation agency (Nurses for Newborns Foundation) who are suffering from Postpartum depression and/or life stressor events. Participants are offered Problem Solving Therapy to see if it helps the depression and helps mothers feel confident and empowered. After finishing Problem Solving Therapy, mothers are asked to participate in Incredible Years, which has been shown to help with social isolation and strengthen parenting skills. This study will see if there is a reduction in child maltreatment and abuse by integrating Problem Solving Therapy and Incredible Years into nurse home visitation.

2. Evaluation of Family EMPOWERment Project (Enhancing Maternal & Child Permanency, Well-being, Safety, and Recovery) (St. Louis University)

This study is to determine if the Family EMPOWERment project has achieved its stated objectives and the extent to which the accomplishment of these objectives can be attributed to the project. The specific goals of the project are to achieve outcomes related to safety, permanency, and well-being for the target population by promoting individual and family strengths, increasing parental capacity, fostering positive developmental trajectories, and enhancing child well-being. Eligible participants are identified by residential substance abuse treatment providers at the site offering the intervention and comparison sites.

3. The Educational Attainment of Foster Youth (Missouri State University)

This study provides information regarding the educational achievement levels of foster youth based upon the age at which they were released from Children's Division custody. The study assesses educational achievement of youth who left Children's Division custody at age eighteen and those who remained in custody until the age of twenty-one. Study participants

respond to survey questions regarding educational status, employment, income, living arrangements, and history with foster care.

4.   Evaluation of Differential Response Pilot Project (Missouri State University)

This study is to evaluate the effectiveness of the Children's Division's differential response pilot project in responding to reported concerns of child abuse or neglect. It will assess the project's efficiency/cost-effectiveness, job satisfaction of workers involved in control and experimental groups, supervisor satisfaction, and client satisfaction with the pilot project approach. The results will be presented to the Children's Division to consider statewide implementation of the pilot approach.

5.   Youth in Foster Care: Readiness for Independence (Missouri State University)

This study is to assess foster youth's readiness for independence by considering the youth's life skills and permanent connection with an adult. The purpose of this study is to evaluate current programs that prepare youth in foster care for independence. It hypothesizes that foster youth ages eighteen to twenty that live in a transitional living program group home who are taught life skills and have a permanent connection with an adult are better prepared for independence.

6.   Contributing Factors to Child Welfare Worker Morale: A Review of Secondary Traumatic Stress and Internal/External Expectations (Missouri State University)

The purpose of this study is to compare Children's Division workers' feelings of burnout or low-morale to the experience of secondary traumatic stress, internal agency expectations, work environment, and relationships with professionals outside of the Children's Division. The goal is to determine which factors have the greatest impact on worker morale.

7.   Inflammation in Foster Care Youth: Relations Among Maltreatment, Social Environment, and Salivary Biomarkers (University of Kansas)

This study seeks to examine whether protective factors, such as social support and positive family environment, mitigate the effects of maltreatment on neurobiological outcomes in foster youth. Results of this study may provide insight into the pathways resulting in excessive inflammation and the subsequent development of mental and physical health problems. If social support and family environment moderate the relation between abuse and inflammation, interventions aimed at creating more sensitive and nurturing foster parenting will be paramount for promoting positive developmental trajectories, including reducing disease risk and health care costs.

IN HOUSE TRAINING AND TECHNICAL ASSISTANCE

Trauma Learning Collaborative

To provide a trauma awareness foundation for all employees, a select group of Children' Division staff completed the NTCSN Child Welfare Trauma Toolkit Train-the-Trainer in September 2014. The training

was provided by Dr. Kim Fielding and Dr. Patsy Carter, the Missouri Department of Mental Health Children's Services Director who holds a shared position with Children's Division. Since completion of the training, Dr. Carter has convened in-person learning collaboratives with this group, informally referred to as trauma specialists, every other month. The learning collaboratives are opportunities to build upon the specialists' knowledge and capacity so they, in turn, are equipped to provide support and consultation to field staff as the Children's Division moves forward to becoming trauma-informed.

Capacity Building Center for States

In June 2015, the Capacity Building Center for States conducted an assessment for services. The assessment meeting was well attended by key leadership staff in the agency. In a collaborative effort, several areas were identified for potential capacity building. Following are the areas identified and the current status:

- ICWA Compliance – A consultant with the Center for States has conducted interviews of several stakeholders involved with ICWA around the state. The information gathered has been compiled and will be shared at an upcoming meeting with agency staff and stakeholders. The urban Indian centers will be in attendance so that all can begin to partner and collaborate on strategies to more effectively identify and provide services to Indian children. Training to field staff will be provided.
- Relationship with Courts – It is understood that by developing better relationships with courts throughout the state, the Division will be better able to move children to permanency timely. At this time, the Center for States is assisting leadership from Children's Division and the court system in the development of shared priorities.
- Update of CQI – The Division requested assistance in improving the infrastructure capacity of the agency's CQI system. A two-day CQI Assessment workshop was held in January 2015, led by Ruth Huebner, consultant for the Center for States, and attended by over 60 staff members from all levels of the Division. Prior to the workshop, Dr. Huebner conducted a survey and interviews to establish a baseline. Goals were established during the workshop, and work continues internally to complete the tasks identified.
- Professional development for training team – This work will not begin until other projects are completed.
- Reasonable and Prudent Parenting – As the Children's Division worked to develop policies and procedures to comply with the legislation, it was agreed the Center for States would provide a subject matter expert to provide feedback and a gap analysis in policies to ensure the agency can accommodate the new legislative mandates. The Center for States consultant has engaged youth through participation in the Youth Empowerment Task Force meeting and a State Youth Advisory Board meeting, and will meet with foster parents at the Missouri State Foster and Adoption Board. The consultant is currently reviewing policy and training from other states to incorporate important issues to Missouri.

CONSULTATION AND COORDINATION BETWEEN TRIBES AND STATES

Missouri does not have federally recognized Indian tribes in the state. However, there are two Missouri Indian Centers, the Kansas City Native American Indian Center and the Springfield Indian Center, which are active in the state. Coordination has been maintained with Missouri's two active Indian Centers over the past year.

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 has any American Indian/Alaska Native (AIAN) 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, CD-116, to document if the child does or does not have American Indian/Alaska Native heritage. The worker also completes the ICWA Checklist, CD-123, to ensure ICWA compliance throughout the life of the case.

Per policy, phone contact to the appropriate ICWA representative of the Tribe, if known, is made within 48 hours of the child being taken into protective custody and the worker learning of the child's heritage.

Children's Division ensures notification is provided to the parents, custodian and/or Tribe 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.

As of January 31, 2016, there were 43 foster children in Missouri with the race of Multi-racial and 29 foster children with the race of American Indian/Alaska Native. All 72 children have the *Native American Heritage* indicator checked in FACES. A Family Support Team screen in FACES requires the case manager to select a "yes" or "no" as to whether the child has *Native American Heritage*. This information may come from self-disclosure by parents, family members or, if applicable, the child. The information is also obtained based on the race code provided by the caregiver or child when a Departmental Client Number (DCN) is assigned to a child.

Out of those 72 children mentioned above, 23 of them are from Jasper County, Joplin, MO. Jasper County is located in the southwest portion of Missouri. As of the 2013 census, the population was 116,398 with 1.7% being AIAN. Southwest Missouri continues to have the highest documented population of AIAN children. This is likely due to the Joplin-Miami, MO-OK metropolitan area. This area consists of three counties, Jasper and Newton counties in southwest Missouri and Ottawa County in northeast Oklahoma.

Although Tribes in Oklahoma are often those who Missouri works with, staff report working with Tribes from other regions as well.

In most instances, staff had positive communication with the Tribes; in other cases, staff had great difficulty. In southwest Missouri, the Division is fortunate to have an American Indian foster parent who is willing to help facilitate communication between the CD and Tribes. The southwest also uses the Southwest Missouri Indian Center, located in Springfield, for consultation and mediation services. Other challenges include communication between the court and the Tribe, or finding the correct contact person for the Tribe.

Missouri is currently receiving Technical Assistance in SFY16 from 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.

In November 2015, the Division began the work with help from ICWA Specialist, Willie Wolfe, consultant with the Capacity Building Center for States. Since November, Willie conducted focus groups with Missouri's Indian Centers as well as local CD staff. The CD ICWA Specialist has worked closely with Willie in developing a plan of action. Missouri continues to meet with key stakeholders including; Indian Centers, American Indian older youth and CD staff to carry out this plan. Missouri has been provided information on genealogy sources, resources on historical trauma for AIAN youth including those in foster care and adoptions and the North Dakota Plan for implementing ICWA on a state wide basis.

From the work already under way, suggestions from meeting participants include:

- Gathering information from all families with children in care who do not already have the ICWA forms in their file
- Asking grandparents if the family has any Indian heritage when the child is first removed from the home
- Strengthening relationships with the Indian Centers and Tribes by inviting them to monthly or quarterly staff meetings
- Updating the ICWA forms, notification letter, flow chart and brochure, creating a cultural agreement form
- Planning ICWA training for all staff across the state that will encompass the culture of AIAN, the history of ICWA and the importance of this work

During Best Practice Reviews (BPR), there are currently two questions in regards to ICWA compliance when reviewing alternative care cases; the Indian Child Welfare Act Checklist (CS-123) completed upon entry into alternative care and the Indian Ancestry Questionnaire (CD-116) completed with the family upon placement of the child. If the file does not show proof of either form, a comment is made on the review tool for the worker and supervisor to review. It is expected that the worker will complete both forms to be in compliance with policy and practice. In CY15, 69% of the 402 cases reviewed had the checklist completed as required. In addition, the Indian Ancestry Questionnaire was used in 69% of the 429 cases reviewed. A more comprehensive review tool is being developed which may improve compliance. Practice improvements are also addressed through on-going CQI processes at the local circuit level.

All benefits and services under the programs are made available to American Indian/Alaska Native youth in the state on the same basis as other youth. All youth, ages 14 and older, regardless of descent, per policy, are to be referred to the Older Youth Transition Specialists for Chafee/ILP support and services. As of January 31, 2016, there were 18 older youth with AIAN heritage. All 18 older youth have been provided with services, there are currently 12 youth actively participating in Chafee or ILP services and one older youth actively participating in the meetings with the Capacity Building Center for States.

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

MONTHLY CASEWORKER VISIT FORMULA GRANTS

The state reported FFY15 visits as required and anticipates having successful submissions for FFY16 and FFY17. Missouri has increased or maintained the percent of monthly visits with children by caseworkers every year since the new standard was implemented.

Missouri achieved 98% for FFY15 of children in care having monthly visits based on the data reporting methodology, consistent with the changes in the law made by P.L. 112-34 as explained in ACYF-CB-PI-12-01. In addition, 99% of the visits conducted during FFY14 were held in the child's placement.

Worker Visit Measure #1: Monthly Worker Visit with Child

Number of Children: 17,362

Total full months kids were in care during FFY15:   140,205

Total months with visits: 137,375

Percent Visited Every Month: 98%

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

Total full months kids were in care during FFY15:   137,375

Total number visit months where child was visited in the placement: 135,978

Percent for Worker Visit Measure #2:   99%

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

State Standards for Caseworker visits:

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

The following activities occurring throughout FFY15 to continue to maintain or improve caseworker visits with children during FFY15:

- Continued priority focus by Children's Division and Contracted Case Management Agencies to improve this practice issue
- Frequent discussions during various management meetings to keep administration updated on progress
- Worker visits with children designated as a measure to be used for performance appraisals of foster care staff and managers
- A recent FACES enhancement shows worker with child visits as critical alerts. If there is a data entry error when the visit is entered, it will not remove the critical alert. This has helped reduce the errors in data entry.
- Local Program Improvement Plans included strategies to increase frequency of visits
- Increased focus by field staff for planning, scheduling and re-scheduling visits
- Increased supervisory oversight to monitor visits
- Improved data entry

A year-to-date progress report has continued as an outcome measure to be used for annual performance evaluations of foster care staff and managers

COA accreditation maintenance meetings and case reviews monitor performance on worker visits, providing an opportunity for program improvement or program enhancement plans to be completed as needed for targeted strategies

Multiple reports used to monitor and improve performance at the State, Region, Circuit, Office, Supervisory Unit and Worker Level

Continued use of the electronic FACES monthly worker visit report

Drills worker visit data down to the case level and is accessible by the case manager, supervisor, QA/QI and Managers

Contracted Case Management Agencies can also access this report

- Worker visit data is used in a variety of ways including: Progress on visits is shared through a variety of communication efforts including:
- Featured in CQI In Focus Newsletter periodically
- Results are posted locally each quarter
- QA Specialists notify local managers monthly when their performance is below the required goal. Local Managers in conjunction with QI Specialists add circuit specific strategies to their local program improvement plans
- Technical assistance, oversight and coaching efforts by Quality Assurance and Quality Improvement Specialists
- Inter-agency QA/QI teams routinely monitor performance on visits and share strategies with each other. (Includes CD and FCCM QA/QI staff according to FCCM coverage areas)

Barriers in reaching the goal included the following:

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

The monthly caseworker grant will continue to be used to address the above barriers when appropriate. In SFY16, the grant was used to fund the Mobility Project, described in greater detail in the Program Support section of this report. This project provides all frontline staff with iPads, allowing for data entry while in the field. The Division continues to roll out WiFi in the offices and is paying for data plans for the iPads.

As a universal case tool is developed in CY16, the quality of visits with children will continue to be addressed.

The examples below contain specific actions taken by the Quality Improvement/Quality Assurance units to support circuits with enhancing the quality or quantity of worker/child visits within each region:

Jackson

With the implementation of Signs of Safety, Jackson county staff has focused on engaging children and families in more meaningful conversations during home visits. Workers are using the child maps which include Signs of Safety practice tools such as the Three Houses, Wizards and Fairies, etc. The tools are designed to engage children and youth in a more meaningful conversation about their perceptions of their lives and the individuals within their lives. The maps help the workers assess the child's wellbeing in their placement as well as engage the child in case planning decisions. Although the implementation of Signs of Safety has been led primarily by supervisors and trainers, the Quality specialists have gathered qualitative and quantitative data on how the Signs of Safety model is working to engage children and the information is shared with the circuit and used to identify and implement changes to sustain this practice.

St. Louis Region

The Quality Assurance and Quality Improvement specialists in the St. Louis Region developed a Perform/Excel/Individual Go Green Chart Training during 2015. The training covered worker/child visit data and was completed with all supervisors, program managers and circuit managers in the St. Louis Region. The training provided information on how to access the Perform reports (which includes data on worker visits with children), how to do basic functions in Excel to help staff drill down the Perform data and then how to use the Individual Go Green charts to track worker and supervisory unit performance on the PERforM data over time. The Go Green training was designed to deepen the knowledge of supervisory staff with accessing and utilizing data to identify trends and opportunities to enhance practice.

Northern Region

The Quality team reviews data on worker/child visits and then identifies and addresses data entry errors. During 2015, the Northern Region implemented a strategy to monitor the number of completed worker/child home visits by having all circuits submit the number of children and youth who were seen

and needed to be seen on the 7th, 14th, and 21st of each month. Each circuit was required to submit worker/child visit data with the exception of workers meeting the state goal for this measure. Some regions also had clerical staff check on the number of completed worker/child visits and send a message to staff when visits still need to be entered in FACES. The quality specialists also shared percentages for worker/child visits during quarterly meetings. The Northern region has not needed to implement improvement plans around worker/child visits as the region continues to meet the goal.

Southern Region

The Southeast Region continues to be above goal for worker/child visits. The QA/QI staff continues to coach supervisors and frontline staff during quarterly meetings regarding critical alerts pertaining to worker/child visits. This includes coaching with both management and workers that if there is a data entry error the critical alert will not be cleared from the FACES monitoring system and this queue's the worker that there is an error and to correct the error. The Quality specialists continue to coach on the quality of worker child visits focusing on safety of the child in their placement and interviewing the child alone and documenting this contact as such in FACES. The QA sends the monthly worker child listing per month to each circuit requesting they review circuit specific data and make needed corrections by the end of the calendar month to receive credit for the worker child visits. Because the Southeast Region was showing low on initial worker with child visits, the Q's coached on a regular basis during quarterly meetings the importance of ensuring the 24 hour visit occurs and is documented correctly in the system.

Southwest Region

In the Southwest Region, some circuits created improvement goals to improve the quality of interaction with the children and placement providers during worker/child visits and the quality documentation of the worker/child visit. A quality worker/ child visit form was developed to track the completion and quality of worker child visits. Five circuits within the Southwest region are utilizing this tracking form for worker/child visits. The following is an example of how the 40th circuit is utilizing the form to enhance worker/child visits. The circuit specialists and supervisors accompany workers on one home visit per quarter to observe and provide coaching/mentoring. During the visit, the supervisor or specialist completed a Worker Observation form and reviewed the form with the worker during case consultations and also provided a copy to the Circuit Manager. The Circuit manager tracks the Worker Observation forms for each supervisory unit. The QA was asked to design an Excel spreadsheet to help the Circuit manager track the completion of Worker Observation forms. The circuit plans to evaluate if the Children's Service Worker IV can be utilized to go with workers on home visits quarterly and evaluate/provide feedback to the worker and the supervisor. Additionally, the specialist reviews one case per worker per quarter for quality worker/child visits in the Alternative Care and Family Centered Services programs. The goal for the circuit is review forms will be completed at 85% for quality documentation.   The progress with implementation of worker/child visit strategies will continue to be monitored and supported by the Quality unit during quarterly enhancement meetings.

FFY16 caseworker visit data using the full population will be submitted by December 15, 2016 as required.

ADOPTION AND LEGAL GUARDIANSHIP INCENTIVE PAYMENT FUNDS

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

FY 2010 $472,000

FY 2011 $1,108,000

FY 2012 $1,484,000

FY 2013 $1,392,000

FY 2014 $682,127 (which represents 38.5% of the total amount earned during 2014)

These funds have been utilized to support the Missouri Adoption Heart Gallery media site, as well as development of new recruitment materials with the theme of Life is Better with Kids Around. Additionally, these funds have been used to provide financial support to Missouri Adoption Resource Centers. Each year the Division has been able with this funding to expand support of the centers, and as a result, in September 2013 two additional centers were supported by the Children's Division/Adoption Incentive Funding. (The number of families and children served and increase in services is referenced in the Adoption Resource Center section of this report.) Payment has also been possible for funding of contracted termination of parental rights attorneys to expedite timely TPR and Adoption.   In 2014, the Division was able to support attendance of foster and adoptive parents as well as staff at the North American Council on Adoptable Children Conference held in Kansas City. In 2016, the Division will be sponsoring attendance of a number of staff and resource parents to attend the ATTACh conference in St. Louis, MO, which was a priority of the Adoption Resource centers.

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

Adjustments are being made by the Division of Finance and Administrative Services to address the changes to spending plans for incentive awards consistent with the new statutory changes in P.L. 113-183.

QUALITY ASSURANCE SYSTEM

Foundational Administrative Structure

Administrative oversight exists to ensure the Continuous Quality Improvement system is functioning effectively and consistently, and adhering to the process established by the agency's leadership. There is consistent application of CQI across the state including each circuit jurisdiction. The chart below

describes, of the staff surveyed prior to the CQI assessment, regarding their highest level of involvement in CQI meetings in the last six months.
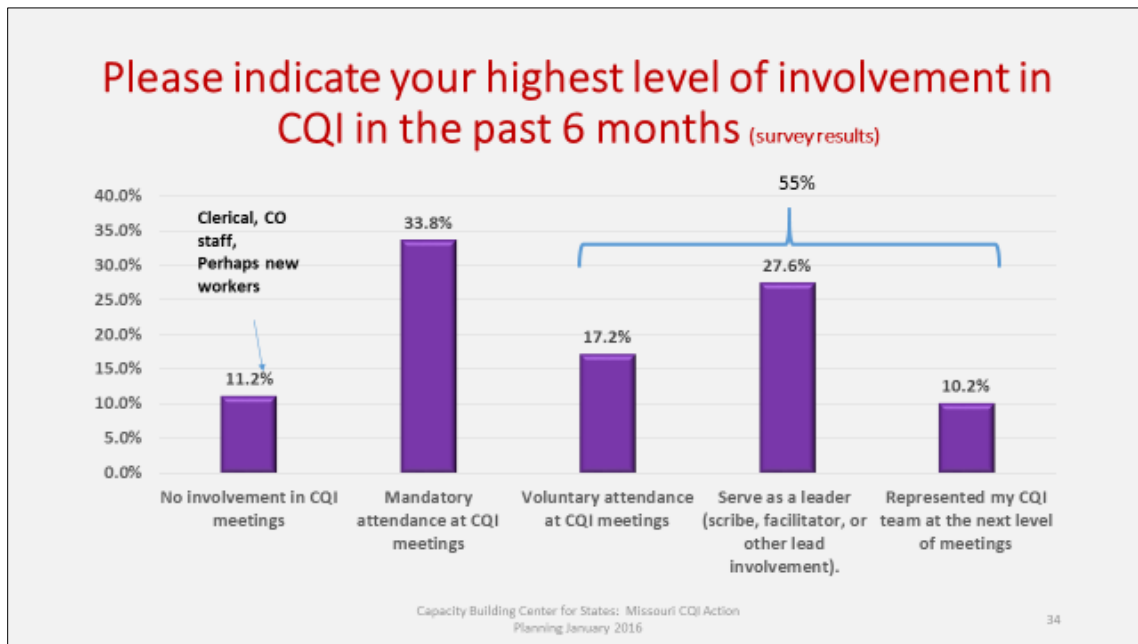
The CQI leveled meeting structure involves all levels of staff and stakeholders, and encompasses multiple strategies. CQI examines practice performance and how practice, policy or values can be systematically improved. CQI meetings are conducted at tiered levels beginning in every local county office with all types and levels of staff, to ensure 100% staff participation and input into continuous quality improvement. This structure continues to remain the same but is able to be flexible to meet the needs of the circuits and or regions.

A CQI handbook provides written explanation of CQI standards, requirements, policies, procedures and practices outlining the various CQI activities, and structured involvement of staff and stakeholders. The CQI handbook is posted on the CD Intranet and is available to state and contracted staff. CQI is re-visited through mandatory annual training for all staff and provided online through the Employee Learning Center. Both the CQI handbook and online training are being updated after recommendations from the CQI assessment workshop. As the chart below demonstrates, more is needed to ensure the CQI meetings are an effective use of time and energy. Also, CQI meetings need to ensure that the time spent in those meetings leads to organizational and system change. As mentioned above, a workgroup is redesigning the training and coaching of all staff including, identifying ways to improve feedback at all levels.

December 2015 Survey Results

% Agree/Strongly agree

Statement	%
I understand what is expected of me in CQI meetings.	79.5%
I feel free to speak my mind during CQI meetings.	76.8%
Data displays (like SEE results) in the CQI newsletters are discussed in my CQI meetings.	67.7%
CQI meetings are a chance to learn with my team.	61.0%
The CQI process is worth the time and effort it takes.	41.8%
CQI Meetings are an effective avenue for organizational change (SEE 2012)	37.0%

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Quality Data Collection

Missouri has made continued improvements to Missouri's quality in data collection. Data quality in FACES (related to conversion to SACWIS) has improved. Staff contributed to enhancements of the FACES system by identifying priority changes which would improve data entry efforts. Additional information about enhancements to FACES can be found in the Program Support section.

The state reports NCANDS and NYTD data as required. Regarding NCANDS, ongoing meetings are held between policy and technical staff, who conducts the extraction of NCANDS data to review annual requirements provided by the Children's Bureau, to review the validation tool results and to ensure any challenges from prior year reports are addressed before the next submission. In 2015 Missouri made the following improvements to the NCAND submission; service date, reducing the number of perpetrators with unknown relationships, reducing the number of duplicate report sources and completion of risk factor fields. For 2016, Missouri plans to improve the following; revising extraction code for investigation start date to remove multidisc safety contacts, continue improvements on duplicate report source, and review reporting for the services to ensure correct coding.

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

The Data Accuracy AFCARS training for Out-Of-Home care staff was updated in October of 2015 with revisions being necessary due to changes made within the SACWIS system. The system updates were

made to more clearly identify race and to clarify the AFCARS Adoption requirements of the birth/legal mother's and father's years of birth. All personnel with supervisory responsibilities in the area of Alternative Care, including CD and contracted supervisors, are required to review the training with their staff on an annual basis. The training was initially created with the input from the following groups: Supervision Advisory Committee, contracted case management providers, QA/QI unit, and regional management. In addition, Performance Outcome Measures provide staff the ability to self-monitor for data inaccuracies through case level reports.

As reinforced by the CQI assessment workshop, furthering staff understanding about the benefit of data entry efforts and advancing a culture of data informed practice is a continual area of desired growth. The attitude of staff about data and how data is used is monitored in part through SEE data. Staff were asked to rate the statement "I believe data helps to inform decision making." The overall score for 2014 was 3.64 indicating an area of strength for the Division.

Employing creative strategies to build staff investment and understanding about the benefit of data is an important goal in the QA/QI units. Regional QA/QI teams assist circuits in building the data capacity of staff including being comfortable with data terminology, and percentages and statistics in discussions. However, due to the information and recommendations gathered at the CQI assessment, a Data Workgroup is currently identifying ways to assist staff in understanding the data source. Regional based QA/QI teams developed "Data Boot Camps" for managers on the different types of data available, and how to use the different data measures effectively with staff. The current plan is develop Data Bootcamps for all levels of staff. Training should be developed by the end of 2016.

Using strategies which increase staff appreciation of the need for data and nurture data-informed practice will continue to occur in order to reinforce quality data collection. For example, Missouri has provided QA/QI teams with an online format for data entry videos. Three teams are currently developing data videos on the following topics; capturing older youth data, entering permanency planning meeting data, and information on how to access the Performance report drive. These videos, once completed, will be added to the newly redesign QA/QI webpage.

<u>Curernt Missouri QA/QI System:</u>

The Division continually evaluates the consistency of CQI processes throughout the state. Oversight is provided by the Quality Assurance (QA) and Quality Improvement (QI) Unit Managers to ensure consistent application of CQI processes and steps are taken to make adjustments when a lapse is identified. Under the leadership of the Children's Division Director and the Deputy Director over Planning and Performance Management, Children's Division CQI staff includes a central QA Unit Manager, a central QI Unit manager, fourteen QA and QI specialists and three centralized CQI staff. The fourteen QA and QI Specialists receive strategic guidance and assistance in planning jointly from Central Office and Regional Supervisors through structured co-supervision. Two employees in central office are additionally part of the QA Unit. As Management Analysis Specialists, one is responsible for CFSR Coordination and the other provides support and oversight for field and centralized QA activities. A Program Development Specialist in the QI Unit central office provides statewide support and guidance to agency leaders. In addition, contracted case management agencies also have designated QA staff to carry out functions in support of CQI.

Measuring, monitoring, and improving the quality of service provision are central to ensuring positive outcomes for children and families served by the division. QA staff evaluate trends and outcomes on a regular basis for Title IV-B programs in order to determine service delivery and program effectiveness and provide guidance to state, regional and circuit managers through a variety of mechanisms, including but not limited to, one-on-one coaching, presentations and involvement at strategic planning meetings, ongoing communication through emails, and newsletters. A variety of outcome and process measurements provide real and useful information which alleviate the need to rely on assumptions.

A case level data report provided by the QA's on a monthly basis to staff, to be used for improvement planning, show increased caseworker parent visits in Alternative Care from 51% to 56% and Family Centered Services from 75% to 76% between January 2015 and December 2015. The following data reports are available to all staff: Monthly Management reports, Child Welfare Outcome reports, Children's Division Annual report, and Child Abuse Neglect Annual report. Missouri's improved performance on worker visits with parents illustrates this strength.

Performance outcome measures (PERforM) are provided each month to all levels of management with the expectation that the data is to be shared at supervisor consultations. These reports allow drill drown capabilities to a child level. All approaches are utilized to give management the most up-to-date, relevant data necessary to help inform their decisions. According to the 2014 SEE results, when participants were asked to rate the following statement: "My workgroup regularly uses performance data to improve the quality of our work." The overall score was a 3.58 indicating an area of strength. A case level data report provided by the QA's on a monthly basis to staff, to be used for improvement planning, show increased timely completion of permanency planning team meetings (PPRT's). As of January 2015, Children's Division was at 88% in completing PPRT's timely and as of January 2016 the division is at 91%.

In addition, QA Specialists monitor case review information and assist staff in identifying trends and areas of improvement. During 2015, Missouri completed approximately 2400 Targeted case reviews and Best Practice Reviews across the state. These reviews highlight Council of Accreditation standards, and ensure quality in safety, permanency and wellbeing. Regional reviews were held across the state in 2015. After the reviews, the Quality Assurance Specialists compile the results and disseminate those results to managers and QI Specialists, in order to facilitate CQI within the circuits through staff meetings. The data is reviewed and strengths and challenges are identified during these meetings. The Quality Improvement Specialists assist managers, supervisors and/or workers with strategic development of how to move forward with replication of promising practices and targeted improvement efforts in circuit improvement planning. Follow up and evaluation of the improvement plan occurs at subsequent meetings with Q staff.

Much collaboration exists with stakeholders towards sharing of information including data and outcome information and the agency is committed to soliciting involvement in improving policy and practice as described in the Collaboration section. Consumer surveys are conducted monthly and staff surveys are administered every two years. Currently, Missouri is in partnership with the University of Missouri to create a more robust consumer feedback system. Dr. Clark Peters, with the University of Missouri, has applied for the Public University Collaborative contract to assist the Division in piloting an alternative means for gathering feedback from families and individuals who come into contact with CD. Initial steps would be to examine (and revise as necessary) the current questions posed to individuals and the groups

targeted. Next, the project team would develop the survey in Qualtrics, a survey platform available through the University of Missouri. These surveys allow for web-based entry on computers and smart phones, likely increasing response rates. In bypassing the need for manual entry of responses, the platform would also reduce error and the period before data could be analyzed. The platform also allows for easier entry by consumers while maintaining a high level of confidentiality. Beyond improving the timeliness and reach of current survey efforts, the project will explore the utility of directing dedicated surveys to clients involved in individual programs, or to ask specific questions within particular regions to explore particular topics of interest. The Children's Division is awaiting approval to move forward.

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

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

In 2015, Children's Division redesigned the intranet webpage to be user-friendly for staff. Updates included a diagram of the CQI process, map of the QA/QI location and coverage area, links to reports, trainings, and employee recognition programs. Staff can also find information about CQI, COA, and CFSR. The QA/QI Unit also created a top ten things staff should know about the Q team.

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

Stakeholder involvement in the agency's structured CQI team meeting process is specific to their community, and depends on stakeholder involvement in other collaborative meetings occurring in the circuit or region. Stakeholder involvement may also be based on the specific issues at hand. For example, in one circuit's CQI meeting, a Guardian ad Litem might be a standing participant; however, in another circuit's CQI meeting a Guardian ad Litem participates in the Racial Equity workgroup. Stakeholders may join a CQI meeting at any level, with first level, front-line staff, all the way to state level, including representative staff members and executive team members. Stakeholders may be

formally invited to a CQI meeting through a letter requesting their regular participation or a request may be made less formally through an email or telephone call. However, CD CQI meetings are only one component of Missouri's CQI processes, and stakeholders are involved in CQI in Missouri in a variety of ways, not just through participation in CD's CQI team meetings. Stakeholders participate in a variety of structured collaborative meetings or workgroups such as through the CFSR Advisory Committee, Juvenile Court Improvement Project (JCIP) or Fostering Court Improvement (FCI), Youth Advisory Board, Foster and Adopt Associations, Healthcare Coordination Committee, Task Force for Children's Justice, Child Fatality Review Panels, Supervision Advisory Committee, Racial Equity Workgroup or through a number of implementation projects. Through these collaborations, the structure exists for staff and stakeholders to be a part of data reviewing, strategizing, revising and implementing changes to policy and practice. Stakeholders involved in Missouri CQI meetings and processes include a wide range of stakeholder types such as attorneys, foster parents, current and former foster youth, educators, physical and mental health professionals, court staff, tribal representatives, parent representatives, contractors, service providers, or other community members.

Through the support of Casey Family Programs, the QA & QI staff members have been able to participate in on-going, annual training summits. These QA-QI Summits began in 2012 and have enlisted national and state experts to provide training and technical support. QA/QI Specialists attended the third annual two-day QA-QI Summit, hosted by Casey Family Programs, in April 2015. The Summit's focus was on transformational coaching, utilizing specific techniques created by Thomas G. Crane, author of "The Heart of Coaching". Training was provided by Jennifer Booher and Dennis Lamons from Division of Youth Services of Missouri Department of Social Services. The 2016 Summit will incorporate the information learned from the CQI assessment workshop. The summit will focus on facilitation skills in regards to data and strategic improvement planning. The summit will focus on letting the data tell the story to guide improvement planning. The QA/QI unit believes this will continue to support explaining where the data is coming from and how to use data to best serve children and families. The unit feels strongly based on the CQI assessment that Missouri needs to pivot from data that measures compliance to data that informs learning and improvement.

QA specialists received several training opportunities in 2015 and the beginning of 2016. QA's had the opportunity to participate in Mapping Software Training provided by Information Technology Services and Census Training provided by the Library of the Secretary of State. QA's also participated in a Microsoft Excel training designed especially for their job duties provided by the Office of Administration.

QA/QI specialists continue to receive coaching on the Transformational coaching model first introduced at the Q summit. Staff meets with their coaches every other month to participate in the process. Also Jennifer Booher from Division of Youth Services of Missouri Department of Social Services presented to the Q's at a unit meeting on how to dig deeper into the concepts. January 2016, Several QA/QI specialists received training on Prezi and more interactive ways to share data and the data story. Using technology for CQI communication was also a recommendation from the CQI assessment workshop. QA/QI also received an introductory training on Rapid Cycle Evaluation. Michelle Derr and Jonathan McCay with Mathematica Policy Research presented, with the assistance of Colleen Heflin Associate Professor at University of Missouri, rapid cycle learning and evaluation model including how this work could support the Children's Division new practice model.

The QA and QI Specialists also are participating in NCWWI Leadership Academy for supervisors as many of them were chosen to be a coach or facilitator in the process. Furthermore the Quality Assurance Unit has outlined a training handbook based on the agency's guiding principles.

Missouri CQI Assessment:

In January 2016, Missouri held a two day Continuous Quality Improvement assessment workshop facilitated by Ruth Huebner with the Capacity Building Center for States. To prepare for the two day workshop, Central Office staff and Ruth Huebner began planning in September 2015. Ruth Huebner interviewed 14 staff from each region and at all levels of employment. Ruth Huebner interviewed the 14 participants on three topic areas: the structure of CQI, the process of CQI, and learning culture. From these interviews the state found the following strengths:

- Missouri's leadership is supportive of the CQI process and uses data to support improvement planning at state and local levels.
- Missouri has dedicated staff for CQI efforts.
- Data Reports on performance and practice are regularly shared with staff.
- Case reviews are an important part of the CQI structure and have been in existence for several years in multiple formats.
- Staff understands the CQI structure.
- Circuits have performance improvement teams where data is discussed and improvement plans are made.
- CQI has been in existence for several years which has helped the Division in problem solving at all levels.
- Special forums aid in the involvement of stakeholders.
- Children's Division's new practice model is viewed as positive.
- The CQI newsletter is an important source of information.
-

The interviews also gleaned opportunities for the state to improve the CQI process. The following opportunities were gathered from the interviews:

- Strengthen expectations around a comprehensive CQI system including the use of outcome data.
- Expand the role of dedicated CQI staff in analysis and presenting data on outcome measures.
- Provide comprehensive training for all staff including how CQI encompasses meetings focusing on data and improvement planning.
- Move forward with transformational coaching and sharing data stories.
- Move forward in the redesign of the new case review system.
- CQI meetings at all levels need to be more solution focused instead of issue focused.
- Increase involvement of stakeholders.
- Explore ways to use technology communication in order to close the feedback loop.
-

To prepare for the workshop, in addition to the interviews, a comprehensive review of data was also analyzed to determine areas of strength and areas of need in Missouri's CQI system. The Survey of Employee Engagement (SEE) data was analyzed and an additional survey sent to employees to gather

specific data about the CQI process. The following charts show a few of the data points reviewed from the SEE survey.
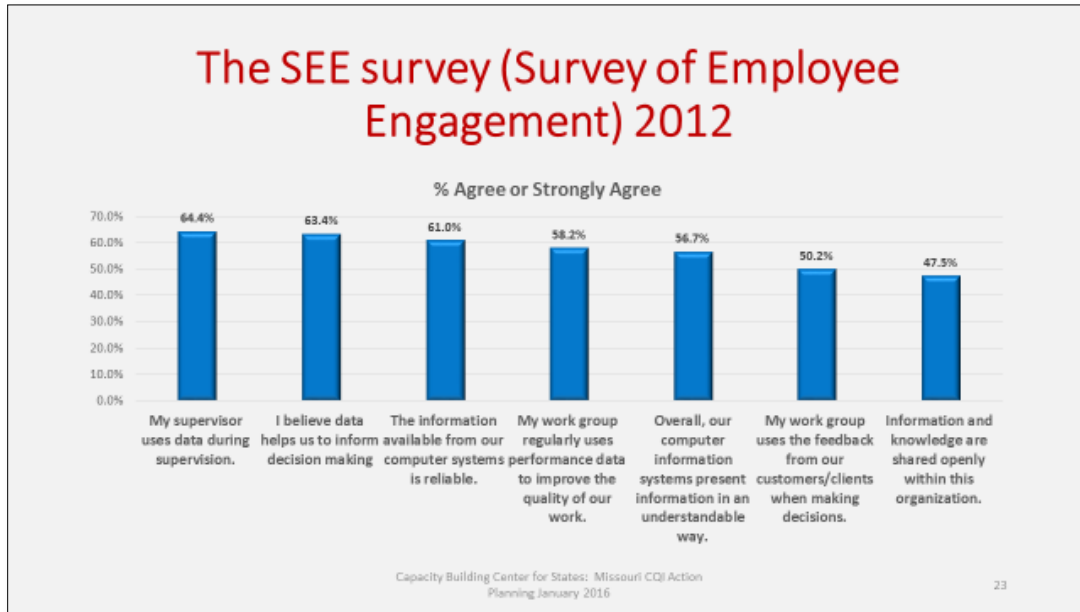
The chart demonstrates of those who agree or strongly agree 64.4% report their supervisor uses data in supervision, and more than 60% report that data helps us make informed decisions. This chart combine with the survey from December 2015 allows Missouri to gather a full frame picture of MO CQI process including opportunities for improvement.
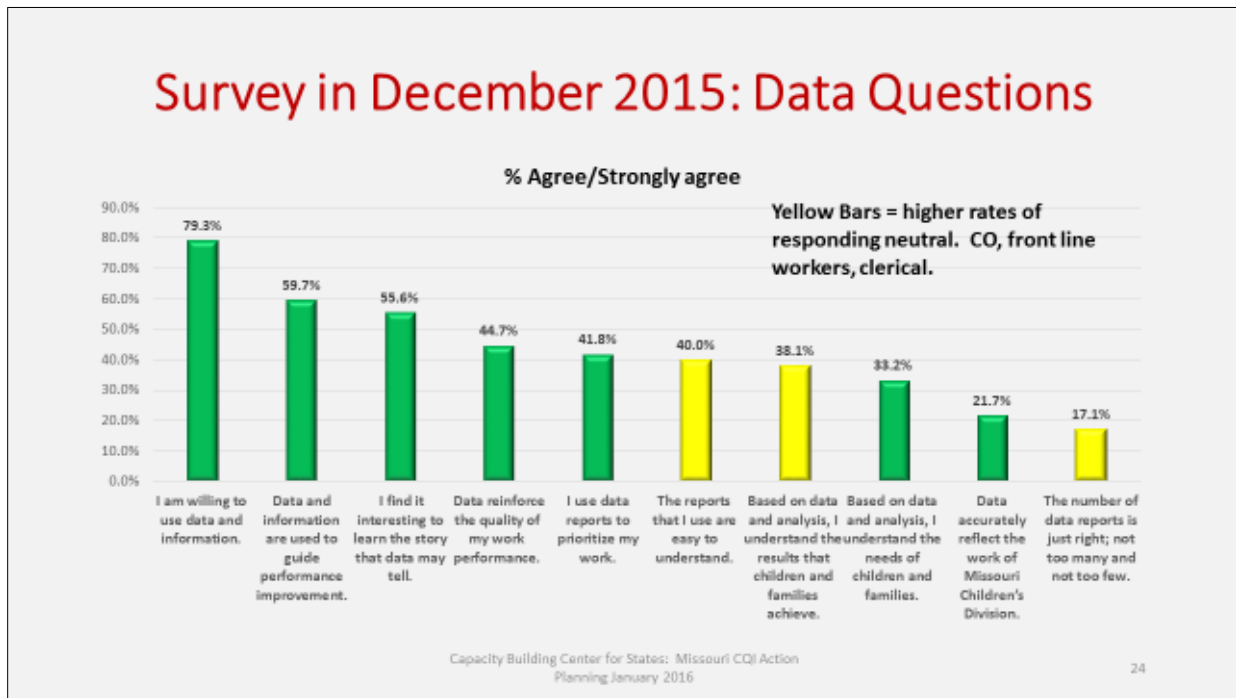
Based on the analysis and interviews mentioned above, Missouri needs to improve the confidence of data reports including providing reports which more accurately reflect the frontline practice. Missouri also needs to provide comprehensive training and coaching on how data is pulled and compiled. While CQI staff have the knowledge, it is important to find data champions at all levels of the agency. Missouri has had a plethora of data reports for several years now and this assessment process emphasized that it may be beneficial to streamline those reports.

Based on the information from the CQI assessment workshop, Missouri developed a CQI Action plan with three goals; improve the culture of a learning organization by understanding the why and improving transparency of communication, refocus on the CQI level meeting process by improved training/coaching, and improve data knowledge and sharing, by streamlining reports, data training/coaching and accessibility.

CASE RECORD REVIEW DATA AND PROCESS

Processes currently in place

Missouri had several case reviews as described below active during 2014. At the end of 2015, the reviews concluded except for the Best Practice Reviews, Targeted reviews, CANHU PRR's and IIS PRR. Missouri is currently developing a case review tool in the SACWIS system. In 2015 FCCM contract agencies were responsible for conducting case reviews within their own accreditation requirements. Beginning in the fall of 2016, the Children's Division will include FCCM cases in case reviews. The types of reviews which occurred in 2015 are as follows:

Best Practice Reviews

The Best Practice Review (BPR), formerly known as accreditation maintenance review, resulted in tools and processes that were streamlined in order to have consistency, and to have and use statewide results. The review tool contains qualitative and quantitative questions. Best Practice Reviews are designed to ensure COA compliance and monitor best practice standards. Results can be used in circuit improvement planning. For example, a circuit in the South East completed a BPR review and based on the data the circuit created a goal that 100% of youth who were eligible would be referred for Chafee services. After implementing the improvement plan, the circuit increased older youth referrals to 90% and is still making forward progress. These types of data informing action examples can be found throughout the state of Missouri.

Target Reviews

Target reviews are made at the request of the Circuit Manager, Field support Manager and/or Regional Director. These reviews focus on specific aspects of safety, permanency and wellbeing. For example, the North West region (Circuit 5, 7 and 17) requested the Q team design a case review tool with questions around the new Five Domains of Wellbeing framework. Q team developed a case review tool that incorporated the concept of tradeoffs, each of the domains and service delivery questions. Interviews were also conducted with stakeholders including the family on a percentage of the cases reviewed. From the information gathered in these reviews, staff began to use trauma informed therapists and developed

supervisor case consultations within the Five Domains of Wellbeing. Also the circuit created a referral process for mental health services to obtain needed services for children and families timely based on the areas learned from the case review.

Child Abuse and Neglect Hotline Unit (CANHU) Peer Record Reviews

The Child Abuse and Neglect Hotline Unit (CANHU) in conjunction with the QA Unit developed a peer review system at the hotline unit in 2006. The CANHU Peer Record Reviews (PRR) has been a process which is used to support efficient processing of calls. Ten percent of all calls are automatically sampled for peer review and automatically forwarded to a hotline worker for review. The ten percent random sample of CA/N reports is pulled by Research staff, and assigned by ITSD staff to a CANHU worker. The worker receives an email notifying them of the assigned PRR review. The review is a paper only review; however plans are in place to move this into a CQI database system. This is discussed in more detail below. CANHU PRR's are additionally used as one of CANHU staff performance appraisal outcome measures. Data is available for review in the Child Abuse and Neglect Hotline Unit oversight section of this report.

Intensive In-Home Services Peer Record Reviews

Intensive in-Home Service contracted providers also participate in a PRR process, which are used to measure program outcomes. These reviews are conducted quarterly and a sample of cases is reviewed in each region. The Division and the contractors for the region partner to review cases, to ensure contract compliance, and to help identify barriers to providing quality services. The review typically includes, but is not limited to IIS specialists, IIS supervisor(s), site coordinator(s), regional site coordinator, and the Central Office program development specialist. Of the cases reviewed in 2015 96% reported that the services met the family's needs and 95% reported overall solid quality of service delivery. IIS quality of service is not only measured by case reviews but also by data gathered in the SACWIS system. For example in the 2015 Children's Division annual (draft) report 77.3% of families exiting services remained intact.

Plan for Future Reviews

In 2015, the Children's Division made the determination that a universal case review tool was needed, instead of separate tools for various purposes. Missouri has created an outline of features and needs for the case review tool to be developed in SACWIS. Missouri is awaiting approval from ITSD to submit the request to contractors for a bid. Once this occurs, design meetings will be held with contractor and Q staff. The case review tool should be available for use by Fall 2016. The case review instrument includes all 18 CFSR items based on safety, permanency, and wellbeing. During development, Q staff is encouraged to continue to use Best Practice Reviews, Targeted Case Reviews and the online case review instrument created by the Children's Bureau.

After development, reviewers will consist of QA/QI specialists, other region specialists, Supervisors, Field Support Managers, Program Managers, Program Development staff, Caseworker III's and IV's. However, the numbers and type of reviewers will remain flexible based on the circuit needs and sample size. Reviewers will be required to meet the following basic expectations:

- • Review case files and make recommendations for improvement within set time frames

- Have program knowledge in FCS, AC, Adoption and Older youth
- Remain current on policy changes
- Review data entry for mistakes and errors
- Have good oral, written and organizational skills which is required for completing evaluation, conducting interviews and debriefing
- Work cohesively as part of a team and be willing to volunteer when needed

Further training will be developed in 2016 in conjunction with the development of the tool in FACES. Staff will receive a comprehensive training on the CFSR Federal review process, and Missouri's case review process. Reviewers will receive technical assistance and training from the CFSR coordinator in Central office. The reviewer training will ensure reviewers are consistent and apply the correct interpretation of current CFSR review items. The Missouri case review guide will also be available to ensure the consistency of answers. In addition, staff will receive training on how to enter the information into the case review instrument in SACWIS. Reviewers will be required to review the online training for the OSRI instrument for additional support.

Interviewing Techniques training will be required for all reviewers who are conducting interviews on the cases reviewed. Training will include a review of engagement techniques, presentation of cases, and discussion about what are appropriate interview questions, and how to respond on information provided. Training will also review the acceptable exceptions to conducting interviews as well as unacceptable reasons. A percentage of cases will have interviews as a part of the case review process. The percentage has not been determined at this time. A minimum of two interviews will be conducted with one being a family member. The following case-related individuals may be interviewed unless they are unavailable or unwilling to participate:

- Children school age
- Bio parents
- Placement provider
- Case manager
- Service Provider
- Court personnel

The sample size for case reviews for CQI improvement activities may change based on the length and time required to complete the case review instrument. The tentative plan for FCS and AC cases is a 5% sample to be selected for each non-metro circuit and 2.5% sample for all metro sites for records per program area per year. This means Missouri will review a sample larger than the traditional CFSR review. However, the unit feels that case review information is important for each circuit for improvement planning not only at a state level but also a local level. This may need to be revaluated based on resources. The protocols on what cases can be selected have been developed. For example, FCS case reviews will be conducted on intact families only, provide a minimum of one case per worker, and remove prior reviewed cases based on a period of review. The sample size is randomly selected by the Department's Research and Evaluation Unit. An over sample will also be provided in the event some reviews cannot be completed. However, case elimination will follow the federal guidelines and will be documented with the reason. The eliminated case will be replaced from the same program area and when possible from the same county.

Due to the fact that Missouri does not have statewide reviewers to conduct case reviews and will be using Q staff as well as field staff, Missouri will have to stay diligent, ensuring appropriate handling of conflicts of interest. The following guidelines for conflicts of interest will be used:

- No reviewer will review a case where they were directly involved
- No reviewer will review cases where they have a personal interest
- No reviewer will review a case in a county where a relative is employed

Once the reviewer completed the case review instrument, including interviews (of assigned), the case will be submitted in the SACWIS system. This submission will alert the QA/QI specialist for theregion to complete a second quality assurance review. The 2nd level review will ensure the case review tool has been completed correctly and items are rated consistently. If there are issues, the QA/QI Specialists will contact the reviewer to discuss issues and resolve the matter timely. Case reviews must be approved and ratings finalized through this process prior to debriefing the results with regional and circuit staff.

Training will be developed and provided by the CFSR Coordinator for all QA/QI Specialists completing 2nd level reviews. This training will be based on the OSRI Quality Assurance Guide. The training will include the opportunity to use the case review instrument and discuss inconsistencies within the ratings.

ANALYSIS AND DISSEMINATION OF QUALITY DATA

Analysis and dissemination of quality data is a strength for Missouri Children's Division. Data is analyzed routinely by the QA unit staff and manager. Data including analysis findings are distributed through a multitude of ways in support of CQI.

A quarterly CQI "In-Focus" newsletter continues to be a key method of focusing staff on key issues and supportive data sets. The newsletter directs staff on the issues to focus on during quarterly CQI meetings. In addition, the newsletter provides updates on progress and successes from the Continuous Quality Improvement Process. Links within the newsletter include circuit specific and user friendly charts for each data element which staff can use to determine performance in each of the identified areas. Staff then discuss their performance in their quarterly local CQI meetings and develop local level strategies for improvement where needed. The "In-Focus" quarterly newsletter is meant to provide guidance for the CQI Teams during each quarter. The newsletters are well received by staff and effectively aid in guiding the CQI meeting discussions. During the CQI Assessment several people reinforced the importance of the newsletter even though the amount of information can be overwhelming at times. The newsletters are theme based and bridge PIP issues with COA standards, related practice outcomes, Survey of Employee Engagement results, and updates from the Supervision Advisory Committee. A link is provided to the state level CQI minutes from the prior quarter. Issues featured during the past year have addressed the subjects of: quality service delivery, safely reducing the number of children in foster care, enhancing family engagement, supporting normalcy for children in foster care, organizational frameworks in the areas of safety, well-being and trauma.

Department and Division administration continue to routinely review, discuss and identify strategies for dashboard measures which include key outcomes during monthly management meetings. Dashboard measures are data indicators and outcomes the Department Director has identified as priority areas for

monitoring with Division leaders. Examples of Dashboard measures include child abuse and neglect victims free from repeat abuse within 6 months, children in foster care free from abuse and neglect, children in intact families free from abuse and neglect, number of children in foster care, timely reunification and adoptions, customers treated professionally with quality services (using consumer survey scores of foster youth and resource providers), placement stability of foster children, length of stay of foster children, worker visits with children, children placed in residential settings, children placed in relative and kinship settings, finalized adoptions, timely response to reports of abuse and neglect, timely Permanency Planning Review Team Meetings, employee turnover rates, and others. Division leadership uses this data to inform decisions, provide oversight, and to prioritize management of policy and practice.

The state is currently using data for Performance outcome measures (PERforM). Each program area has two measures by which employees are measured as a part of their annual performance appraisal. Most of the measures are involved in the PIP or are closely related to child safety. The measures are based on staff level performance, providing the ability to create targeted strategies for improvement for identified staff or units not meeting the goals. PERforM measures are not only used for field staff and manager performance, but policy staff and administration are also held accountable for their respective measures continuing to bridge policy and oversight to practice. PERforM reports are posted on a shared drive which all CD supervisors and above have access to and are updated monthly or quarterly depending on the report. During the CQI Assessment, several concerns were raised about perform measures and how they don't reflect the work happening in the field. The CQI Data Workgroup will be discussing this further with the Supervision Advisory Committee to identify relevant reports as well as needed reports. The group has recently developed and sent out a survey to CQI leaders to gather feedback on this issue. Missouri will continue efforts to improve relevant data to the field in 2016. Missouri recently developed an employee recognition program entitled Data Detective Awards. Data Detective awards were established in 2015 for those who;

- Discover and report data errors and concerns to their regional quality assurance or quality improvement specialist
- Link Data and Practice
- Improve Data Quality
- Produce Innovative Practice based on data findings
- Improve Outcomes for children and their families based on data

Missouri is fortunate to have a wealth of data available to use in evaluating the quality of the services provided to service participants. The award celebrates that although data can never be perfect, good data quality is achievable through constant monitoring. It is also critical for everyone to participate in this quality assurance endeavor by assuming a "data detective" role.

Several CD publications were available each year and posted on the Internet, Intranet or both. The publications include statistical information as well as outcome data. Publications include CD Annual, CAN Annual, Outcome Measures, Federal reports such as the previous ASPR and Monthly Management reports. Staff and managers are referred to the publications routinely by regional QA staff in support of local collaboration and improvement planning efforts. Stakeholders have access to the publications which are posted on the internet. Stakeholders are also provided with data during the many collaborative meetings the Children's Division either initiates or is a part of during which data is shared, discussed and

analyzed. The data provided in these meetings is specific and understandable in order to meet the needs of the collaboration meeting. Each of the meetings and collaborative groups discussed in this report uses data routinely to identify issues and as a driver of agenda items.

The Children's Division partners with various universities through sponsoring undergraduate and graduate students in practicum opportunities, through staff turnover data collection, support for Survey of Employee Engagement efforts, analysis of practice and outcomes, and as standing members in numerous collaborations such as the CFSR Advisory Committee and Supervision Advisory Committee, all of which involve the sharing and analysis of data and CQI quality information.

Regional QA Specialists routinely provide trends analysis and outcome data to the circuits for their local improvement plans and fostering court improvement efforts. For example in 2015 the QA specialist developed a new data report for the Fostering Court Improvement (FCI) sites. This data report tells the story behind the data. For example, children are listed by first name only when they have entered care for the first time. Other information covered in the report includes placement stability, safety in foster care, exit reasons and average time to termination of parental rights. The response to the new report has been positive. Recently a judge in the South East region set a goal in a FCI meeting to improve timely to permanency by six months.

Missouri's Survey Employee Engagement (SEE) evaluates the Quality Assurance system within the Division every two years. This evaluation tool allows the division to assess the buy-in of staff in Continuous Quality Improvement (CQI) and the extent to which staff are invested in data-informed practice. The Quality construct evaluates the organization's focus upon the degree to which quality principals, such as customer service and continuous improvement, are part of the organizational culture.

As illustrated in the chart, Missouri continues to consistently improve in this area. SEE is discussed in greater detail below.

2010-2014 Survey of Employee Engagement Construct Results for Quality

Score	2010	2012	2014
	331	337	344
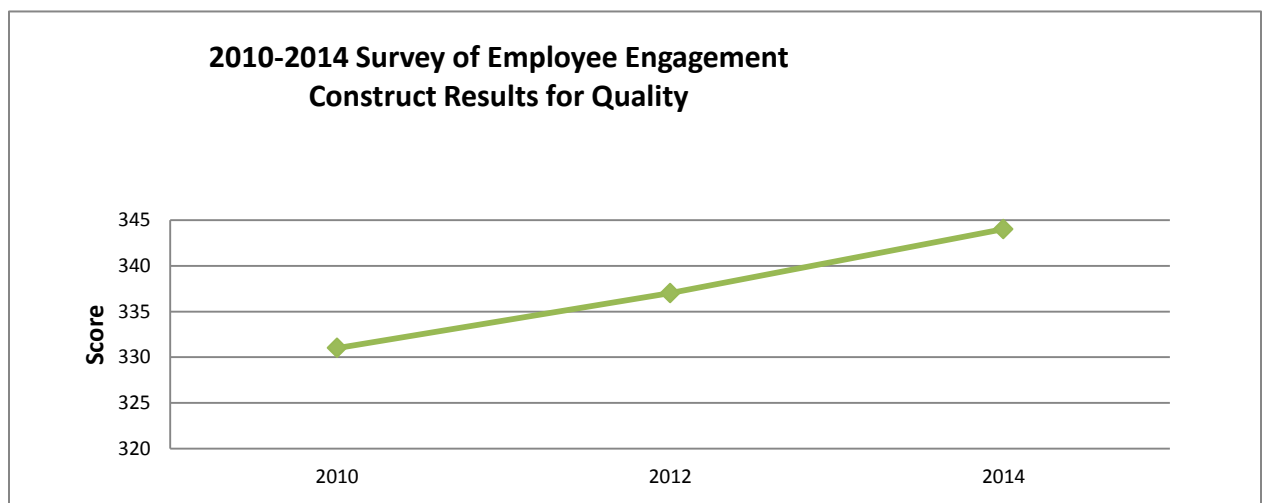
Out of the 2,184 employees who were invited to participate in the 2014 survey, 1,557 (71%) responded. At 71%, the response rate is considered high. The sponsor of the survey suggests high rates mean employees have an investment in the organization, want to see the organization improve, and generally

have a sense of responsibility to the organization. With this level of engagement, employees have high expectations from leadership to act on the survey results. The SEE assessment is designed to link scores on the survey to issues affecting the organization. It examines five key Workplace Dimensions (Work Group, Accommodations, General Organizational Features,Information, and Personal Demands) which capture various aspects of the total work environment. Supervision was the highest score for the Division. A high score in supervision illustrates aspects of the supervisory relationship including if employees view their supervisors as fair, helpful, and critical to the flow of work. The division's score for supervision increased from 387 in 2012 to 392 to 2014. Other higher scoring topics are strategic and team. Strategic illustrates how the organization responds to external influences. Team describes an employee's work group within the organization. Each of these further supports the strength of CQI within Missouri Children's Division. However, external communication ranks lower indicating the need to continue to increase engagement with stakeholders. State and regional leadership considers stakeholder involvement essential to effective practice and ensures stakeholder engagement is a priority for Missouri.

FEEDBACK TO STAKEHOLDER AND DECISION MAKERS AND ADJUSTMENT OF PROGRAM AND PROCESSES

CQI in Missouri is a simultaneous and self-sustaining process. Managers and staff meet stakeholders to review data and strategize as described below. This information is then brought back to internal improvement planning meetings. QA and QI staff provide data and coaching to promote awareness, relevance and empowerment of staff and managers to effect change in their practice. Results from feedback/problem-solving and data generated are used to amend policy, enhance practice or target practice. It is used to fuel and educate community partnerships and create/outreach to new service resources and partners. Automated system development is additionally addressed through feedback from staff at all levels. Staff may submit system change requests via the supervisory channels in order to initiate improvements to the information system.

Information and feedback is provided to stakeholders and decision makers in a variety of ways as listed below.

CQI Team Meetings

Circuit, Regional and State Level CQI team meetings provide a structured routine opportunity to provide feedback from frontline staff to agency leaders and stakeholders. While the CQI "In Focus" newsletter provides a structured topic for quarterly meetings, CQI teams are not confined to discuss only newsletter topics. Staff provides suggestions for a wealth of issues ranging from how to include staff in all regions of the state in employee recognition programs, to workplace safety, suggested training curriculums for foster parents, and the development of new forms and revised policies. Stakeholders have the option of participating in CQI team meetings, but CQI topics are shared and assigned to individuals to follow up with stakeholders not in attendance at team meetings as well. CQI minutes are posted on the intranet and accessible by all CD and contracted agency staff. Contracted agency staff participates in CQI meetings within their respective agencies as well. CD leaders and staff, such as CQI staff, attend contracted agency
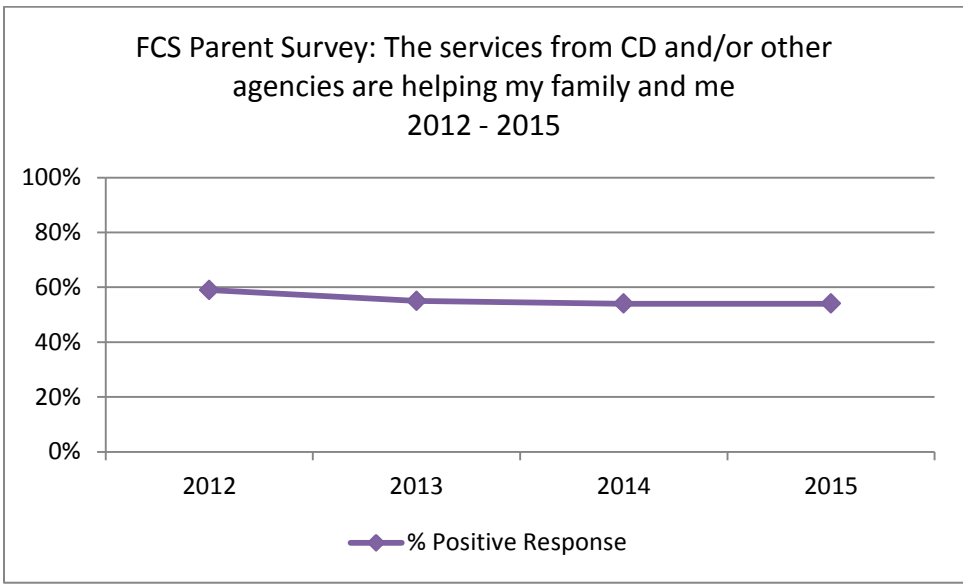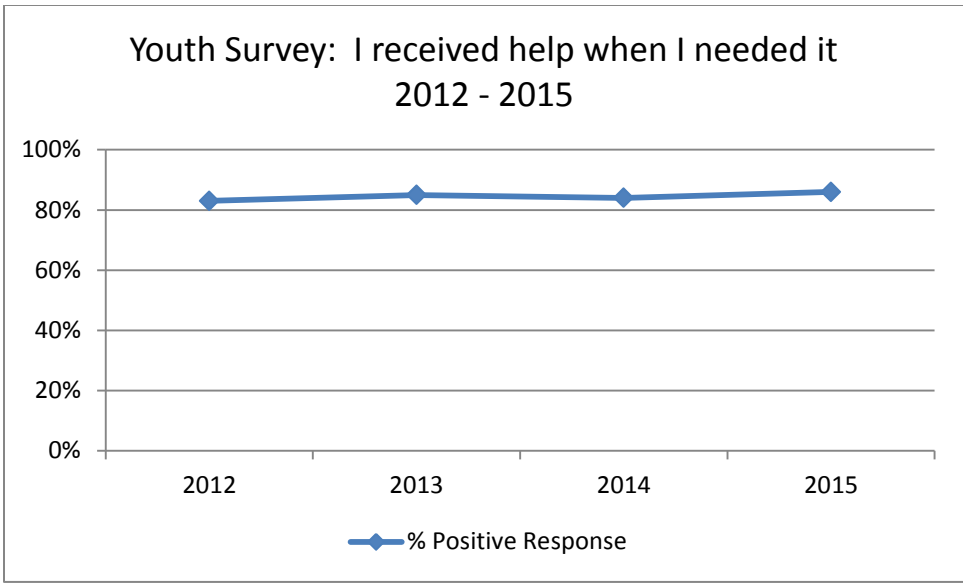
CQI meetings to facilitate collaboration and information sharing. Designated QA and QI staff from CD as well as from contracted agencies meets on a regular basis to coordinate CQI efforts. The CQI Meetings workgroup is currently exploring ways to build on processes already in place to strengthen the feedback loop.

<u>Collaborations</u>

Data is routinely provided and two-way communication occurs during the many collaborative meetings held throughout the state as previously mentioned and as noted in the Collaboration section. An example of a collaboration process was the older youth summits which included a review of data sets and discussed improvement activities. Another example from the St. Louis Region conducts a Self-Evaluation meeting each month with Children Division staff and multiple stake holders. Data reviewed at the last meeting included children in residential care, and children 16 and under with an APPLA goal. Plans were developed at this meeting to move forward with guardianship in several cases as well as obtain support from Department of Mental Health for others.

<u>Consumer Surveys</u>

Consumer surveys are another method of obtaining feedback from stakeholders and evaluating service delivery. Upon receiving survey feedback, information from individual surveys is entered into a central database and then original surveys are returned to the regional managers. The QA unit monitors trends and shares information during various meetings. Consumer surveys are deemed confidential in order to promote a greater response rate, so responses on individual cases are not shared directly with frontline staff unless the surveyed specifically requests for it to be shared. However, consumer survey feedback in an aggregated or summarized format is shared with frontline staff and supervisors at the discretion of the regional directors, who use the surveys to inform and oversee practice. Data is available to the QA/QI specialist, monthly posted on a shared drive and available to use in improvement planning.   In addition, consumer survey scores from youth and foster parents are included on the department dashboard, which is used by Department and Division leaders as a gauge of customer service and discussed during leadership planning meetings. The plan to improve consumer feedback is mentioned above. The charts below show an example of data collected and used for improvement planning.

Youth Survey: I received help when I needed it
2012 - 2015

FCS Parent Survey: The services from CD and/or other agencies are helping my family and me
2012 - 2015

Survey of Employee Engagement

Survey of Employee Engagement (SEE) data also provides feedback on numerous issues which offer the opportunity to adjust programs and processes. SEE results are posted on the Division's intranet site and are used regionally by local and regional leaders. As the chart below indicates Missouri continues to improve in developing, communicating and informing quality service delivery.

Survey Employee Engagement (SEE) Results
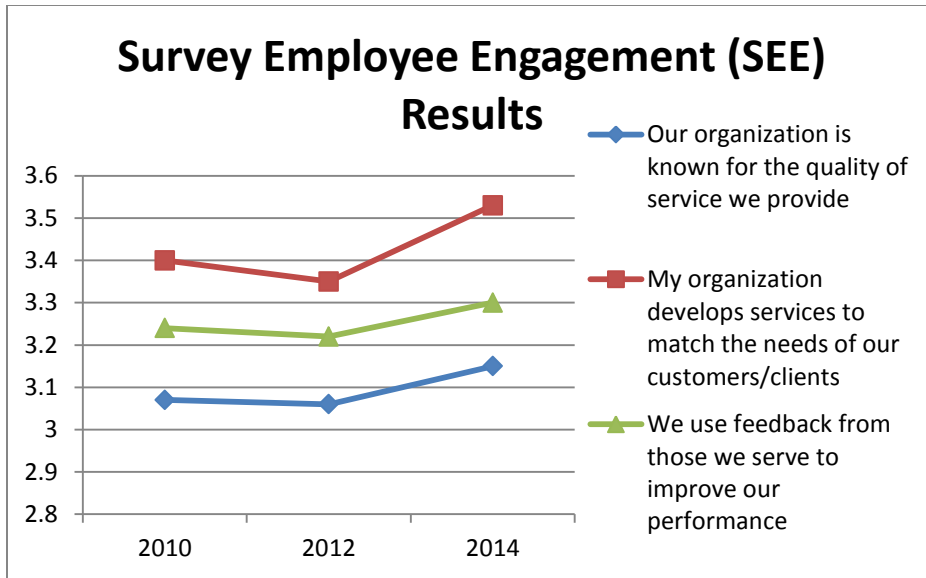
In addition, the Survey of Employee Engagement data was incorporated as a standing item in the structured CQI process in Missouri several years ago, and continues. This begins by featuring SEE issues in each quarterly In Focus newsletter highlighting either one high scoring item from which to learn about or one lower scoring item in which improvement is needed. Each CQI team (level one through state level teams) discusses the issues and identifies strategies for improvement. Strategiescan be remedied at any given level or taken to state level as necessary. State level CQI also reviews the SEE information including ideas to improve practice from the local levels.

Turnover Data

Employee turnover data is routinely reviewed by managers and staff from personnel, quality assurance and improvement, and field managers. In addition, the Supervision Advisory Committee whose members represent frontline supervisors statewide routinely reviews turnover information along with SEE scores and other data each year while addressing and identifying strategies related to worker retention in their strategic plan. In addition, local offices may include frontline staff, supervisors and/or managers in reviewing turnover data when addressing employee morale and turnover issues locally. The Children's Division is currently involved in executive level analysis and strategic planning around state and circuit specific strategies to support employee retention, using local turnover statistics combined with SEE results as a guide.

Performance and Outcome Data

PERforM outcomes, Dashboard measures and various publications, combined with periodic feedback about case review and survey results provide a wealth of information for administration which can be used for adjusting programs and processes. PERforM measures, as discussed previously, provides accountability for every type and level of staff including agency leaders. Leaders and staff at all levels communicate about outcomes and develop action plans to improve as a result of the monthly and quarterly reports. A supervision guide incorporates a review and discussion of the CQI data mentioned above in clinical conferences between frontline staff and their supervisors.

Results Oriented Management System

Results Oriented Management (ROM) was first introduced in May 2013. Funding was provided by Casey Family Programs for development of the ROM system. The purpose of ROM was to provide a dynamic monthly report with updated, refreshed data from FACES. Outcomes were designed to be viewed at many levels, including statewide, regional, circuit, county, office, supervisory unit, and worker level.

The intent was to be able to break data down to the individual level, to allow supervisors and workers to monitor child specific outcomes. Missouri has had some major challenges with implementation. To tackle these challenges ITSD is working with KU ROM to ensure the data set and application are working correctly. Once that is complete, QA staff will be testing the data to ensure accuracy. The CQI Data Workgroup is working on the following to improve ROM before the end of 2016; rebranding, limiting data reports as to not overwhelm, training/coaching sessions for staff at different levels to meet their unique needs, and data fact sheets including how the data can be applied to work life. The QA Unit Manager is a member of ROM Leadership Council with representatives for other states. The topics discussed include cross-site planning, ROM updates and new releases, information sharing, and problem solving. Missouri is hopeful this learning opportunity will provide valuable insight on how to increase the usability of ROM by staff.

Champions for CQI

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

After assessing the use of case review results, the Children's Division has identified the need to increase the sharing of case review results with stakeholders. In particular, training unit staff and policy staff do not currently have as many opportunities to review and use results (outside of quarterly CQI meetings) as field staff and stakeholders do at regular on-going PIP activities where data is regularly shared and reviewed. This will be developed in alignment with the case review instrument and process.

As discussed in the paragraph above on collaboration, stakeholders including resource providers (foster, adoptive and relative placement providers), court staff, attorneys, health and mental health professionals, tribal representatives, foster youth and others have routine opportunities to review data in the various meetings, conferences and circuit specific meetings held throughout the state.

Chafee Foster Care Independence Program

Accomplishments achieved and planned activities for each of the first six purposes of the Chafee Foster Care Independence Program (CFCIP):

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

In SFY17, the CD will continue to use the CFCIP funds to staff one state level coordinator. The state level coordinator position will continue to be responsible for program development and coordination, implementation, resource development, training, administrative oversight, technical assistance, and policy development. The coordinator will also be responsible for management and oversight of the Chafee, ETV/Missouri Reach, and Transitional Living Program (TLP) contracts, NYTD, and State Youth Advisory Board. The state level coordinator will continue to provide support and oversight to the Missouri Customer Service Partnership employment program which began in SFY15 and co-lead the Youth Empowerment Task Force implemented in SFY16. The state level coordinator will assist with planning and implementation of Older Youth Summits, and seek youth representation/voice onworkgroups, committees, and articles in newsletters. The ILC will implement federal and state legislative requirements into older youth programming and policy and assist with constituent concerns pertaining to older youth. The ILC will communicate activities through Facebook, newsletters, and email. The ILC will "shadow" each of the five Older Youth Transition Specialists annually and continue to have quarterly conference calls. The ILC will continue to participate in state level meetings pertaining to older youth and participate in national information sharing and research via survey's, email and phone interviews. The ILC will continue to develop and revise tools to assist in working with older youth.

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

In SFY15, another Older Youth Transition Specialist position was added to cover the Southeast region of the state however this position is not funded through CFCIP funds. Duties are the same as the other Older Youth Transition Specialist positions. This position was granted due to the high concentration of youth in the SW, making this region in itself larger than the metro regions.

The OYTS will continue to assist with quality improvement and quality assurance for the Older Youth Program (OYP) in each of their regions. Their job duties include older youth program presentations, training as it relates to referrals, and participation in community workgroups, task forces, and initiatives concerning Older Youth. The OYTS attend Family Support Team Meetings and court hearings on older youth where case plans are discussed. The OYTS participate in service plan meetings for youth in Transitional Living Program placements. The OYTS provide feedback on program related memorandums and assist with promotion and recruitment for older youth related events such as focus groups or youth conferences, and develop regional plans for increasing the numbers of referrals, etc. The

OYTS assist with the process for youth re-entering care, aftercare youth, and extended Medicaid enrollment. They attend exit meetings and provide exit packet information as requested.

The OYTS will continue to be the liaisons to the ILC and contracted providers of Chafee and TLP. The OYTS will continue to be responsible for contract monitoring and ensuring compliance. They will conduct on-site monitoring visits, review expenditure reports, invoices, progress reports, and outcome reports for accuracy. They will be the gatekeepers of referrals for Chafee services and TLP placements. The OYTS also verify eligibility for the ETV Program and Missouri Reach. The OYTS assist with compliance in reporting for the National Youth in Transition Database (NYTD) by assisting with survey reporting, maintaining a Facebook page to locate youth, approving services entered by contracted providers, ensuring highest grade level completed, email address, and physical address is available on youth ages 14-21, and ensuring youth have three permanent contacts documented. In SFY16, the OYTS assisted with NYTD surveying of youth no longer in care. The OYTS will continue to work directly and collaboratively with the ILC, case managers, contracted providers, and youth. They will be responsible for on-going consultation and education to agency staff, providers, and the community. The five OYTS also assist with specific program coordination in their designated regions. Conference calls are held with the OYTS and ILC quarterly and in person meetings as appropriate but at least annually.

The Children's Division Older Youth Program encompasses all the services and programs which are offered to foster and former foster youth, including youth who obtained guardianship or adoption after the age of sixteen, to achieve positive outcomes in their transition to self-sufficiency. This program encompasses Chafee services to youth ages 14-21 as well as the Transitional Living Program, Education & Training Voucher and Missouri Reach Program, and Independent Living Arrangements. The number of older youth has fluctuated some over the last few years but not substantially. In SFY11, there were approximately 3,391 youth in Missouri in the age range for Chafee services. As of November 31, 2015 there are 3,517 youth potentially eligible for Chafee services. 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.

Missouri has provided supervision of older youth in foster care placed in Missouri over the age of 18 since SFY14. Youth eligible for this service are wards of another state and are in Missouri for the purpose of attending college, living in an Independent Living Arrangement (ILA) or Transitional Living Arrangement (TLA). The financial responsibility for supporting these placements remains with the jurisdiction state. The sending state arranges for Chafee services directly via the Chafee contractor from the youth's residence region. The sending state provides for the Educational Training Voucher services if they are needed. Although the referral and reports are being processed through the ICPC unit, these older youth are not included in the Interstate Compact Placement of Children, which ends at age of majority (18). This is a service to accommodate the federal law allowing youth to remain in care until age 21. It ensures safety and well-being of all youth in care, custody, and control of a child welfare state agency residing in Missouri who are not covered by the compact.

Within the Older Youth Program, there are services and funding provided through the Chafee Foster Care Independence Program. The CFCIP is contracted out to private agencies to administer and deliver services and funding to older youth in foster care, youth adopted or who have obtained legal guardianship

after the age of sixteen, as well as former foster youth. Services have been contracted out since January 2008. In SFY12, contracts were awarded with annual renewals and service delivery under this contract ended on October 31, 2015. In SFY16, the contract was rebid and awarded to three agencies providing service to five regions of the state. A stakeholders meeting was held in April 2014 for the purpose of reevaluating the program and contract requirements. Feedback was sought electronically from current providers. An internal review was held with the Older Youth Transition Specialists in November 2014. Based on the feedback from the stakeholders meeting, providers, and the Older Youth Transition Specialists, changes were made and the contract was submitted to procurement in December 2014. The requirements remained the same with the addition of adding a purpose with the passage of H.R. 4980: Assist youth who are likely to remain in foster care until age 18 years of age with regular, on-going opportunities to engage in "age or developmentally-appropriate" activities. Chafee providers are service provision only and are not taking on any of the reasonable and prudent parent decision making. They were already, prior to the passage of the federal legislation, supporting youth in care with normalized activities. However, Chafee providers may be selected to be an advisor/advocate by the youth as those roles become more defined by policy.

Language was added requiring providers to attend trainings offered by the state agency as there has been occasion where training was offered on something being implemented and a provider opted not to attend or have a representative attend consequently requiring individualized attention to be successful. Missouri provided Human Trafficking training to all Chafee and TL providers in 2016.

A statement was added that the contractor could not use youth for publicity or media purposes without the consent of the court. This was added as it became an issue on another contract.

A total of five agencies are providing services for six regions and one circuit of the state. Three of these agencies are providing services through a competitive bid process while two are Community Partnerships agencies.

The Transitional Living Program contract was rebid in April 2012. A pre-bid meeting was held and the evaluation process was completed at the end of April 2011. Contracts were awarded to most of the previous TLP providers and four new providers received contracts. This contract remains in effect until June 2016. The TLP contracts allow Division of Youth Services (DYS) to use TLP providers under the Children Division's contract. DYS remains responsible for youth served from their agency in these placements, but it allows for the same service provisions that youth in Children's Division custody placed in TLP receive. An amendment to the contract was made with the passage of H.R. 4980 adding the purposes of Chafee: Assist youth who are likely to remain in foster care until age 18 years of age with regular, on-going opportunities to engage in "age or developmentally-appropriate" activities.

The contract for services upon expiration of the current contract is in the process of being issued. A pre-proposal bid meeting was held in March 2016 and an evaluation team is in place to review the bids received.

On-going communication occurs with the providers of Chafee and TLP services via electronic mail from the Independent Living Coordinator as well as quarterly visits from the OYTS.

In SFY16, a meeting was held with the Southern Region providers for TLP and Chafee to discuss reporting of life skills for NYTD, the new Chafee contract requirements, and new policy pertaining to federal legislation. This was organized in partnership between the ILC and the two Southern Region OYTS.

Communication and meetings will continue as needed in SFY17.

The Chafee and Transitional Living Program contracts contain language about the Four Core Principles identified by the Muskie School of Public Services, University of Southern Maine and the National Resource Center for Youth Services for successful adolescent transition programs - positive youth development, collaboration, cultural competence and permanent connections. The expectations and requirements are that Chafee and TLP contracted providers will engage the youth in case planning, design life skills instruction specific to the youth's needs with youth input, and offer a variety of methods in which youth can gain competency in life skills. These principles will continue to be the basis of and guide the Older Youth Program in SFY16 and will be included in future contracts.

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

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

The Adolescent FST Guide and IAP Goals assist workers and youth in planning for the transition of a youth becoming an adult and leaving foster care. It details the goals of the youth and facilitates the involvement of identified adults in the youth's life. Although transition planning is ongoing, the Adolescent FST Guide is completed within the first four months of a youth turning 14 or entering care after age 14 and every six months thereafter and 90 days prior to the youth exiting care. It is updated throughout these time periods. A PowerPoint presentation on transition planning is available on the intranet/internet for staff to view at any time. The use of the Adolescent FST Guide and IAP Goals will continue in SFY17 and will be revised as needed. In SFY17, FACES changes to the Adolescent FST Guide will incorporate documentation of a credit history for youth age 14 and 15 as well as documentation regarding youth receiving information on their rights via the CD's guidebook "What's it all About?" A Guide for Youth in Out-of-Home Care.

The Casey Life Skills Assessment (CLSA) is an evaluation of youth's independent living skills. It consists of statements about life skills the youth and his/her caregivers complete and a copy is provided via e-mail. The CLSA was designed to be as free as possible from gender, ethnic, and cultural biases. A two-hour training on the tool is available on the Employee Learning Center, and tips sheets for the youth, caregiver, and Children's Service Worker are available on the intranet. The use of the CLSA to evaluate life skills will continue in SFY17.

A portfolio assessment is used for each youth ages 14-21 to give the youth the opportunity to take some control of the assessment and demonstrate what they have learned. The portfolio is a collection of

samples which communicate a youth's interest and give evidence of the youth's talents. It is used to show others what the youth has accomplished, learned, or produced. The portfolio is created during life skills instruction and is guided by the learning goals. The portfolio process involves the appreciation and evaluation of one's work. Portfolio items are completed for each life skill instruction and may include report cards, resumes, and certificates. The youth may share the successes included in their portfolio at a job interview, Court, FST or other time as appropriate. All contracted life skill providers must assist the youth with portfolio development. Performance and portfolio items are recorded on the Individual Life Skills Progress form so staff may see the concrete results of instruction. The portfolio assessment will continue to be a contractual requirement of Chafee and TLP providers in SFY17.

The Individual Life Skills Progress Form is used to record performance of youth in achieving life skills by using a Likert scale of Got It, Working On It, or Needs Assistance. It is completed through direct observation of the youth's work during and just after instruction has taken place and helps the youth appreciate what has just been demonstrated. Together, the youth and the instructor decide where the youth is on the three-point scale. It also provides the agency with historical data on the youth's overall life skill development and is completed by the person teaching life skills, typically a contracted Chafee or TLP provider. In SFY16 contractual changes were made for Chafee and TLP providers to complete this on a monthly basis instead of quarterly. The use of this form will continue in SFY17. In SFY17, changes will be made to this form as a result of the NYTD Performance Improvement Plan and to improve practice and reporting. The Individual Life Skills Progress Form will be combined with the NYTD Older Youth Services and Expenditures screen. Both screens are used to report life skills information and were developed at separate times to meet the needs of CD. The NYTD Older Youth Services and Expenditures screen was developed in 2010 to be in compliance with NYTD reporting. The Individual Life Skills Progress Form was developed when the Older Youth Program was contracted out in 2008 for contractors to provide progress information on life skills teaching. The form was converted to FACES in 2013 in order to have an electronic referral and reporting system. Because of the two different screens, with one being narrative and the other being number of occurrences, life skills were being under and over reported at times as seen with a miss match between the two screens. A life skill might be described in the narrative on the Individual Life Skills Progress Form but not be captured on the NYTD Older Youth Services and Expenditures screen and vice versa. To remedy this issue, the two screens will be combined but function in much the same manner in terms of reporting requirements. It is thought that having both pieces of information on one screen will reduce errors in reporting. The new screen will also list all youth in the contracted providers referral base for initial point of entry and show the status of the youth for the month – whether services had been provided or not. It is hoped this will show trends in youth in terms of quantity of services being provided and allow the Older Youth Transition Specialists to monitor for quality and quantity as to the number of referred youth receiving services on a monthly basis and allow the agency's to monitor themselves for youth who may not be getting life skills teaching over a period of time and ensure all youth in the referral base are accounted for.

The Life Skills Strengths/Needs Assessment Guideline Questions and Life Skills Strength/Needs Reporting Form are interview style tools to assist in the planning process. The strengths/needs assessment uses a holistic approach to develop rapport and engage the youth. The assessment covers nine domains and provides a snapshot in time. This tool is used to assist in determining goals a youth wants to work on (need statement) in the Adolescent FST Guide and Individualized Action Plan Goals and is filed in the youth's record. The youth receives a copy of the completed form. This form is completed within

the first 60 days of a youth turning 14 or entering care after the age of 14. The form can also be completed as the youths achieve their goals and when they identify a need to set additional goals. The usage of this tool will continue in SFY17.

Life skills training is provided by contracted providers, including contracted transitional living programs. Each youth is evaluated individually to determine strengths and identify areas of need. Life skills are taught based on the unique needs of the individual youth. Youth are evaluated using the Casey Life Skills Assessment and progress is tracked on the Individual Life Skills Progress Form. Portfolio items are a component of life skills that have been achieved. Contractors receive a current CLSA with each referral for Chafee services or TLP placements and are to reevaluate the youth once a year using the CLSA. Contractors are required to provide outcome data on each youth served with CFCIP funds. Contractors work with youth in the National Youth in Transition identified domains of independent needs assessment, academic support, post-secondary educational support, career preparation, budget and financial management, housing education/home management training, health education and risk prevention, family support and healthy marriage education, mentoring, education financial assistance. Missouri has added the domain of youth leadership. Aftercare services are also provided through the contractors. Youth exiting care after the age of 17.5 and not yet 21 are eligible for these services. Youth must be 18 to receive housing assistance. Services provided will continue to be individual in nature.

The Older Youth Program was converted to an electronic format in the FACES system in June 2013.   An electronic referral system for Chafee, Chafee Aftercare, and TLP is utilized. The following Older Youth Program forms are available in FACES:

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

The dates of completion of the CLSA, Strengths/Needs Assessment, post-secondary visit per Missouri legislation, and credit checks are captured electronically on the Adolescent FST Guide. Documentation of the youth having in possession Social Security Card, driver's license or identification card, medical records and contact information, birth certificate, and health insurance information is documented as well as discussion of healthcare treatment options decisions in this form.

Another tool in FACES is the NYTD/Older Youth Outcome Comparison Report which displays outcome information on youth who complete the NYTD Older Youth Survey. The survey contains the youth's direct response on outcome areas such as employment, education, and healthcare. The Outcome Report is the contracted Chafee or TLP provider's record of a youth's outcomes in these same areas. The report

can be used to see strengths and needs related to education in a format that is youth reported versus agency reported.

In SFY17, enhancements will be made on the Alternative Care Monitoring Screen to include the status of the Older Youth Program forms. This will aid in supervision with case managers as a live status of completion dates and it is hoped to assist with keeping Older Youth Program forms on the forefront of case managers and supervisor's minds to keep life skills teaching moving and youth engagement as a priority.

The Chafee and TLP program contracts require providers to serve a minimum of 65% of referred youth every quarter in identified life skills domains. Of these services, 70% must be in the domains of independent living needs assessment, academic support, career preparation (combined with employment programs or vocational training), and budget and financial management and 30% must be in the service elements of post-secondary educational support, housing education/home management training, health education and risk prevention, family support and healthy marriage education, mentoring and youth leadership. This is a step to ensuring the bulk of services being provided are the core services research has shown improve outcomes for older youth. On the NYTD Older Youth Services and Financial Expenditure Screen, the percentage of services provided in a quarter per agency, the number of youth who received at least one service per agency, and the percentage of services provided by an agency out of all service domains can be viewed monthly and quarterly.

Children's Division continues to work at ensuring youth are referred for Older Youth Program services. The Older Youth Transition Specialists receive monthly reports with referral status information of all youth eligible for Chafee services. The report is produced by a Research Analyst from Division of Finance and Administrative Services. The report is a snapshot of each youth age 14 and older which contains information such as referral status, placement, permanent connections, date of last physical exam, school year and grade, dates of fraud prevention checks, and if the youth has a driver's license. The report contains many fields of information and usability revisions were made throughout SFY16.

Examples of specific support assistance to increase the number of youth referred for Chafee services and the quality of those services are provided by the OYTS in each of the regional sections listed later in this document. In response to the NYTD PIP to implement additional quality assurance controls to ensure that information on life skills domains are collected accurately and consistently in FACES, the OYTS began reviewing an additional 20 older youth files and recording this on a revised monitoring tool and addressing specific issues with the providers as a result.

A flowchart of the electronic Chafee and TLP referral path and a Power Point training overview is available on the FACES webpage for staff reference and assistance. The monitoring of referrals for eligible youth and efforts to maintain and increase referrals to the Chafee program, and efforts to ensure quality services are provided through the Chafee and TLP contracts will continue in SFY17.

Additionally, the older youth program served youth in transitional and independent living placement settings. As of November 30, 2015:

- 258 youth are in Independent Living Arrangements

- 9 youth are in the Transitional Living Advocate Program

- 101 youth are in Transitional Scattered Site Placements

- 96 youth are in Transitional Living Group Homes

The Children's Division policy currently requires staff to begin transition planning for all youth ages 14 and older. The purpose of conducting transition planning is to identify anticipated service needs and arrange for meeting the needs of older youth who will soon be exiting foster care. To prepare youth for their exit from the foster care system, the case manager or Children's Division Worker meets with their youth to coordinate exit planning 90 days prior to release from custody. The Adolescent FST Guide and Individualized Action Plan Goals are used to capture the transition plan for the youth and are intended to be a proactive, youth driven case planning tool. This tool should be discussed and utilized at least every six months at the FST meeting with youth ages 14-21. A critical alert is received notifying the case manager a youth's transition plan needs to be updated per the federal requirement within 90 days of turning 18 and 21.

Exit packets are also provided to youth upon discharge from care. Exit packets contain information on ETV, MoHealthNet, Chafee Aftercare Services, National Youth in Transition Database (NYTD), Healthcare Treatment Decisions, and options for re-entry and local community resources. A verification letter indicating the youth's time in care is also provided to aid the youth in receiving assistance within the state and out of state for services which require eligibility verification. Continued education of staff on transition planning will continue in SFY17.

A reminder exit information checklist is housed in FACES and displays at case closing for older youth. The screen/checklist allows date entry for documentation of when exit packet information was provided for youth. It displays for youth who leave care after age 17.5.

In SFY15, memorandum CD15-30 Transition and Exit Planning was issued to remind staff of the importance of transition and exit planning to successful adulthood. Two charts, OY Services by Age and OY Tasks by Age, were developed showing case manager tasks specific to older youth beginning at age 14 and services available based on age. A checklist on exit planning was shared to assist with H.R. 4980, CD policy, and Council on Accreditation Standards regarding exit planning. Information on transition/exit planning is available as a PowerPoint presentation on the CD intranet, in the Child Welfare Manual, and the exit packet is available on the CD intranet. Documentation of youth receiving documents and exit packet material is completed in FACES on the youth's transition plan, the Adolescent FST Guide and Individualized Action Plan Goals. Chafee 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.

Youth continue to receive information about available Chafee services through their case manager, OYTS, youth boards, CD website, and Facebook page. Services are to be used to assist youth in complementing their own efforts to achieve self-sufficiency and to ensure they recognize and accept personal responsibility in preparation for and the successful transition from adolescence to adulthood. Youth are involved in their case planning to address the development of skills and resources needed to facilitate their transition to self-sufficiency. Multiple assessments including a Strengths/Needs Assessment, the Casey Life Skills Assessment, Portfolio Assessment and Performance Assessment are

used to establish goals and monitor progress and achievement. The Adolescent Family Support Team Guide and Individualized Action Plan Goals are utilized by case managers for development and documentation of the youth's transition plan, for youth ages 14 to 21.

The use of technology (available to CD) as a means to stay connected to Older Youth will continue in SFY17 via a Facebook page entitled "Missouri's Older Youth Program." This Facebook page began in 2010. Events, web resources, leadership opportunities, NYTD information, and general information pertaining to older youth are posted to this page. This is also connected to other youth serving organization's pages. As of March 2016, 307 people "liked" the page. The Children's Division hopes to increase this number in SFY17. Several links to web resources regarding Older Youth were added to the intranet and internet and resources will continue to be added and updated in SYF17. In addition, several of the OYTS have a Facebook page through work and have used this as a means to connect and contact youth to complete the NYTD survey.

In SFY15, extensive revisions to "What's It All About? A Guidebook for Youth in Out-of-Home Care" were made. Providing this guidebook to youth had been in policy for many years however with the revisions, the requirements of H.R. 4980 which require states to provide youth in care age 14 and older with information on their rights, explain rights in an age appropriate manner, and document information was provided to youth regarding their rights, were reinforced. The guidebook is to be given to all youth coming into care after age 14 and those youth turning 14 while in care. The book is intended to assist youth while in care and transitioning out of care. The last page of the guidebook contains an acknowledgement form for the youth to sign and a copy is to be placed in the file under the Older Youth Program Section. Documentation of a youth being provided the guidebook occurs in the case narrative. In SFY17, documentation of youth being provided the guidebook will be captured on the Adolescent FST Guide in FACES. The guidebook is available on E-forms and located on the CD internet so that youth may access it electronically at any time, however Children's Service Workers are responsible for ensuring youth receive the information. In SFY16 two stakeholder agencies committed to printing copies of the guidebook for each youth in care. Preferred Family Healthcare, a Chafee and TL provider, worked with a local national company, Staples, to print mass quantities. The Office of Child Advocate printed mass quantities as well. These were dispersed to the Older Youth Transition Specialists to distribute to Circuits in their coverage region. The Guidebook was also distributed at several events held throughout SFY16 such as the youth conference and the Older Youth Summits.

In SFY12, Missouri implemented the provisions of the Child and Family Services Improvement and Innovation Act which amends the case review system definition to require each child age 16 and older in foster care receives a copy of any consumer credit report each year until discharged from foster care and the youth must be assisted in interpreting the credit report and resolving any inconsistencies. Building and maintaining credit is vital to successful transition from foster care. Information on credit reports is used to evaluate applications for credit, employment, insurance, and renting a home. Monitoring credit reports is one of the best ways to discover identity theft. Children's Service Workers assist youth in interpreting the credit report, resolving any inconsistencies and ensuring the youth has a copy of the report. The Division of Legal Service assists in resolving any inconsistencies or identity fraud. If there is a need to further educate youth regarding credit, Children's Service Workers are to document this on the Adolescent Family Support Team Guide and Individualized Action Plan Goals, and submit new goals to the Chafee provider. The Chafee provider will assist with the identified tasks related to the new goals.

The form is to be updated to reflect when a credit report has been received on a yearly basis. This process was revised in SFY16 per H.R. 4980 and a credit report is ran beginning when the youth turns 14 or enters care after age 14 and each subsequent year thereafter while in foster care. In SFY17, a systems change will be made to the Adolescent Family Support Team Guide which will allow documentation for ages 14 and 15. Currently, documentation of 14 and 15 year old is documented on the comment section of the guide. 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. Guidance to staff will be forthcoming in SFY16 as work has begun with the Attorney General's office to change the process from the Division of Legal Services assisting and typically referring to the Attorney General's office to case managers directly referring to the Attorney General's office. Initially, the Attorney General's office did not think the volume would be manageable but upon evaluating this further, there is an average of 5 youth who need assistance per month so consideration was given for the ability to refer directly to this office. The Attorney General's office has offered to do a training video as well as quarterly webinars to educate staff but dates have not been scheduled. A memorandum will be issued to staff when the process is outlined and some additional resources will be shared.

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

Missouri has an agreement with TransUnion to use a web based portal for 14-17 year olds in a batch process. Central Office personnel run the process and send information via email to staff regarding the checks.

In addition to completing checks on youth 14 and older, TransUnion has agreed to complete checks on any youth in foster care when there is reason for concern about credit history. This has been a request of staff and this will allow for proactivity beyond the requirements of Child and Family Services Improvement and Innovation Act and H.R. 4980.

These checks will be conducted on a monthly basis and only if there is a reason to be concerned. If the Children's Service Worker identifies a youth (s) under age 14 needing a fraud prevention check, a Request for Fraud Prevention Check must be completed by the Children's Service Worker and submitted to Central Office.

A webinar "*Obtaining Credit Reports for Youth in Care*" is posted on the CD website. Resource information on obtaining free credit reports has been shared and will be shared again with a memorandum that will be released in SFY16. A financial empowerment toolkit and tip sheets to assist and educate youth developed by the Department of Health and Human Services' Administration on Children, Youth, and Families and Office of Community Services will be shared. The toolkit is designed to provide caseworkers, independent living skills providers, foster parents and other supportive adults with strategies and resources to critically evaluate and improve their current ability to promote financial capability for youth in foster care. It is designed for those working with youth under the age of 18 and young adults preparing to transition out of the foster care system.

In SFY16, CD and partners began work with the Consumer Financial Protection Bureau (CFPB) on an initiative for building financial capacity and capturing outcomes including decreased rates of identity theft, improved access to credit, improved credit scores, increased savings, and lower rates of financial hardship that could demonstrate whether their Your Money Your Goals (YMYG) toolkit is effective. The initiative will include the YMYG training and include a strong client screening process, referrals to financial coaching in some form, opportunities for peer support, additional "booster" trainings, and access to favorable financial products. This initiative has not begun but is in the planning and funding stage.

The Children's Division implemented the requirements of the National Youth in Transition Database in October 2010. A handout is included in the exit packet and a poster is available to be displayed where visible to youth. The Children's Division website has a section on NYTD. Step-by-step instructions regarding service reporting, youth surveys and an online tracking screen in the FACES system of survey completion has been provided to staff.

Three NYTD permanent contacts are in the FACES case member screen to assist with permanency and locating youth for the survey. The permanent contacts are recorded on the transition plan, Adolescent Family Support Team Guide. Information entered on this screen is used to survey youth if an attempt was made to survey the youth electronically via e-mail and no response is received within 15 days from the time the survey is sent. A hardcopy of the survey is mailed to the permanent connections and the youth's last known address when this occurs, and will be used in connecting with the youth in the follow-up survey.

Information on youth to be surveyed for each survey period in which a baseline has been established is sent to OYTS to distribute across the state. This information is also viewable in FACES via the NYTD Survey Online Response Tracking Screen.

Missouri has designated the OYTS to locate and survey those youth no longer in care. Children's Service Workers continue to follow up with youth in care. A case manager receives an email when a youth on his/her caseload with an active Alternative Care function, care and custody with CD, turns 17 or 19. The email will be sent only on youth who are in the NYTD survey population as a reminder that the youth needs to complete the NYTD survey.

It has been a challenge to locate youth formerly in care and engagement is critical. Steps are being taken to address youth engagement through the Youth Empowerment Task Force discussed later in this document. NYTD data has been shared with stakeholders via email and Missouri is currently working with research to have the data broken down by county so it is more identifiable to staff.

In SFY16, Missouri was compliant with NYTD reporting. Since inception, Missouri has received one penalty for completion of surveys after the 45 day reporting timeframe. The penalty was 1.25% of the Chafee allotment and amounted to $41,589. Efforts will continue in SFY17 to be compliant.

Missouri participated in the NYTD Assessment Review (NAR) Pilot in SFY15. The purpose of the review was to evaluate the state's policies and practices related to collecting and reporting reliable and accurate data on youth in transition. Going beyond the compliance checks performed on semi-annual data files, the NAR assesses the extent to which a state is meeting all of the NYTD data collection and reporting requirements and has sustained a high level of quality data. A complete review of the state's

survey methodology was conducted. Missouri received the final report in February 2015 and many steps were taken in SFY16 to improve the NYTD process and will continue in SFY17. Missouri submitted its first improvement plan in April 2015 and submitted an update in February 2016. Enhancements that have been made to date based upon the findings from the review include:

- 17 year olds will no longer be mailed a paper copy of the survey and will be surveyed in person by the Children's Service Worker within 45 days of the youth turning 17.
- The survey was revamped with input from the federal government and the State Youth Advisory Board. The introductory letter and the format of the survey were revised. The explanations for each question are now incorporated in with the questions versus a separate definitions page. There are two versions of surveys – one for the 17 year old population and one for the 19 and 21 year old population. Additional information was incorporated within the survey that is needed for the success of continued surveying of youth such as the Consent to Access Administrative Data and permanent contact information. As permanent contact information for each youth is populated directly to the survey, the youth is given the opportunity to update this information themselves at age 19.
- The option of "Declined" has been added to the NYTD Survey Online Response Tracking Screen.
- A field was added for 'Highest Grade Level' completed.
- Date fields were added for all special services.
- Changes were made to allow and require Foster Care to Success, Missouri's ETV/Missouri Reach provider to report services for youth receiving financial education assistance in the NYTD Older Youth Services and Expenditures Screen.
- Education on the adjudicated delinquent field will be in a FACES newsletter in SFY16.
- OYTS continue to review 20 Chafee files and five Transitional Living files from each agency on a quarterly basis by random sample to ensure quality and accurate documentation of life skills.

Plans for SFY17 include:

- Adding a section for Older Youth on the monitoring screen in FACES which will allow case managers and supervisors to see at a glance completion and due dates of Older Youth forms and tools.
- Combining the Individual Life Skills Progress Form and the Individual Screen for the NYTD Older Youth Services and Financial Expenditures to reduce error and improve consistency in reporting of life skills.
- Changing the nightly batch process to ensure all 17 year olds are identified for surveying, including youth that enter care within 45 days after the 17th birthday.

In March 2015, staff throughout the state completed train-the-trainer training on FosterClub's Permanency Pact. Staff were to be trained statewide on the use of the tool by May 2015. The tool was to be introduced by memorandum with the three permanent contacts reinforced through policy however, it was decided at one point to include this information with policy changes to APPLA due to federal legislation so a memo was not released while these changes for compliance were worked on. It has recently been decided to move forward with a separate memorandum including only information on the

Permanency Pact and other connection tools. It is hoped that through the use of connection tools and by ensuring permanent contact information is captured and visited throughout beginning at age 14, CD is more likely to locate youth at age 19 and 21.   Staff in some regions have already implemented the use of the Permanency Pact tool.

CD staff and contracted providers are and will continue working jointly in the NYTD effort in SFY17. The program and information technology units work closely to ensure timely submission and compliance measures are met and this will continue in SFY17.

The CD plans to continue efforts to be in compliance with the requirements set forth in order to receive the full Chafee allotment in SFY17.

Examples from providers on how this purpose is being achieved:

- LINC, Chafee Provider, Kansas City Region: During 2015 LINC worked with 444 youth, between the ages of 14 and 21, who were either in foster care or on aftercare.
- Survival Skill Classes are one of the many supports offered to the older youth. They are a series of training and experiential activities designed to teach young people skills they will need as they transition from foster care to the community. During 2015, fifteen young people successfully graduated from these classes. Classes included information on: Nutrition and overall Health, Employment training - including resume writing, interview skills, dressing for success, Education planning and setting goals - which included setting attainable goals, visiting a local community college campus and hearing what is needed to enter college, Transportation - which included lessons on riding the Metro and reading maps, Budgeting – which included how to budget, grocery shopping, the importance of bank accounts.

In addition, LINC assisted twelve in care youth take drivers education classes, six young people purchase furniture for their apartments, and ten youth obtain startup kit items for the apartment living.

- Epworth Children and Families, Chafee and Transitional Living Provider, St. Louis Region: In 2015, Epworth hosted Life Skills classes weekly Monday-Thursday from 6pm-8pm. Three classes were taught each evening with a maximum of 12 youth in each classroom. Group classes offer youth not only life skills education, but social experience and learning in a safe environment. Life Skills classes encompass topics such as: Self Esteem, Decision Making, Stress Management, Anger Management, Conflict Resolution, Self-Care, Bullying, Nutrition, Fitness, Leisure Time Activities, Cooking, Personal Safety, Etiquette, Sewing, Housing, Home Maintenance, Budgeting, Credit, Banking and Savings, etc. Epworth offers approximately 150 different classes for youth to participate in. Guest presenters are used regularly from the following agencies: NCADA, KUTO, Planned Parenthood, Legal Services of Eastern Missouri, Safe Connections, Federal Judicial Speakers Bureau with the United States Courts, United States Probation and Parole Office, Foster Club All Star, Community Action Agency, A Pathway to the Heart, League of Women Voters, Covering House, Safety Council of Greater St. Louis, Cultivate Salon, Vantage Credit Union, 99.1 Joy FM Radio Station, St. Louis Effort for AIDS, City of St. Louis Department of Public Safety, and Chads Coalition. Youth complete a pre and post-test for all classes to determine class effectiveness for that youth and receive a Certificate of Completion for all classes attended. In addition to group classes, life skills are taught on an individual basis

with youth who cannot attend group classes and as extra help for youth who attend group classes but also need additional assistance to grasp the material. This year, a Poverty Awareness class was added in which youth go into community areas where homeless youth congregate and pass out care packages with increased staff supervision. This has been extremely eye opening for many of the youth.

- In 2015, 316 unduplicated youth attended at least one group life skills class. Out of these 316, 298 youth gained knowledge at least one time based on their pre and post-test scores.
- Epworth assisted youth with obtaining their driver's license. In 2015, Epworth paid for driving lessons for 19 youth. Eleven of these youth received their driver's license in 2015, 5 are still involved in lessons, 1 youth did not pass the test the first time and refused to try again, 1 youth was released from care before he could finish, and 1 youth took all lessons, but his permit expired before he took the test and he has not renewed the permit to continue with the process. Youth who attend a Transportation class and get their permit have the opportunity to participate in private driving lessons. Epworth pays for a maximum of 12 hours of private driving lessons. Youth drive the instructor's vehicle for lessons and on the last lesson, the youth takes the driving test in that same car. Epworth offered a Preparing for Your Permit class to assist youth in learning and studying for their written permit test and an All About Autos class this year specifically geared towards youth wishing to purchase a vehicle. Epworth struggles in this are with the frequency of youth moves and youth not showing up for scheduled appointments with the driving instructor. This increases the cost of the service due to charges for no shows in addition to the actual lessons that the youth receive.
- Epworth assisted youth with opening bank accounts, completing housing applications, creating budgets, exit plans from foster care, Advocacy training, Leadership development, Metro Bus Training, and Transitional Living Program tours.
- The Community Partnership, Chafee Provider, Southeast Region: Most of the youth receive life skills through one-on-one sessions based on the youth's needs and skill level. A variety of resources are used including career interest inventories, the AC Curriculum, PAYA, Building Strong Families, Making Proud Choices, Charge it Right, etc. In addition, the Community Partnership offers periodic group classes on things such as banking and money management, and has staff from Phelps County Bank that volunteer time to teach the class. The bank provides The Community Partnership with check books for youth to practice balancing accounts. Referrals are made to the Career Center to take part in their summer work and WIA programs. Several youth have been connected with the Tri-County Center for Independent Living for assistance in obtaining furniture, deposits, and rent costs.

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

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

Contracted providers are required to assist youth in developing these skills. Examples provided include:

Family Facets, Chafee Provider, Northeast Region: Chafee Advisors assist youth individually with applying for technical, trade school, or a job placement program if that is their intended path after high school. Advisors have given more than 150 youth information, applications for technical trade school, and/or certificate programs.

Chafee Advisors offer youth group classes that assist with job skills such as creating a professional cover letter and resume, researching, and applying for positions online. In addition, youth receive assistance with posting resumes and cover letters on job sites such as Monster, Linked In, Indeed.com and college career center websites. Family Facets hosts mock interviews, and teach professional follow up skills following an interview. Advisors discuss education and employment skills to more than 45% of our youth on a monthly basis.

Epworth Children and Families, Chafee and Transitional Living Provider, St. Louis Region:

The following classes are taught to youth on a group and individual basis: Career Exploration, Preparing for the Workplace, Dress for Success, Job Search, Fact Sheet, Applications, Resume and Cover Letters, Interview Skills, Mock Job Interviews, Job Maintenance, New Employment Essentials, and Metro Bus Training. Staff accompany youth on personalized job searches, online application completion, follow up calls, and assist with transportation to job interviews. Epworth take youth to job fairs, career fairs, and hiring events and assist youth with locating community service and volunteer opportunities in the community. Epworth utilizes community resources such as the Missouri Mentoring Partnership, Mission St. Louis, MERS Goodwill, Vocational Rehabilitation, STL Jobs, and the Missouri Customer Service Partnership for employment readiness and job search assistance.   STL Youth Jobs came to Epworth's location and hosted recruitment with youth in their program which resulted in employment opportunities. Epworth provides youth with financial assistance in the following areas: Background checks, Original Birth Certificates, Social Security Cards, State IDs, interview attire, work uniforms, and bus tickets until a youth gets paid and can purchase on their own. Epworth has added a Career Advancement Specialist this year who is working closely with local businesses to establish relationships for internships and employment opportunities that will meet the specific needs and skills of our youth.

In 2015, 103 youth in Epworth's program either gained or maintained employment.

The Community Partnership, Chafee Provider, Southeast Region: The Community Partnership uses a variety of tools to work with youth on career interest inventories.   The Community Partnership uses a "Job Search Basics" book and the "How to Build a Resume for Teens" books. The staff assists in making youth aware of places that are hiring, showing them how to search for jobs in the newspapers and online, and how to dress for an interview. Information such as sample questions and what to expect are also reviewed. The Community Partnership helps youth get established on the Career Center webpage so that they may do job searches and use the resume builder tool. Several youth have been referred to Vocational Rehabilitation Services so that they may receive "supported" employment opportunities.

Synergy, TLP Provider, Kansas City Region: Increasing skills and obtaining employment is one of the main purposes of Synergy's program. Youth work closely with staff to create résumés, attend career fairs, practice job interview techniques, role play for managing on-the-job conflicts, and other skills needed to obtain and maintain employment. Synergy works with the local Full Employment Council to

expose youth to career path options and summer internships opportunities.   One of Synergy's youth completed a CNA certification at a local community college and is now working full-time as a CNA.

LINC, Chafee Provider, Kansas City Region: In addition to offering life skill classes, there are a variety of supports that are available to assist young people in this area. At the Jr. High and High School levels, youth are assisted with getting their current transcripts and current number of credits so they know what is needed to graduate on time. In addition, thirteen young people were assisted by paying for things like, dual credit classes, HiSet testing, SAT testing, and special classes. There were seven youth who needed assistance with paying for work clothing/uniforms as well as clothing for job interviews. LINC assisted five youth with bus passes that allowed them to get to school, look for work or get to their jobs.

In SFY14, CD began collaborating with Department of Economic Development, Division of Workforce Development to develop and initiate a pilot project in the St. Louis and Springfield areas. The Missouri Customer Service Partnership/Project Excel is a partnership bringing together business, government, and young people aging out of Missouri's foster care system to achieve employment readiness goals. Through shared commitment and responsibility, the partners are address business demand for good customer service employees, meet public expectations for reliable and courteous service, and get young people started on meaningful career paths.

Project Excel is a professional training program designed specifically for young people aging out of foster care to introduce them to meaningful careers with opportunities for advancement in six occupational fields including: hotel/resort desk clerks, receptionist/information clerks, customer service representative, retail salesperson, cashier, host/hostess. Career-seekers learn essential universal skills that build on a strong foundation for longevity and career advancement including interpersonal and business communications, problem-solving, conflict resolution, critical thinking, teamwork, effective customer assistance, diversity, and service excellence. It also prepares career-seekers to earn employer recognized certificates such as the National Career Readiness Certificate (NCRC) offered by ACT, the National Retail Federation's National Professional Certification in Customer Service, and the Internet and Computing Core Certification (IC3). Project Excel is partnered with companies who have a large workforce of service employees and are committed to continuous employee learning and development. Upon completion of the program, Project Excel represents the participant and provides a professional referral to these partner companies to ensure a successful employment match.

To be eligible for Project Excel youth must:

- Be between the ages of 17-21, or turn 17 during the 10-week training
- Be aged out or transitioning from foster care or Division of Youth Services and not on a post-secondary or career path
- Have a high school diploma or HiSet or working toward obtaining
- Be interested in better employment opportunities
- Live in Springfield or St. Louis areas
- Be drug-free

Youth enrolled in the ten week program receive training, matched individual mentoring, certifications, continuous learning, and supportive follow-up for one year. Youth in the Springfield cohort have the ability to earn up to six hours of college credit and youth in the St. Louis cohort can earn up to four hours of college credit. The first cohort began in SFY15. The fifth cohort began in January 2016 with ten youth participating in each location. Since inception, 21 youth have graduated from the Springfield program and 17 have graduated from the St. Louis program, with varying certification completions. Department of Social Services has an agreement with two Community Partnerships to provide the mentoring and supportive services for the continuous learning. ARCHS, the partnership in St. Louis, has subcontracted with Epworth, a Chafee provider, for the provision of these services. Workforce Development has contracted with the colleges to provide the training. The Children's Division plans for this program to be available statewide. In SFY16, discussions began for expansion to the Kansas City area and it is anticipated this service will begin in May. The job program instruction will be taught at Career Centers in the Kansas City Region with youth be offered the opportunity to participate in a paid internship through a combination of funds from an existing program. Recruitment is being completed in April 2016.

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

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

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 SFY17.

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

(See Educational Training Voucher Section for additional information)

Early and on-going support for education is extremely important in preparing youth for self-sufficiency. Education is being approached in a comprehensive and integrated manner in the early years. Setting and monitoring educational goals assists youth in understanding the importance of having a vision of educational success. The Children's Division believes the utilization of the Adolescent FST Guide and Individualized Action Plan increases the support for positive educational outcomes and guides the CD case manager to provide that support and assistance to the older youth in foster care. CD case managers are encouraged to utilize the education supplements available through the Casey Life Skills Assessment, which is required for all youth 14-21 receiving Chafee services. Chafee and TLP contracted providers are required to assist youth participating in their programs with academic achievement by providing an array of services including but not limited to advocating, planning, and coordinating for education needs, goals, and aspirations, assisting youth in assessing financial aid opportunities, ensuring the development of technology skills, and preparing the youth to make the transition from high school to post-secondary

education or employment. Missouri plans to continue supporting contracted providers in providing these vital services and increasing the number of youth serviced by these programs.

It is anticipated in SFY17, Missouri CD will receive an additional $450,000 state appropriated funds to support post-secondary education for youth in foster care.   Missouri currently receives $188,000 to support Missouri Reach, the tuition waiver program, for Missouri state schools. The new funding has not been earmarked for specific schools like Missouri Reach and could be used in the same manner as ETV funds.

As a result of Senate Bill 205 passed in SFY14, beginning July 1, 2014, youth age 15 or older who are in the foster care system within the Children's Division are to receive a visit to a state university, community or technical college, or an armed services recruiter before being adopted or exiting from foster care. The visit includes an entry application process, financial support application and availability, career options with academic or technical training, a campus tour, and other information and experience desired by the youth. Children's Division had resources in place to implement the legislation and provided some specific guidance to staff to ensure youth are assisted and more emphasis is placed on this. The post-secondary visit is first discussed at a Family Support Team meeting. The visit occurs three primary ways: the case manager, the contracted life skills provider or the contracted life skills/housing provider. Youth can be referred for this life skill opportunity through a contracted provider (Chafee) who is charged with teaching life skills to youth. This was a contractual requirement prior to the legislation but the legislation has emphasized the need for all youth to have the opportunity. Once a visit has occurred, it is documented on the youth's transition plan. The visit and related processes are sometimes selected as life skills goals the youth wants to work on. The Older Youth Transition Specialists monitors this and addresses it in Family Support Team Meetings they attend (in addition to the case manager and supervisor).

Some case managers have been directly involved with the requirements of the legislation while others utilize the contracted providers in place for life skills teaching. CASA and foster parents have assisted in getting information on career paths, military options, and colleges and universities.

Visits are occurring through the case manager/county taking the youth individually/in a group, through Chafee taking a youth individually/in a group, and through Transitional Living Program providers taking youth individually/in a group. Some visits have been in the area the youth resides while some have been outside.

LINC, a Chafee provider in the Kansas City Region has offered this as a life skill class. One of the evening classes is devoted to walking the group over to Penn Valley Community College which is located right across the street from the agency. The group of attendees takes a quick tour of the campus and meets with one of the financial advisors who share some valuable information about what to expect and available supports for students who choose to enroll.

Some providers have travelled to see a specific college that has a particular interest for a youth and one provider has a sign-up sheet for certain colleges and arrangements are made based on this.

The legislation allows for this requirement to be waived by the Family Support Team for youth who are disabled and will not be attending college due to the severity of needs.

Examples from providers on how this purpose is being achieved:

Epworth, Chafee and TLP Provider, St. Louis Region:

In an effort to encourage and support youth to complete their high school education, Epworth attended IEP meetings as invited, provided financial assistance with sporting equipment, school uniforms, extracurricular club fees, bus passes, special equipment purchases, and school supplies (received from community donations) and assisted youth in obtaining tutoring to address academic areas of struggle.

Epworth hosted a graduation party for their 2015 graduates in which 15 youth attended. Epworth's annual Back-to-School BBQ had 43 attendees and youth received donated backpacks and school supplies along with donated attendance prizes such as headphones, flash drives, lunch boxes, staplers, locker shelves.

Four youth attended a Career Day at Busch Stadium in which the focus was journalism and broadcasting and they were able to stay for the Cards vs. Cubs day.

Epworth schedules college tours annually during the spring and fall semesters. The schools visited are directly determined by our high school seniors' interests. In 2015, Epworth visited Harris Stowe University twice (16 youth in total attended), Southeast Missouri State University (6 youth), University of Missouri in Columbia (5 youth), Southern Illinois University – Edwardsville (10 youth), University of Central Missouri (9 youth), Ranken (8 youth), Forest Park Community College (6 youth), and Florissant Valley Community College (8 youth).

Epworth offered Life skills classes on the topic of Preparing for College, Career Preparation, Study Skills, Time Management and Goal Setting, College Essay Workshop, Health Concerns for Students, and College Life. During the "College Life" presentation, current college students from the University of Michigan discuss what it is like being a college student. This includes challenges, fears, school activities, and adjusting to the class schedule and routine.

Epworth's Chafee program assisted youth in paying their senior expenses such as: caps and gowns, announcements, prom tickets, prom dresses, tux rentals, and senior dues required by their schools. Epworth has professional photographers who volunteered their time to take senior pictures with the youth. In 2015, 34 youth participated in this event at the 5th Street Abby. The extraordinary venue was donated for Epworth's use through one of the photographers. Each youth received a personalized sitting and a disk of their pictures to be developed at the location of their choice. Pictures usually occur on a designated day in the spring or in the fall. Epworth encourages the youth's caregivers to share the senior picture experience with them and offer transportation for youth when needed. The youth thoroughly enjoy this experience. However, a struggle for Epworth is the lack of participation by foster parents and caregivers as Epworth typically provides transportation for all but 2 or 3 youth. The experience could be more monumental for the youth if their caregivers were active participants.

Staff with Chafee met individually with all high school seniors for a "Senior Night" class. During this visit, the primary focus was ensuring all High School graduation requirements are met and discussion of next steps for the youth's education and/or career paths. Epworth reviewed ACT test dates and school requirements, Financial Aid options, College application processes, Scholarship opportunities, discuss college debts, and financial assistance for senior expenses. Further appointments were scheduled in

accordance with timelines to complete FAFSA applications, ETV applications, College applications, ACT registration, personalized scholarship searches, College Housing applications, etc. Epworth's Chafee program assisted with paying College application fees, paying or getting Housing application fees waived, and dorm start up kits. Chafee staff enjoy attending high school graduation ceremonies in support of the youth's achievements and are often part of a very small supportive audience in attendance.

Epworth also has a long standing relationship with Manchester United Methodist Church. This has allowed them to connect youth with their bicycle and computer ministries. Epworth staff refers youth to receive bicycles and helmets for transportation assistance and refurbished computers to assist with their school work.

The Community Partnership, Chafee Provider, Southeast Region – The Community Partnership has a good relationship with several of the area colleges. Each year at "Education Night" representatives from area schools, Job Corps, and the military are invited to come and set up booths to talk to the youth and provide information. Missouri S&T also does a financial aid program to explain student loans and how they work/are applied by the school. The Community Partnership employs an education coordinator that works extensively with the youth on helping them research degree programs/schools of interest, complete the FAFSA and ETV applications, and submit paperwork. Most schools that youth have been interested in are local community colleges, so official college visits aren't offered. But the Community Partnership does help facilitate the process and connect youth with the admissions office to get questions answered. This year, the education coordinator began doing group presentations at area residential facilities on how to navigate the financial aid process and each youth is given a copy of "True Independence" book that serves as a quick reference guide. The Community Partnership has a partnership with a local foundation that donates money to the agency each year for the specific purpose of providing scholarships for post-secondary education (to be used for tuition, books, supplies, equipment, etc.) to program participants. Youth have to apply, and typically four to six scholarships are awarded to Chafee youth ranging in value from $500 - $2000.

- Family Facets, Chafee Provider, Northeast Region: Advisors take youth on college tours; where youth view dorm rooms, talk with financial aid and admissions as well as representatives from the different departments, and the athletic department.
- Chafee Advisors assist youth with completing the FAFSA and ETV and ensuring the youth learn to follow up when submitting an application. Advisors have assisted more than 40 youth with completing the FAFSA and ETV.
- Chafee Advisors encourage youth to take the ACT and take advantage of offered practice sessions. Advisors have assisted more than 35 youth with information on when and where to take the ACT. Advisors use materials from Journey to College and MDHE to assist youth in preparing for and being successful in college. Advisors provided Journey to College and MDHE information to more than 150 youth.
- Chafee Advisors assist youth with the payment of pre-college credits also known as dual credits and have financially assisted 4 youth with 6 dual credit classes this year.
- Chafee Advisors assist youth in researching the colleges of their choice and contacting those institutions for general information and material. Advisors review the information with the youth and help the youth understand the cost, location, and degree program offered by that university, community college, or trade school.

- Synergy, TLP Provider, Kansas City Region: Synergy's youth-centered approach allows youth to identify their own personal goals and the youth's goals are Synergy's goals. In 2015, Synergy assisted youth in navigating the college application process and FAFSA applications. Staff attended orientations with youth and clarified situations as needed, helped youth enroll in specific classes and order books. Staff helped youth enroll in trade school, and certification programs as Synergy understands that higher education does not always mean traditional college.
- Ozanam, TLP Provider, Kansas City Region: Several Pathways youth participate in the YES (Youth Educational Success) Program which is designed to help foster care youth apply for and complete college successfully. The YES program is sponsored by Cornerstones of Care. In an effort to foster post-secondary education opportunities for our youth, Pathways purchased supplies for welding school as well as beauty school for two youth.
- LINC, Chafee Provider, Kansas City Region: Twenty-three youth were provided hands on assistance with completing the FAFSA and ETV documentation. Several youth were assisted with current website address and other items over the phone. Twelve youth applying for college were assisted financially with orientation fees, dorm deposits, and start up kits for young people.
- Fifteen young people who visited the community college during the life skill classes and met with a school advisor to get a tour and explanation of what is necessary to apply.
- Members of the SYAB will continue to advocate for educational needs of youth in foster care.
- The Children's Division plans to continue providing ETV and Missouri Reach services to youth as well as providing support and training to staff that work with older youth.

4. Provide personal and emotional support to youth through mentors and the promotion of interactions with dedicated adults:

Young people transitioning out of or who have exited foster care need to develop a support network. The influence of informal role models to serve as mentors in a support network is critical. Missouri currently offers personal and emotional support to young people through job placement, extracurricular activities, community involvement, and formal and informal mentors. Committed and caring adults are essential in guiding young people and helping them maneuver in their community.

It is in this belief that the Adolescent FST Guide and Individualized Action Plan were developed. It is the intent of CD staff to cultivate their community network to develop permanent connections for youth in care. It is the expectation this tool be a guide for case managers and assists them and the Family Support Team to become aware of available services to the youth. The youth is aware and fully engaged in this process. This tool also specifically requires up to three adult supports to be identified by the youth and this is an integral part of the NYTD requirements.

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

- Synergy, TLP Provider, Kansas City Region: Synergy employs a part-time youth mentor. This staff member's number one priority is to build close relationships and spend one on one time with the youth.

- The Community Partnership, Chafee Provider, Southeast Region: The Community Partnership has a mentoring program for teen parents that are also in state custody and matches these youth with a community mentor that offers them support, guidance, and education. The Community Partnership has a very strong working relationship with CASA, and they are very receptive to insight on older youth that may benefit from a volunteer being assigned to their case. Eligible youth have been referred to Vocational Rehabilitation office to receive supported/mentored employment.
  Family Facets, Chafee Provider, Northeast Region: Advisors connect youth to individuals in the community in the field of study that youth are interested in learning more about as a career by requesting informational interviews and intern opportunities.
- Chafee Advisors connect youth with members of the community that are caring and can model a positive development and serve as a mentor to that youth. Family Facets has developed a training packet for both mentors and mentees, which explains the process and expectations of being a mentor and mentee and contains contracts that the youth and mentor sign to participate.
- Chafee Advisors assist youth join programs such as Big Brother Big Sister, Junior Achievement, youth empowerment zones, and free afterschool tutoring programs through different city services. Family Facets discuss the Teen Club program with foster parents that have youth with disabilities. Family Facets has assisted more than 50 youth in connecting with programs in the community and/or connecting them with a mentor.
- Preferred Family Healthcare, Chafee and TL Provider, Northeast, Southeast, Southwest, and St. Louis Regions: Staff partner with Fostering Hope who mentors youth. One example occurred when a Fostering Hope mentor met with a youth over a period of time to teach them how to drive and the youth was able to take the driving test, passed and received his driver's license.
- The Missouri CD promotes interaction between youth and dedicated adults through the Transitional Living Advocate program. Through this program youth are connected with adults who become their advocate or mentor. These adults receive 18 hours of training from CD staff on adolescent issues, including three hours each in cultural/race sensitivity, Older Youth Program life skills training overview, adolescent development with an emphasis on what to expect from adolescent behavior, emotional obstacles out-of-home care youth must overcome, adolescent sexuality and behavior management via natural consequences. These adult advocates provide the youth a safe place to stay, continued life skills training, encouragement and guidance with regard to employment, education and/or training, and preparation for successful transition from CD custody. This program will continue in SFY17.
- Missouri Court Appointed Special Advocates also play a vital role in mentoring Older Youth. These volunteers, as an organization statewide, have assisted youth throughout the state in advocating for their needs and providing emotional support.
- The Missouri Mentoring Partnership (MMP) has been a resource throughout the years and will continue to be a resource and provide resource coordination for youth and volunteer mentors recruited from the community. These mentors provide positive role modeling, friendship and guidance around employment and parenting issues to youth who are entering the workplace or

have become parents. MMP helps prepare youth for success and self-sufficiency. The hallmark of MMP is the support youth receive from volunteer community mentors and committed local businesses.

- The MMP Work Site program provides job readiness training, mentor recruitment and training and support services and local business partners provide the youth with paid employment and an on-site employer-sponsored mentor.
- The Young Parent Program provides parenting classes, mentor recruitment and training, support groups and resources such as books, diapers and car seats. Both programs stress continued education and many youth advance on to post-secondary educational programs. Participants are provided with the necessary tools to achieve outcomes that promote self-sufficiency and help them become productive members of their communities.
- Youth participating in The Missouri Customer Service Partnership Employment Program are provided a matched mentor for at least one year.
- Local and State Youth Advisory Boards are a means for youth to have peer mentorship opportunities and this will continue in SFY17.
- 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.

5. Provide financial, housing, counseling, employment, education, and other appropriate support and services to former foster care recipients between 18 and 21 years of age:

Missouri will continue to provide services and support for youth in foster care, youth adopted or who have obtained legal guardianship after the age of 16, or former foster care youth between 18 and 21 years of age. While in foster care, these older youth are provided with the same services as the younger youth. In addition, older foster youth also receive education, training, and other services necessary to obtain employment, prepare for and enter post-secondary education and training.

In SFY14, Missouri legislators passed re-entry legislation per SB205 (2013) and SB208 (2013). Effective August 28, 2013, youth who left care and are over age 18 but are not yet 21 may elect to come back into care, if it is deemed to be in the best interest of the youth. The youth may have his or her custody returned to the Children's Division through a petition to the Court from the youth, Children's Division, or Juvenile Officer. Youth are expected to participate in the case plan, meet with his or her Children's Service Worker, Juvenile Officer, and Chafee provider, and/or go to school and work to demonstrate his or her own efforts towards independence. A Frequently Asked Questions is on the CD internet and a re-entry brochure designed by SYAB members is incorporated in the exit packet. As of March 31, 2016, there are twelve youth who had a re-entry into care after age 18. For the purpose of this legislation, Children's Division is defining a youth as a person who meets all of the following criteria:

- Any person age 17 through 20 who was previously placed in the care, custody and control (LS-1) of the Children's Division.

- Was released from care, custody and control within the last 24 months.

- Is otherwise competent, and not in a guardianship or conservator relationship and is not in the legal custody of any other individual or institution.

- Is not incarcerated or committed to any jail, detention facility, or the Department of Corrections.

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

- Participate in and comply with any transition plan developed by the Children's Division, Family Support Team, and the youth.

- Meet with his or her Children's Service Worker, the Juvenile Office, and Chafee Provider, as required.

- Participate in any services provided such as Chafee and Transitional Living Program Services.

- Enroll in and attend a "secondary school program of instruction" or an "institution of vocational or higher education," if determined the program will benefit the youth in their efforts to achieve independence by the Family Support Team.

- Find and maintain employment to supplement the youth's transition plan.

- Work to maintain his or her own efforts toward independent living.

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

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

- The youth is unwilling or unable to develop, implement, or otherwise cooperate with the implementation of the transition plan;

- The youth pleads guilty to or is found guilty of any felony, or any misdemeanor in which the youth is sentenced to a period of incarceration;

- The youth is committed to the legal custody of any sheriff or the Department of Corrections; or

- Any other circumstance where the youth fails to cooperate with the Children's Division or the Children's Division does not have services available or the ability to provide services.

If a youth is returned to custody under the re-entry legislation, and is then consequently released from jurisdiction for any of the above reasons for termination, another petition will not be filed by Children's Division on behalf of the youth. In SFY16, legislation was re-introduced to assist with the re-entry process by changing some of the language of the statute. Some court jurisdictions were unwilling to hear petitions of youth unless the youth was terminated from their jurisdiction however some youth were no longer living in the county of original jurisdiction and did not have the means to travel to the original county of jurisdiction. This created an unattended barrier in which the proposed legislation would eliminate by allowing the youth's petition to be filed in any jurisdiction of the state, regardless of history.

Youth who exit foster care on their 17.5 birthday and have not yet reached age 21 are eligible to receive Chafee Aftercare services. Youth may access Chafee services as needed while in the Division's care and custody or as a former foster youth. Missouri also follows federal requirements of serving youth with special needs, youth who exited care in another state residing in Missouri, youth who are residing out of state in Missouri's custody, and youth who move to another state for the sole purpose of education (ETV only).

Aftercare services are flexible, short term and used as a safety net to meet the needs of the youth after they have exited CD custody. Aftercare services are provided by Chafee contracted providers. The array of services varies depending on the need of the former foster youth. Chafee funds may be expended for a variety of reasons and should be used as a support for the young adult, not an on-going supplemental funding source. Aftercare services may include emergency/crisis intervention services, housing/room and board, educational/job training/employment assistance, and other support services. Room and board services are only available to youth who exited custody at age 18 or after, but they have not yet reached age 21. Room and board may include security and utility deposits, rent, utilities, food, start-up kits, basic necessities, and basic furniture. Support services provided include life skills training, transportation, child care, clothing, and other expenses as needed. Missouri Reach is also available to youth no longer in care or who were adopted after the age of 14.

The ILC toured two unique community collaboration housing options developed in SFY16 for youth in two regions of the state in which older youth in foster care can live. Project Harbor, in the Southwest Region of the state, is apartments in a loft of a downtown building with a coffee house below. Youth may work at the coffee house and there is a drop in center for youth in foster care at the coffee house. The building contains 5 bedrooms, one of which is a volunteer live-in staff person who manages and mentors. The volunteer is a high school guidance counselor. There is a common area/lounge/kitchen, and 3 bathrooms. The youth are supported by community volunteers' time and finances. This is a situation in which a community identified a need and developed the resources to assist with it. There is a local college in the community and youth are assisted with attendance and transportation.

In SFY16, in Kansas City, Washington Apartments began providing urban supportive living from a $2.2 million Department of Housing and Urban Development grant. The work for this project began in 2009 from collaboration between many partners who identified homelessness as an issue with youth in the community. Community planning, homelessness agencies, mental health agencies, commercial developers, and construction agencies established a 14 unit apartment housing complex to assist youth transitioning with mental health needs. Youth ages 18-24 sign a lease and a Mental Health Case Manager is on site to assist and support the youth 24/7. The apartments are furnished with IKEA furnishings, have on site laundry, a community room with television and coffee station, courtyards, and the building is secured.

LINC, Chafee Provider, Kansas City Region: During 2015, a number of supports and services were provided for aftercare youth. Examples include: assisting four young people with purchasing emergency clothing, paying for three to take drivers education classes, providing bus passes to eleven youth to assist them in attending school, looking for work or getting to their jobs, paid the security deposit and first month rent for one young person, purchased emergency food for five young people, paid for one young person to take their Hiset, helped four young people with startup kits including one for their college

startup kit, assisted two with purchasing furniture for their apartments, and helped two young people get their state ID and copy of birth certificate.

The Community Partnership, Chafee Provider, Southeast Region: Although The Community Partnership does not receive a lot of aftercare referrals, they have assisted with housing needs such as starter kits, electric and/or rent deposits, and hotel stays for emergencies). Additionally, they have helped with education such as refiling for ETV and the FAFSA, as well as obtaining documentation such as Driver's Licenses, and getting youth re-enrolled in Medicaid. Typically, The Community Partnership sees more often than emergency aftercare needs, is youth who have been adopted or were granted guardianship that remain in our program (or return) after they are eighteen to receive services. These youth have been assisted with all of the items mentioned above, as well as help in applying for affordable housing, applying for SSI, enrolling in college classes, and getting their car licensed.

Family Facets, Chafee Provider, Northeast Region: Chafee Advisors assist Aftercare youth with budgeting and provide financial assistance with rental deposits.

Chafee Advisors assist youth with finding information on how to register for college and the steps necessary to complete the registration process. Family Facets drives them to the college or universities, assists youth while talking with admissions and completing the necessary paperwork to register or assists them in calling the appropriate departments to obtain the answers for any questions.

Chafee Advisors assist and connect aftercare youth with Missouri Career Center and other job services programs. Chafee Advisors assist aftercare youth obtain their driving permit and license when necessary. Chafee Advisors assist connecting aftercare youth with social services such as food stamps and health insurance.   Advisors connect aftercare youth with community programs such as LINC, NECAC, WIC, Nurses for Newborns, and the local housing authority.

Epworth, Chafee and TL Provider, St. Louis Region: All services provider to youth in care are available and provided to youth in Epworth's Aftercare program between the ages of 18 and 21. For youth who were released from foster care after their 18th birthday, Epworth has assisted them with applying for public financial aid, referrals to transitional living programs, apartment start-up costs, emergency rent and utility payments, emergency car repairs, creating budgets, and transportation assistance. All youth receive a Community Resource Guide and referrals are made as needed. Epworth works with youth to develop their ECO Map and discuss ways in which to build their support system and make them stronger and more positive. Epworth has been instrumental in working directly with 4 youth in their endeavors to reenter foster care successfully. Through a newly developed relationship with Hopewell Center, Epworth is able to secure housing for youth with mental health needs in their RISE program. This is a 2 year program which focuses on hands on, practical training geared to this population of youth who need extra assistance but are capable of learning to live independently.

Case managers are required to provide an exit packet to youth prior to their release from CD custody. The packet includes information on aftercare, ETV, Missouri Reach, MO Healthnet, NYTD, re-entry, and a pamphlet on healthcare treatment decisions. A PowerPoint presentation is on the CD intranet for Children's Service Workers to review as needed. Information on aftercare services is on the CD internet's website.

Contracted providers are encouraged to speak with youth at exit time regarding services available through their programs should there be a crisis when the youth is no longer in care. The Chafee contract states that the contractor shall attend the exit meeting with youth who are aging out of care when possible and share information regarding the contractors' aftercare program with the youth.

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

- Are under 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.

Youth must have aged out in Missouri and reside in Missouri. Coverage can still be provided in another state if a provider is willing to participate in the MHD program. The Children's Division website contains the Mo HealthNet Exit Pamphlet and Mo HealthNet Outreach Poster. The intranet has a PowerPoint presentation on exit planning for older youth. As of November 2015, there are 1,838 youth enrolled in this service and 3,260 youth eligible for this service. However, all youth regardless of enrollment status have coverage under this program should it be needed as long as the eligibility criteria is met.

Efforts will continue to ensure that youth are made aware of this benefit and how to access it in SFY17. A Practice Point and Frequently Asked Questions is pending on this subject to assist youth with the application process.

The Missouri Customer Service Partnership/Project Excel will also serve youth who have transitioned from foster care in SFY17 in Springfield, St. Louis, and Kansas City with job readiness and employment.

6. Assist youth with regular ongoing opportunities to engage in "age or developmentally-appropriate" activities:

Missouri began a concentrated focus on normalcy in SFY16. Missouri CD began work with the Capacity Center for States to assist in policy and program development on this issue. Legislation has been proposed to mirror the federal legislation. The Capacity Center for States consultant has met with the State Youth Advisory Board and the Youth Empowerment Task Force with plans to meet with the State Foster Care and Adoption Advisory Board. Transitional Living Program contracts and Chafee contracts were revised and amended to include the purpose. A fact sheet to "debunk" the myths has been started for case managers, etc. with the main goal of having a guide towards a shared understanding of normalcy. Information on what other states has done has also been shared with these advisory groups. The CD Director has been speaking on the topic of normalcy and the importance of this at numerous speaking

engagements across the state. A "Bill of Rights" for youth in foster care has been reintroduced in SFY16 legislative session and youth on the State Youth Advisory Board advocated for this.

The State Youth Advisory Board is affirming to transgender, gay, and lesbian youth. A workshop on identity is being planned for the 2017 Older Youth Conference. The youth involved in the planning of that workship are being assisted on by a professional trainer on the specific topic of LGBTQ youth. There are Transitional Living Providers in the state who have an excellent reputation of working with youth who identify as LGBTQI.   However, more work can be done here and Missouri will continue.

Synergy, TLP Provider, Kansas City Region: Staff members incorporate Service Learning Projects into the program. The youth have participated in planning and executing these activities as well a voting on which service learning project is preferred. During this reporting period, the TLP youth have participated in six service learning projects. The youths donated their time and support to complete the following activities: YRC Cooking for Community, Phoenix Family after-school program, Kansas City Community Garden's, Cooking for Neighbors, Children's Mercy, and Art for Argosy. The program is located on the Synergy youth campus which is fortunate to have access to The Youth Resiliency Center. The YRC brings opportunities for the program clients to be actively engaged with and supported by the youth campus through structured activities, community partners, as well as being exposed to unique programming. These activities and opportunities include: introductions to cooking, art, knitting, boxing, personal development, music, dance, writing, job skills, healthy relationships etc. The YRC also gives youth the opportunity to build a stronger relationship with the organization and the other services that are offered and also provides a space for aftercare services to be provided.

LINC, Chafee Provider, Kansas City Region: There are a number of things which were provided that helped young people be involved in age appropriate activities. There were 38 young people who we assisted in purchasing items that are important to every graduating senior. These included class rings, year books, caps and gowns, invitations, and other school spirit items that help young people feel more a part of their school. LINC assisted five youth in getting their drivers permit, eight in getting copies of the state I.D.'s, and twelve in taking drivers education. LINC provided information and education, "Making Proud Choices", to 27 young people who completed eight hours of education on pregnancy prevention and STD and HIV protection.

Preferred Family Healthcare, Chafee and TL Provider, Northwest, Southeast, Southwest, and St. Louis Regions: Staff promotes attendance to quarterly Local Youth Advisory Board meetings where youth socialize with games and activities. Staff provides a guest speaker or mentor to speak on important life skill for youth. Staff transport and chaperone youth for the quarterly State Youth Advisory Board meetings where youth socialize with other foster youth from many different areas. Staff also provides lesson plans that allow group activities when possible during quarterly visits. Staff encourage youth to participate in, provides financial support for, and identifies extracurricular activities for youth such as sports, band, dance, golf, gymnastics, homecoming, prom, and fundraising opportunities. Staff provides financial assistance in purchasing shoes, equipment, tickets, and traveling expenses. Staff provides and encourages attendance to classes on sexual guidance such as "Making Proud Choices".

Training Planned for SFY17

All new employees are trained through a separate curriculum regarding the OYP requirements. The Older Youth Program Training, which includes training on the Casey Life Skills Assessment, Adolescent FST Guide and Individualized Action Plan Goals, positive youth development, permanency issues specific to older youth, cultural competency, and community collaboration, was incorporated into the core curriculum for all new hires in July 2008. The training is conducted by CD staff trainers in the Professional Development Unit. Sessions are held across the state but have some regional discretion as to what areas are emphasized. Training staff have on-going processes for changing training to meet current policy and to ensure that it is meeting the needs of the local agency and seek input from Older Youth Transition Specialists.

In June 2012, members of the SYAB made a training video for Children's Service Workers basic training entitled "What's It All About." This was in coordination with the Professional Development and Training Unit and is utilized.

The Older Youth Transition Specialists will continue to provide follow-up assistance on use of the tools and forms to case managers, contracted staff, and supervisors in their respective regions regarding the Older Youth Program as requested or as problems are identified in a specific area.

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

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

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 included 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.

Court Appointed Special Advocate (CASA) has a training program. The Fostering Futures Initiative is a specialized curriculum for CASA volunteers who specifically focus on older youth and its goal is to help volunteers more effectively advocate for older youth based on their unique needs. The curriculum is based on the possible selves' theory. It is available to the 22 Missouri CASA programs.

Information is provided in Older Youth Summits on financial capacity from Clark Peters, University of Missouri-Columbia, Professor of Social Work and Law. A financial capacity training video is being planned in coordination with the Professional Development and Training Unit and the Attorney General's Office, Assistant Attorney General, Consumer Protection Division. This will be a series of topics that

staff can view via a link as needed but will address 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 will be generic and appropriate for anyone who works with older youth.

CD and partners began work with the Consumer Financial Protection Bureau (CFPB) on an initiative for building financial capacity through Your Money Your Goals (YMYG) toolkit and "booster trainings. Consideration is being given to pilot this training in three Circuits in the state.

In SFY16, a training session on Human Trafficking will be provided by the Children's Division to all Chafee and Transitional Living Providers. The one day training will be provided in three locations throughout the state and provides an introductory examination into the world of Human Trafficking. Participants will learn:

• What Human Trafficking and Domestic Minor Sex Trafficking is,
• The scope of Human Trafficking
• Identify forms of Human Trafficking
• How victims are recruited
• High risk indicators for being targeted for trafficking
• Understand the challenges of traumatic bonding and the implications for victims
• Understand the social, physical, and psychological consequences of being trafficked
• Utilize interview strategies to assess and identify victims and promote ethical treatment
• Develop strategies to respond to and mitigate Human Trafficking, and
• Understand Challenges for responding to Human Trafficking.

A curriculum will be developed in SFY17 for staff working with Older Youth by Katya Smith of the Full Frame Initiative pertaining to the Five Domains of Well-Being in relation to older youth.

Service Design and Delivery of the Trust Fund Program

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

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

Some examples of services being offered:

- Family Facets, Chafee provider, Northeast Region - In partnership with US Bank, Family Facets assists and sponsors youth with opening an Individual Development Account (IDA). Prior to opening an IDA, each youth must attend Student Banking 101, usually taught by a US Bank staff member, and in conjunction with their Chafee Advisor create a budget and financial plan for their IDA. Family Facets matches the IDA accounts up to $500 in $100 increments. Family Facets has sponsored 3 IDA accounts. Currently two Chafee youth have opened an IDA and Family Facets has matched the accounts. One IDA account was closed due to the youth's jurisdiction terminating and Family Facets successfully assisted the youth with transitioning the IDA account into a regular savings account. Family Facets has 5 youth who anticipate opening an IDA in the next year. Advisors offer monthly budgeting classes, savings and banking classes, and classes on how to live successfully on your own. Chafee Advisors educate youth on how to obtain a copy of their credit report and assist them in interpreting what their score means. Family Facets teaches youth how to either maintain or improve their credit score. Advisors review credit reports with all youth that are above the age of 18 and any youth above 16 years old that has a credit report provided by their case manager. Advisors have offered the IDA program and classes to more than 50 youth.
- Epworth, Chafee and Transitional Living provider, St. Louis Region – Epworth offers Life Skills classes on the topics of credit, budgeting, banking, saving, shopping on a budget, consumer awareness, holiday budgeting and gift ideas, and cooking low cost meals. Youth with more basic needs are taught how to count money during individual sessions with staff. Epworth creates budgets individually with youth and teach youth how to view credit scores.
- Epworth is a partner in an Individual Development Account program with the United Way. As part of this program, participants must be employed and be able/willing to participate in 16 hours of Financial Literacy classes offered through the UMSL Education Extension program. After completing the 16 hours of classes, youth will open a Custodial savings account at US Bank. The youth have a maximum of 24 months to save money in this account toward the purchase of a United Way approved asset. The United Way provides the youth with a 2:1 match, $2000 match maximum, to assist with this purchase. Approved assets consist of vehicle, new apartment start-up including furniture, house purchase, post-secondary education tuition, books, or supplies, and opening a long-term savings venue. Epworth opens accounts of this nature every summer. All youth involved in Chafee and Chafee Aftercare services are eligible for this program. If a youth ages out of the program prior to the 24 month completion date, Epworth will continue working with them in the IDA program until the goal has been reached and a purchase made. In 2015, twenty-one new accounts were opened with youth.
- The ILC is a member of the Missouri Asset Development Coalition which discusses asset-building efforts in Missouri and shares resource information.

Activities Undertaken to Involve Youth in State Agency Efforts, such as the CFSR/PIP Process

(See State Youth Advisory Board Section for more information)

Local Youth Advisory Boards contribute to efforts at the community level:

- Epworth, TLP and Chafee provider, St. Louis Region – Epworth's Chafee program hosted a Youth Leadership Camp in April 2016. The Youth Board began preparations for this camp in November 2015. Activities included low ropes course, group building activities, high ropes challenges, archery, dancing, ice cream socials, field games, slide show, and a camp award ceremony.
- The Area Youth Advisory Board met at least one time per month. The Youth Board and State Youth Advisory Board members spent many hours preparing for the Youth Leadership and Empowerment Conference held in Jefferson City in July. Epworth took 34 youth to the conference to directly impact the Youth Leadership outcome. Ten Youth Board members participated in the annual Leadership Day in the park in June 2015. In addition to group building activities, the NCADA presented a Leadership Skills workshop. On 4/1/15, ten Youth Board members participated in Child Advocacy Day in Jefferson City. During this event, youth were able to speak personally with State Legislators regarding topics that directly impact youth in foster care. In March 2015, Epworth held a Legislative Breakfast for area legislators. Eight youth attended this breakfast and were able to discuss concerns and advocate in a more comfortable setting. The youth held an impromptu discussion with the legislators and had their undivided attention. On 7/25/15 one of our Youth Board members participated in a panel discussion at "A Call to Peace March" in which he discussed overcoming trauma and developing resiliency. He captured the audience and answered numerous questions with a great deal of confidence and courage. On 12/13/15, nine Youth Board members volunteered at the Hot Chocolate 5K/15K with all proceeds benefiting the Ronald McDonald House. Youth arrived as early as 6:30am on a Sunday for this event. On 12/15/15, three Youth Board members volunteered at the St. Louis City Court Winter Festival. They directed participants through the stations and assisted youth in playing games, building crafts, and face painting activities.
- The Youth Board is currently working on a new St. Louis Mental Health Board mini grant application for $500 for a homeless outreach project for 2016 and fundraising attempts to host a lock in for Chafee youth.
- Synergy, Transitional Living provider, Kansas City Region: The Director of Residential Services meets with the youth about once a month for feedback sessions. The youth use this time to give feedback on the program, expectations, and staff. This is their meeting and their time to evaluate the program. This is a specific time for the youth to serve in a leadership role and be heard. The Residential Director prompts the group to speak on the positives and negatives of the program. However, this meeting can be used to talk about anything the youth wish. The feedback from this meeting allows staff to reflect on their role, as well as reflect on programmatic issues, and listen to the youth's wants and need from a third party person.
- LINC, Chafee provider, Kansas City Region: The local youth board provides input and feedback to LINC on the work that is provided to young people. The board helped LINC select the curriculum that is currently being used for the pregnancy prevention workshops. The board gave feedback on types of classes they wanted LINC to include in the life skill workshops. In SFY17, LINC plans to have youth assist with developing a feedback tool to improve the classes that are currently offered.
- Family Facets, Chafee provider, NE Region: Family Facets offers yearly leadership training in May and a weekend holiday event usually in December. Forty-one youth were in attendance. Each youth received two outfits and personal hygiene items. In addition, seven youth who could

not be in attendance were mailed their outfits and hygiene items. Advisors assist youth with public speaking at state offered events, as well as at local area events. State events include Child Advocacy Day where youth testify in front of the legislature regarding foster care related items. This year, sixteen youth were in attendance at Child Advocacy Day. Chafee Advisors and youth attend monthly community services projects at food pantries and nursing homes. The NE Region Chafee averages 2 to 3 community service, youth leadership, and speaking engagements per month.

The Community Partnership, Chafee provider, Southeast Region: Youth regularly participate in speaking engagements. Youth speak on panels for foster parent training, special committee meetings in Jefferson City, and participate in focus groups. In SFY16, the area board youth rang the bell for Salvation Army and volunteered to run craft tables for younger kids at the local Foster Parent appreciation events. The area board chair was asked by her Family and Consumer Science teacher at school to do a presentation to all of her classes on foster care – what it is, what youth experience in the system, and how to report abuse.

Older Youth Efforts

Over the past few years discussions have been held on incorporating LGBTQ into the state's Child Welfare practice and increasing awareness. Missouri continues to use the Casey Life Skills assessment which has available an LGBTQ assessment supplement. The supplement is designed to help youth who have needs in this life skills area and is available through the Casey Life Skills website. In SFY15, it was decided that awareness would be a regional responsibility.

"What's It All About? A Guidebook for Youth in Out-of-Home Care" was revised in SFY15 and includes state and national resources on LGTBQ for youth.

There is no specific LGBTQ training for foster parents referenced in the resource development/training section of policy. However, the STARS in-service training Module 3 is Addressing Developmental Issues Related to Sexuality and LGBTQ issues may be brought up during this module training. There are other approved in-service trainings that are specific to LGBTQ that foster parents can get outside of the Children's Division. This topic was shared with regional directors in the past and they were asked to assess their capacity to serve and what resources they may need to to meet the needs of LGBTQ youth in care. Resources were shared and the regional directors were encouraged to share those resources with staff and resource providers.

Missouri Children's Division has developed a practice guide for working with LGBTQ youth in out-of-home care. The practice guide is designed as a tool for children's service workers, resource parents, and residential treatment staff to increase awareness, knowledge, and skills to effectively and competently serve the unique needs of LGBTQ youth and their families. The guide includes a wealth of state and national resources for supporting lesbian, gay, bisexual, transgender, and questioning youth. Planning for implementation has been paused so the regions can develop internal and external readiness. The Division will revisit the discussion and review the guide to ensure all aspects remain current. Once approval is given, the practice guide will be provided to all current resource providers, as well as prospective resource providers during the initial licensure process. The practice guide will also be provided to all current licensed residential treatment facilities, as well as prospective facilities during the initial licensure period.

The ILC is a member of a listserve for the Central Missouri Stop Human Trafficking Coalition. A Central Office CD employee is a member of an advisory board regarding human trafficking.   In SFY16, CD will offer training to Chafee and TL Providers to assist with implementing the requirements of H.R. 4980, the Preventing Sex Trafficking and Strengthening Families Act.

Since 2012, the Department of Health and Senior Services (DHSS) has collaborated with the CD on implementing Missouri's Personal Responsibility Education (PREP) Program. The Children's Division has an MOU agreement with DHSS for the purpose of providing PREP program services, specifically the Making Proud Choices (MPC) program to selected foster care youth.

"Making Proud Choices (MPC): A Safer-Sex Approach to Reducing Sexually Transmitted Diseases (STD), Human Immunodeficiency Virus (HIV), and Pregnancy", is an eight-module curriculum designed to empower adolescents to change their behavior in ways which will reduce their risk of becoming infected with HIV and other STDs, and significantly decrease their chances of being involved in unintended pregnancies. The curriculum acknowledges abstinence is the most effective way to eliminate these risks. However, realizing abstinence is not the path many young people will choose, the curriculum encourages the practice of safer sex and condom use. The curriculum also addresses the underlying attitudes and beliefs many young people have about condoms; provides information and exercises which teach adolescents how to use condoms correctly; and give them the confidence they need to choose and negotiate safer-sex practices.

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

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

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

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

Circuit, a rural area. Two Community Partnership and two LINC staff persons are Certified Facilitators for MPC.

The Community Partnership and LINC both served youth from FFY14-FFY16. Another Chafee provider, on their own, was also awarded a PREP grant. According to DHSS's contracted researcher with the University of Missouri, overall, PREP participants had a statistically significant increase in their knowledge regarding pregnancy, STD's and HIV. Additionally, participants indicated they were more likely to avoid sexual intercourse and more likely to use a condom if they decided to have sexual intercourse as a result of the programs.

Funding for this grant has been continued and DHSS expanded the pilot to a statewide service in SFY16. This was a bid opportunity for Chafee providers and is a natural extension of the services offered while providing additional funding. However, the funding streams are separate. Training was held for facilitators in April 2016 in order for providers to be ready to implement the evidenced based curriculum upon or soon after award of the contract. Two agencies however, missed the deadline for bidding on the contract and thus were not awarded the funding. The Kansas City Region and the NE Region both indicated they wished to provide the service but missed the deadline. DHSS has indicated that they will rebid these regions in the fall. Because of the pilot funding, Kansas City does have funding for this program through September 2016 which leave only one region of the state without this service.

Since April 2013, Older Youth Summits have been held to address issues of youth transitioning at the community level, where youth are exiting and depend on the much needed resources provided where youth reside. OY Summits focus on education, employment and job readiness, cross systems collaboration, health and mental health, permanency and life-long connections. The goal of the summit is develop a common vision of where a community is and where the community would like to be in helping older youth transition successfully to adulthood. The summit is intended to allow community members to identify next steps with responsible partners to achieve a community vision. It is the intention of the

Children's Division and its partners to have Older Youth Summits across the state. At the end of SFY15 a summit was held in Springfield with 161 participants from five Judicial Circuits in the Southwest region of the state. To date, in SFY16, one summit has been held in Joplin with 129 attendees from five Judicial Circuits from the Southwest region of the state. A summit is planned for April 2016 in the Southeast region of the state and it is anticipated that 165 people will attend. Planning for a fall summit in the Northern Region of the state has begun.

In the 2014 legislative session, HB 1092 was passed which allows youth 16 and older in Children's Division custody to contract for the purposes of automobile insurance with the consent of the Children's Division or Juvenile Court. Prior to this legislation, Missouri youth under the age of 18 were not allowed to enter into a contract, such as automobile insurance, on an individual basis. This legislation applies to youth in foster care only and benefits youth who own a vehicle – a co-signer is not needed. The youth is responsible for paying the costs of the insurance premiums and is liable for damages from an automobile accident. In 2012, CD12-96 introduced a Non-Owner Insurance Policy for Older Youth available exclusively through Missouri's Automobile Insurance Plan. Children's Division introduced this policy for 18-21 year olds. As a result of this legislation, the Non-Owner Insurance Policy was revised to include youth 16-21 in Children's Division custody. A Frequently Asked Questions was developed by the

Department of Insurance for youth and caretakers and is available on the CD internet in the Older Youth Program Section.

The ILC has been a member of the Council for Adolescent School Health (CASH) for the last seven years. CASH meets quarterly. The purpose of CASH is to inform and advise the Missouri Department of Health and Senior Service decision-makers regarding adolescent and school health issues and initiatives. The Council for Adolescent School Health may be invited to provide input and advice to other planning committees, work groups, task forces, and advisory councils seeking expertise on adolescent and school health. In SFY14, CASH revised its mission, purpose, vision, and goals to include professional development. Members of the task force share resources via e-mail on a regular basis and connect to collaborate on efforts for other projects. Recent topics include tobacco control, trauma informed care, updates on the Curriculum Review Committee, PREP and Abstinence Grant applications, and Media Campaign (Connect with Me). Meetings are scheduled for the remainder of SFY16. The ILC will continue participating in this task force in SFY17.

The ILC has been a member of the Child and Family Services Review Advisory Committee for the last seven years and a member of the Department of Elementary and Secondary Education's Missouri Interagency Transition Team (MITT) since 2010. MITT was formed in 2007 to promote interagency collaboration in Missouri at the state-level by establishing a group vision for improving outcomes for young adults with disabilities. The MITT, consisting of diverse state-level membership meets quarterly to share resources, develop goals and promote concrete activities to improve transition education and services. The ILC will continue participation in both groups in SFY17.

The ILC attended Permanency Roundtable training in Springfield provided by Casey Foundation's Judicial Engagement Team in December.

The ILC attended a Positive Youth Development Legislator Summit in July on youth substance use, violence and youth, and academic achievement gaps.

The Kansas City Region Older Youth Transition Specialist (OYTS) is a member of:
- The Coalition of Homeless Youth Providers of Services (CHYPS). This group is comprised of various agencies that work with youth that are homeless or may become homeless to provide support and information on what is available for this population. The goal is to alleviate homelessness among youth ages 12 to 24 and their dependents, through advocacy, coordination and collaboration of direct services. Speakers address topics of interest and need.
- The Special Placement Support/Screening Team Meeting (SPSTM). This occurs within the Children's Division to examine and recommend placements for children in residential facilities.
- Youth Educational Success Program (YES) board member. This is a program through Cornerstones of Care that assists youth currently or formerly in care achieve a college degree or post-secondary education through educational, social, emotional, and financial support.

The Kansas City Region OYTS partnerships in SFY16:
- Church of the Resurrection – New House Party. The church held a celebration for youth aging out of foster care and provided youth with items needed for an apartment.

- Children's Mercy Hospital (CMH) – CMH has a new social work program designed to help youth aging out of foster care transfer to adult medical providers.
- Community agencies – KC Regional Center, the four Mental Health agencies and several private agencies to talk about permanent housing for youth transitioning out of foster care.
- New Reflections Technical Institute – CDL, HiSet, and Office Administration classes are provided.

The Kansas City Region OYTS trainings in SFY16:
- Provided training about the Older Youth Program to Court Appointed Special Advocates (CASA), Guardians Ad Litem (GAL), and other community agencies.
- Provided training to Children's Mercy Hospital social workers on services available to youth transitioning from foster care.
- Provided quarterly training to Children's Division staff and Foster Care Case Management staff on the use of transition tools and forms to assist youth in achieving their case plan, and provided information on services available for youth.
- Provided training and additional support to the Transitional Living Providers and Chafee Provider in the Jackson, Clay and Platte areas.
- Provided bi-monthly computer lab sessions to assist Children's Service Workers with older youth forms and answer any other questions regarding older youth.

The Kansas City Region OYTS provided additional support services:
- Attended Family Support Team meetings for youth over the age of 14 in the Kansas City area and participated in service plan meetings for youth in the Transitional Living Program.
- Provided assistance to community members on resources available for youth that are not in the custody of the Children's Division.
- Visited TLP facilities in other regions to have a better understanding of what is available to youth across the state.
- Spoke to youth at the Chafee Provider's life skills class about services as youth exit foster care.
- Participated as an evaluator for the Chafee contract.
- Participated and chaperoned at the State Youth Advisory Board Empowerment and Leadership Conference.
- Journey Home Bus Tour – Presented information about the older youth program to community partners who took the tour of what is like to be a child in foster care.
- Assisted in locating youth no longer in Children's Divisions custody for participation in the NYTD survey.
- Determined eligibility for youth for the Education Training Voucher and Missouri Reach Programs.
- Assisted with coordination between all agencies who are providing life skills training to youth in Foster Care, ie CASA and Midwest Foster Care and Adoption Association for accurate NYTD reporting.

The Kansas City Region OYTS has worked hard with case managers to increase youth referred to the Older Youth Program. In an effort to increase the numbers the OYTS developed a monitoring tool to

track youth who need to be referred - emails are sent to the case manager and supervisor monthly and more one-on-one assistance has been offered to case managers. The OYTS has also offered to go out with case managers when they visit youth. This effort has helped as referrals are increasing in the Kansas City area.

The Kansas City Region OYTS has also participated in ongoing training to learn new information that will help youth and families in the foster care system. Trainings attended were: Trauma Informed Care and Signs of Safety.

The Southeast Region OYTS:

- Completed trainings for all nine circuits and attend all new employee trainings to train on Older Youth Program
- Helped to improve Older Youth Referrals from below 60% to 95%.
- Provide monthly tracking to all circuits to identify youth that need to be referred and youth that need updated Older Youth tools.
- Offer Older Youth Training ongoing to all circuits
- One youth was able to re-enter Alternative Care
- LYAB have increased from one LYAB being offered to four LYAB being offered.
- Attended Child Advocacy Day with youth and Chafee Providers from the SE
- Attended the Older Youth Conference with youth, CSWs and Chafee Providers
- Offered Older Youth Trainings to community partners such as CASA, DJO's, SEMO, and GALs.
- Visited all the Chafee and TLP providers in the Southeast Region to train and monitor programs being offered to the Older Youth.
- Completed trainings with the contractors across the state.

The Southeast Region OYTS is working with the Chafee Providers to ensure participation in the Local Youth Advisory Boards is available to youth in all areas of the Southeast and youth are being offered the opportunity to participate in leadership by being supported to attend the SYAB. The SE OYTS has attended the LYAB meeting in Cape Girardeau and St Francois Counties. The SE OYTS is ensuring Circuits are helping to locate youth selected to complete the NYTD surveys. The OYTS has coordinated youth speakers at events in the state. The Southeast Region OYTS completed training for the 32nd Circuit CASA Director and Volunteer Coordinator. The OYTS attends the Perry County Counsel and Bollinger County Caring Counsel meetings. In SFY17, the SE will provide Older Youth Training to CASA in West Plains and Fostering Court Improvement meeting in the 32nd Circuit. In March 2016, Older Youth Training is being provided to Southeast Missouri State University. In April 2016, the SE Older Youth Summit will be taking place and this will be an opportunity for youth, community partners, providers, and case managers to have a better understanding of the needs of youth transitioning from foster care and the services available at the community level in Missouri. The SE OYTS attends FSTs in all nine circuits to ensure youth are being invited to participate and have a voice in their case planning. The Older Youth tools are reviewed and kept up to date at these FSTs.

The successes have been in collaboration with the CSWs, Supervisors, Circuit Mangers, FSMS, QA/QI, other OYTS and OY Program Manager. The support of the SE is a key factor in having success. The SE OYTS availability to help teach the Older Youth tools and programs has been very helpful in making the referral process easier for the CSWs and Supervisors. Using the monthly LS1 list from research to track the youth needing referrals and sharing this information with the Circuit Managers, FSMs and QA/QI has helped to identify youth lacking services and increase referrals completed timely. The SE continues to work on improving services offered to youth that are adopted or have guardianship completed at age 16 or older. There is a request for FACES updates to help up track these youth in FACES and the SE has provided training to the Resource Units in the SE. The SE OYTS is checking youth that have closed Chafee Services monthly to identify youth that have been adopted or guardianship was completed to help ensure these youth are going to have the opportunity to continue Chafee Services. Training is being offered to help with the exit planning to be sure youth exiting care know the Older Youth services they are eligible for and how they can obtain these services. Circuits are being trained on how to help youth re-enter Alternative Care at the youth's request. CSWs and Supervisors are encouraged to explore with the youth information for DLS regarding the youth's commitment to cooperate with Children's Division and the history of why they were released in the past. ETV training is being offered and discussed in FSTs. FST guides are being used more efficiently which includes campus tours, ETV application, and career planning for youth. College tours and secondary education opportunities are being discussed and encouraged to be completed. The tour is being added to the IAP goals and discussed at FSTs. IAP goals are being added to be more specific in the goals to be completed in the next 6 months and being reviewed in the FSTs more frequently. The SE continues to strive to be more efficient and successful in providing Older Youth knowledge to all youth eligible, community partners, Children's Division Staff, and Chafee Providers.

The Southwest Region OYTS is a member of:

- • The Ozark Region Workforce Investment Board Youth Council.

The Southwest Region OYTS trainings in FY2016:

- Provided training for advocates for the Transitional Living Advocate Program.
- Provided refreshers on the core curriculum Older Youth training to five circuits throughout the Southern Region.
- Provided Older Youth Program information at two foster parent in-service trainings.
- Provided new employee training regarding the Older Youth Program curriculum
- Attends new employee training as a meet and greet.
- The Southwest Region OYTS provided additional support services:
- In November, a Chafee and TLP contractors' meeting was held to network and resource share. Policy updates and reporting forms were reviewed.
- The OYTS attends older youth Family Support Team meetings and residential reviews.
  The OYTS assists with the Missouri Customer Service Partnership Program/Project Excel in Greene County.
- The OYTS attends Teens-N-Transition Older Youth Court which is an older youth court focusing on improving the futures for older youth in custody with our court. TNT is a court program done in the style of treatment court.

The Northern Region OYTS:

- To assist the circuits with entering information on the OYP tools in FACES, and making referrals for services, the OYTS sorts and updates the listing of eligible youth provided through research, and sends that to each of the 21 circuits in the region. As a means to improve the quality of the information provided for referrals, the Older Youth Program tools (Family Support Team Guide and the Individualized Action Plan) are reviewed in FACES by the OYTS at time of referral and detailed instructions are sent to case managers and supervisors for entering additional required information in the system. The Field Support Managers (FSM) have assigned Program Managers and Children's Service Specialists in their sub-region to assist the circuits with follow-up on these tasks. The FSMs are supportive of the OYP, and continually include OYP agenda items in the sub-regional meetings. The FSMs follow up with the Circuit Managers when listings are sent to the circuits, and also assist in setting deadlines for referrals and action to be taken within the circuits. The FSMs are also supportive of the OYP in assisting the OYTS to arrange meetings and trainings in the circuits to educate and review progress and barriers to progress. A big plus is that the Quality Improvement Specialists of the region review the OYP tools when meeting with the circuits.

- The OYTS continues as a member of the Quarterly Residential Review Teams in the region. These teams are divided among the FSM sub-regions, are comprised of Case Manager, Supervisor, Circuit Manager, Youth with Elevated Needs Specialist, Residential Care Coordinator, OYTS, and Field Support Manager. The purpose is to review the progress/inhibitors of moving youth from residential settings into placements that may assist with transitioning out of care. The OYTS participated in reviews in these circuits: 2nd, 10th, 11th, 12th, 13th, 14th, 17th, 18th, 19th, 20th, 23rd, 41st, and 45th. Of the youth reviewed, 6 were eventually referred for TLP services, and another 5 are being monitored for progress in hopes they will soon be referred.

- The Northern Region OYTS conducted Older Youth Program (OYP) trainings and refresher meetings in SFY16 in the following Circuits: 2nd, 4th, 11th, 13th, 14th, 18th, 19th, and staff from several FCCM agencies, Deputy Juvenile Officers, and TLP's also attended.

- The OYTS participates in the State Faith Based Initiative meetings, conducted on a quarterly basis.

- The OYTS attended a Youth Legislative Summit in Columbia as a community member.

- The Chafee services contract in the NW Region was awarded to a new contractor in November, 2015. To prepare for the possibility of receiving a new service provider, in September all case managers were asked to update all of the OYP tools in FACES. After a focused push for referrals in SFY 2015, it was found that once a referral had been made, the semi-annual updates were not happening for some of the tools. As a result, when the new contract was awarded in November, we had 65 of the 134 referrals ready to go. The OYTS simply closed out the old referral, then added a new referral and sent to the new contractor. Another 35 referrals were updated and sent

to the new provider w/in 60 days of the contract being awarded. Thirty four referrals are still in process of updating. As the new provider received an influx of referrals all at once, it has taken somewhat longer than anticipated for all referred youth to be brought up to full level of service provision. The referrals also came during a holiday season, when persons were least likely to be available to meet to discuss initiating services. The case manager counties are inviting the new contractor into their counties to meet and greet, and we expect the new contractor to have met with all referred youth by the end of the 2nd quarter of the contract being in place.

The St. Louis Region OYTS is a member of:

- St. Louis Older Youth Resource Network (OYRN) – Chairperson/Facilitator. OYRN meets quarterly with OYTS, Deputy Juvenile Officers, Guardians Ad Litem, Court Appointed Special Advocates, Chafee providers, and Transitional Living Program providers. Presentations are provided at the meetings on older youth services by a community partner. The network discusses new legislation or policy changes, shares resources, networks, and discusses any concerns regarding older youth in foster care. In SFY16 information was provided on Project Excel and the Rise Program.

- SPOT-Coach Project. The Coach project is for youth ages 13 to 17 years old in foster care in the St Louis region. The SPOT provides a comprehensive medical home for these youth and provides safer sex intervention to help address the high rate of teen pregnancy for foster youth. In addition to these services, The SPOT offers medical, dental and psychiatric services. Involvement in SFY16 has been less formal but will continue in SFY17 in the course of doing business.

- Missouri Mentoring Program Advisory Board (MMP). MMP is an employment mentoring program that serves youth 16 to 21, with the majority of youth from Children's Division and Division of Youth Services. MMP matches youth with employers and workplace mentors while providing job skills to the youth. The advisory board meets quarterly and focuses on program development and recruiting business partners. The board is undergoing leadership changes so it is uncertain if involvement will continue in SFY17.

- Homeless Adolescent Task Force through Legal Services of Eastern Missouri. The task force meets quarterly with community individuals who work directly with adolescents who are homeless or at risk. Resource and legal issues pertaining to this population are shared in conjunction with the schools and Legal Services of Eastern Missouri to ensure that the needs of this population are being met. Legal Services of Eastern Missouri chair the meetings. The task force has a yearly law forum which educates professional in the community on youth issues including McKinney Vento, consumer lending, special education students, and navigating Family Support Division. The task force has an interest in re-entry into foster care and legislation surrounding this topic. The OYTS presented on this topic in SFY16.

The St. Louis Region OYTS provided additional support services:

- Assisted with the Missouri Customer Service Partnership Program/Project Excel through recruitment. The OYTS has helped recruit youth by sending an email for each cohort City/County wide asking for case managers to provide a response on reasons a youth was not referred to the program if a youth was above the age of 17. The OYTS promotes this program at different

meetings attended. The OYTS shares the flyer often and continues to talk to the TLP providers about this program. The OYTS supports the program by attending as CD representation for events such as employee symposiums and cohort graduations.

- Attends the Self Evaluation meetings when requested to provide information on the Older Youth Program.
- Attended and supported St. Louis youth at Child Advocacy Day on April 1st.
- Assisted with the planning and participated in the Youth Empowerment and Leadership Conference in Jefferson City
- Facilitated a TLP Provider/Chafee Provider FACES training in St. Louis that was given by the

The St. Louis Region OYTS trainings and presentations in SFY16:

- Provided hands on training to employees of the St. Louis Region on a monthly basis. The St. Louis OYTS rotates monthly between all of the offices in the St. Louis Region to specifically address any problems or issues case managers are having with a referral.
- Spoke to new employees during On-the-Job Training about the Older Youth Program at each session.
- Presented to the City and County FCCM quarterly meeting which included contract liaisons and supervisors/managers from all FCCM partners.
- Attended monthly meetings in the City and County where out-of-home care supervisors and management are present to discuss importance of older youth referrals, NYTD, and other information pertaining to older youth.
- Attended the City frontline meetings which include City CD workers and Family Court. In SFY16 the Older Youth Program referral process has been discussed at several of the meetings.
- In SFY16, the St. Louis OYTS is focusing on the importance of youth facilitating their own meetings and the importance of permanent connections with out-of-home care units. This began in SFY15. Several trainings occurred on facilitation and the Permanency Pact.
- Presented twice to Chafee life skills classes on the Older Youth Program process and resources, transitioning from care, and re-entry.
- Presented information on the Older Youth Program to a consortium of Foster Care Case Management agencies in August.

Challenges and successes in the St. Louis Region:

During SFY16, the St. Louis OYTS has worked on increasing timely Chafee referrals within the region and the percentage of youth needing to be referred has decreased. Strategies include: at the beginning of the month, reviewing the list of youth that have come into care the past month that are over the age of 14. An email is sent to the worker and the supervisor explaining the Chafee referral process, reminding of timelines and attaching the OY program flowchart. The OYTS continues to send an email once a month until it has been completed. If the referral time period is nearing the deadline for being completed timely, supervision management of the case manager are included on the email. This is done for Children's Division and Foster Care Case Management partners. The LS1 list of youth needing to be referred is also sent to each CD office and FCCM partner administration.

During this past year the St. Louis Region OYTS has worked out of all of the CD buildings in the region on a monthly basis so there is a presence with staff and assistance can be provided. While in each building, the OYTS reviews the Older Youth Report obtained from research to see which youth assigned to that building still need a referral. An email is then sent to the supervisor and case manager but the OYTS also visits with them in person while in the building. The number of youth with an overdue referral dramatically declined in the county. The only youth with an overdue referral had special circumstances and the number was low. The same efforts have been made in the City; however the number has not declined much on overdue referrals.

Another challenge this past year was the re-entry process in St. Louis County. St. Louis County court was known to object to each of the re-entry petitions. Recently, however there has been a shift in leadership and with persistence from CD, there has been success with youth being allowed to re-enter. The three petitions that have been filed by the OYTS through DLS have been granted and the youth were allowed to come back into care. Those three youth remain in care and are on a successful path for employment, housing and education. The re-entry process in the city continues to go smoothly.

The TDM process is unique to St. Louis and Jackson County. The OYTS has attended many Team Decision making meetings for older youth, specifically each one on youth aging out of care. This process began in the County in October and is going very well. The St. Louis regional policy includes holding a TDM on youth aging out one year before the youth will exit care and then again three months before the youth exits. In between these two TDM's, the case manager holds a Family Support Team meeting at 6 months and 9 months. During these meetings, the OYTS educates the team about the services offered to the youth after 21 such as Medicaid, the Aging Out Program through Epworth, and ETV/Missouri Reach. The team plans for youth that are exiting care early and discusses peer support, permanent contacts and the KIDS account. Team members leave the meetings with tasks to complete to ensure everything is in place as much as possible for the aging out youth.

Additional:

- Attended a three day "promoting racial equity training."
- Evaluator for the current Chafee contract.
- Participated in quarterly older youth focused case reviews to help identify that timely Chafee referrals are being completed, permanent contacts are entered, the guidebook for older youth has been provided to youth, and other OY activities.
- Met with the city police department on one occasion as a collaboration effort.
- Observed court hearings in the county and the city and was able to educate judicial staff on the Older Youth Program along with identify some youth that had not been referred. The OYTS attended one hearing for a youth that was in a Transitional Living Placement and a graduate of the Project Excel program whose team was asking to terminate jurisdiction early. The OYTS was able to successfully advocate for the youth to stay in care for continued support.
- Participated in Five Domains of Well-being training.
- Participated in one day of Signs of Safety training.
- Continue to determine eligibility for ETV and MO Reach for St. Louis youth and provides education on this program at FST/PPRT's, TDM's and other presentations.
- Continues to monitor the Chafee and TL contract by conducting numerus supportive visits each quarter such as attending service plan review meetings to make sure services are being provided,

reviewing files, reviewing reports in FACES, and talking specifically to the youth about the services that are being received.

In SFY16, several topics regarding case management and normalcy issues were discussed anecdotally at the State Youth Advisory Board meetings, Older Youth Summits, and conversations with youth outside of the meetings regarding their experiences in foster care which were concerning. Prompted by this and federal legislation, *H.R. 4980 Subtitle B: Improving Opportunities for Children in Foster Care and Supporting Permanency*, the Children's Division formed a Youth Empowerment Task Force to envision and facilitate culture and practice changes in areas such as increasing youth voice and choice, normalcy, financial capacity, wellbeing, and healthy transitions. The task force has met two times in SFY16 and will continue in SFY17.

The Children's Division issued memos specific to older youth late SFY15 and in SFY16:

- CD Memo 15-16 was issued introducing revisions to "What's It All About? A Guidebook for Youth in Out-of-Home Care.
- CD Memo 15-30 was issued regarding transition and exit planning. Three tools were introduced to assist with successful transition planning for older youth - OY Services by Age chart, OY Tasks by Age chart, and an exit planning checklist.
- CD Memo 15-70 was issued on NYTD practice and system enhancements for the Performance Improvement Plan.
- CD Memo 15-71 was issued regarding Chafee Foster Care Independence Program contract changes in providers and contract language.

In SFY16/SFY17, a memorandum will be issued:

- introducing the Permanency Pact tool, and
- Introducing credit fraud checks for age 14 and 15 as a result of H.R. 4980.

The ILC presented information about the Older Youth Program in September at the Foster Care Case Management quarterly meeting.

The ILC presented information in February 2016 to the Children's Service Commission. The Children's Services Commission is established by state statute and is composed of legislators and organizational leaders from various state agencies and the private sector. The group has decided to prioritize older youth transitions and each department will share information on its current efforts at the next meeting. The group is looking at outcome information for transition age youth, understanding where current efforts are, and using both outcome metrics and the stakeholders' experiences to identify gaps and barriers for improvement and defining some opportunities for change.

The Children's Division shared information specific to older youth in the monthly newsletter from the FACES Help Desk in December 2015 regarding the NYTD survey. Information regarding the adjudicated delinquent field used in NYTD reporting will be shared in a newsletter to be released in SFY16.

The ILC will continue to give program presentations and trainings as needed in SFY17.

The intranet has a thumbnail to spotlight additional information and best practices for staff and several were specific to Older Youth in SFY16:

- A feature promoting the bi-annual youth conference
- Developing life skills goals
- OY Program Referrals Tips and Tidbits
- NYTD Tips and Reminders

The Children's Division intranet and internet have been updated in SFY16 with resource information specific to older youth and this will continue in SFY17. CD also utilizes Facebook as a means to share information specific to the Older Youth Program and on average makes one post every two weeks. This will continue in SFY17.

The Chafee contract is in effect until October 31, 2018 with two annual renewals. There are five agencies across the state providing Chafee services.

The TLP contract expires June 2016 with annual renewals. There are 16 agencies across the state providing Transitional Living Group Home Services, Transitional Living Structured Services, and Transitional Living Unstructured Services.

The ETV and Missouri Reach contract expires June 2018 with three annual renewals.

For SFY17, CD will continue contracting Chafee, TLP, and ETV and Missouri Reach services and continue development of community resources to support these contracted services. The Children's Division continues to monitor and provide support to providers of the ETV, Chafee and TLP contracts, as well as continue to educate staff and stakeholders about providers and the services they offer. The Children's Division will continue reporting services and outcomes on older youth. Meetings for providers will be held as needed in SFY17.

Education And Training Vouchers

Missouri uses grants, scholarships, tuition waiver and the Education and Training Voucher (ETV) funding to assist youth with costs of attendance for post-secondary educational and training programs.

With the passage of the Stable and Safe Families Act, Missouri offers the Education and Training Vouchers (ETV) program. Missouri uses ETV funding to expand and strengthen its post-secondary educational assistance to eligible youth. The ETV program is implemented through a contracted provider. The purpose of the ETV program is to provide resources to eligible young adults to apply toward the cost of attendance at post-secondary vocational and/or educational institutions.

Youth applicants must be graduating high school seniors, have their high school diploma, be completing their HiSET, or have a HiSET certificate. Youth must be preparing for enrollment in post-secondary education, have been accepted for enrollment, or are presently continuing their education at an institution of higher learning including a vocation/technical school. Youth must be making satisfactory progress (minimum GPA of 2.0 or otherwise agreed upon) and provide a copy of a transcript verifying their GPA in order to receive continued assistance. If youth are attending a program which does not use grades to

document progress, the youth must provide a letter from the program verifying the youth is making satisfactory progress.

Funds provided under the ETV program may be used for expenses related to the cost of attendance as defined in section 472 of the Higher Education Act. Missouri has different types of post-secondary institutions which provide education and/or training beyond the high school level. Regionally accredited institutions of higher education in Missouri include two-year colleges, four-year colleges and universities and state colleges. There are accredited independent nonprofit two-year colleges, four-year colleges and universities, technical and professional institutions, theological schools, and seminaries. There is also a long list of proprietary institutions which may be accredited and unaccredited but are certified to operate by Missouri Department of Higher Education. These generally offer education and training designed to prepare graduates for direct entry into specific occupations or professions.

Missouri continues to reinforce the ETV program to serve eligible youth. The CD has contracted with Foster Care 2 Success since 2006 to provide ETV services, allowing consistency and familiarity. The CD, through specific contract requirements, plans to utilize all of the ETV funding received and to continue collaboration with Foster Care 2 Success to provide these services. Missouri has utilized all of its ETV funds for the past ten years. The contracting out of services has allowed for a central means of youth to apply as well as providing a database and evaluative reports on services. As part of the contract, Foster Care 2 Success is also required to provide community outreach and awareness to identify eligible youth and the organizations that work with youth such as high schools, colleges, etc. Foster Care 2 Success provides promotional brochures and posters and has a website.

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

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

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

- Current requirements for eligible youth to receive assistance are:
- Youth must demonstrate academic success or motivation in school (generally a "C" average or its equivalency or as otherwise agreed upon with the plan) or in a training program;
- Youth must be accepted to an accredited college/university, vocational school or certified training program;
- Appropriate scholarships, grants and other financial assistance must be explored and utilized, and;
- There must be reasonable assurance the youth will graduate from the educational or training program.

Youth are required to provide financial need information through the on-line application process. Foster Care to Success reviews each student's online budget to help determine unmet need while helping them understand how financial aid works and the necessity for budgeting and money management. All first year students are required to participate in an individualized budget session prior to receiving ETV funding in the fall and spring semester. Budgeting and financial planning is done with upperclassmen each semester that recognizes their individual strengths, developing independence and increasing financial responsibilities. The on-line eligibility approval tool was enhanced in the fall semester. For youth in care, a field was added for stipend/housing information and amounts. This aids Foster Care to Success staff with the budgeting process. The application process and a database track services and expenditures to ensure vouchers do not exceed the total cost of attendance or $5,000 per year.

Current and former foster care youth are also eligible to receive the federally funded Pell Grants. Children's Division requires all youth applying for ETVs to submit a copy of their financial aid letter from their chosen school providing all other financial aid awarded. Youth may choose to attend public, private or non-profit four-year universities or colleges, two-year community colleges, vocational/technical schools or specialized one-year training programs. Educational or training programs must be accredited/pre-accredited or certified. Youth must be willing to participate in federal Work Study program or work part-time.

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

Foster Care 2 Success also continues to reach out to non-starters and offer suggestions about how they can develop a plan as long as Foster Care 2 Success can contact them. Foster Care 2 Success continues to send care packages, e-mails, and texts to youth who correspond with them, even when no longer receiving assistance.

In the 2009 legislative session, House Bill 481, Section 173.270, Tuition and Fee Waiver for Children who have been in Foster Care, passed. This legislation requires the Coordinating Board for Higher Institutions to make provisions for institutions under the board's jurisdiction to award tuition and fee waivers for undergraduate courses at state institutions of higher education for any incoming freshman beginning in the 2010 fall semester or term. This funding is dependent annually on budget appropriations. Funding appropriations were provided for this program for SFY16 in the amount of $188,000. Implementation of the program fully began in fall of 2011.

As this is limited funding, and in order for the funding to be best utilized in conjunction with ETV, a priority criteria was established. Priority is given to:

- Those youth not otherwise eligible for Educational Training Vouchers (ETV)
- Students adopted from Children's Division after the age of 14
- Those youth who have at least 60 hours of college credit

The priority criteria is utilized when there are more applicants than funding available and decisions must be made as to who is funded.

In order to apply, youth must go to http://www.fc2sprograms.org/ and complete the online application. Youth apply for ETV and Missouri Reach in one place to streamline the process for youth and ensure no

eligible youth are overlooked. Older Youth Transition Specialists verify eligibility once application is made.

The Missouri Department of Higher Education (MDHE) approves applications based on the priority criteria. Youth eligible and accepted are notified as funding is available on behalf of MDHE.

Foster Care to Success processes the applications once accepted by reviewing the applicants' transcripts to determine academic standing, confirming the applicants' tuition and fees with the college or university, and working with students to develop a community service action plan.

MDHE has established the following types of community service and public internships that youth may participate in to meet this requirement:

- Volunteering with a non-profit community service organization
- Community service club activities (not meetings)
- Campus coordinated community service projects include unpaid practicum and internships as well as philanthropic activities conducted by student service organizations
- Institutional and community sustainability projects
- Volunteering at a hospital, convalescent home, or group home for youth in foster care
- Unpaid peer mentoring or tutoring programs, both on- and off-campus
- Weekend campus clean-up, beautification activities
- Helping with a community team such as AYSO soccer or Little League (helping with sports events of younger children, refereeing, etc.)
- Volunteering for Habitat for Humanity, locally or abroad
- Unpaid internships with local, state or federal agencies
- The following are not considered appropriate for community service:
- Work often done by office, teacher or library student aides
- Service performed for a profit-making organization
- Service accomplished without obtaining prior approval
- Activities usually considered normal extracurricular (or co-curricular) activities,
- Service performed by a student for a family member or in instances where the family member supervises the service
- Service related to a class, credit for a class or the making of profit, defraying costs of trips, etc.
- Pay is received for the service rendered

Institutions of Higher Education the youth attends are to monitor compliance and report it to MDHE per the statute, but Foster Care to Success also assists with the monitoring. Once a youth is approved for the tuition waiver, continued participation in the program will be determined by academic standing, community service participation, and funding of the program.

In SFY16, 24 youth were funded and the total amount awarded was $180,000. The average funded amount per student was $7,500. Of the students funded, 75% were returning and 25% were new.

SFY17 final information is not available at this time. Fourteen youth were funded for the fall semester with two students being new participants. It is anticipated there will be additional new students for the spring semester.

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.

In addition to financial assistance, the contracted provider has been able to offer outreach programs, probationary services, individual and group virtual mentoring and three care packages a year to eligible youth. Scholarships and internships are also provided through Foster Care 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 staff and youth.

Foster Care to Success was awarded the contract on April 1, 2015. The contract is for one year with two annual renewals and will expire June 30, 2018. With the rebid of the contract, CD aligned the contract timeline to coincide with the state fiscal year. This allows applications to be accepted throughout the year, including summer school. It was previously on the federal fiscal year. Prior to this change, it was difficult, but not prohibitive because the funding for the contract started and ended in the middle of school terms. By incorporating ETV and Missouri Reach programs within the same contract, there is a more efficient means of coordination, use of funds, and accessibility to youth and staff. Changes in the new contract were minimal but included services being offered by the current provider in the same web based structure but allowing historical data views for each student. Requirements were also put in place for the provider to access FACES and report educational services for National Youth in Transition Database. Foster Care to Success training and access to FACES was completed in September 2015 however data has been reported for the time period since July 2015.

A brochure for ETV/Missouri Reach is on the CD Internet and Intranet and a description of the ETV/Missouri Reach program is on the internet. The brochures have also been provided to the local CD field offices and providers via the Older Youth Transition Specialists. Information regarding FASFA and other educational resources is on the website as well as PowerPoint presentations on ETV/Missouri Reach. Information regarding ETV is also in the Child Welfare Manual. The brochures are included in the exit packet information. The Independent Living Coordinator also shares information on Facebook on "Missouri's Older Youth Program." The Department of Elementary and Secondary Education has also provided links for ETV/Missouri Reach on their agency's website. FAFSA has the Independent Living Coordinator's contact information available to individuals who apply and the ILC responds to these inquiries. Most of these inquiries are not eligible but it is an added measure of outreach and assurance.

The focus of the new contract in SFY16 has been compliance with NYTD service reporting requirements however Foster Care to Success has proposed several other things that they will be doing and a plan is being developed to implement the following:

- Develop a resource infographic for each public institution.
- Host two, one-day youth regional conference in the state for rising high school juniors, seniors, and incoming freshmen to help them start up the academic year with a plan and academic goals.
- Make a short video with current Missouri ETV recipients explaining the programs to be distributed statewide.
- Provide local agencies with information on the Show Me to College service provided by the Missouri Association of Student Financial Aid Personnel. This is an early awareness and financial aid event resource for Missouri students, parents, and professionals promoting access to and participating in higher education.

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

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

The program has 25 carefully selected Foster Care to Success upper-classman college students known as Fellows, some of which are from Missouri. The Fellows spend three weeks in June in Washington, D.C., participating in workshops and training sessions to hone their communication and presentation skills and learn how to share the Foster Care to Success's Academic Success Model with foster youth in their home states.

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

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

To date, 19 youth from Missouri have participated in this program. Missouri has utilized this program for presentations and will continue to do so as opportunities arise.

In July 2015, the Missouri College Advising Corps (MCAC) a college-access advising program invited the Independent Living Coordinator to present at a training session for their college adviser pre-service training. The focus was on working with youth who are in foster care.

MCAC hires recent graduates of the four University of Missouri campuses to work in 41 partner high schools across Missouri to empower Missouri students to go to college and succeed. MCAC partner schools have high percentages of first-generation-college, low-income, and underrepresented students at risk of not going to college. MCAC college advisers help students understand that they can complete a college degree, find their "best fit" postsecondary institution, and navigate the process of applying for admission and financial aid. Advisers are immersed in the school and are available to guide students through the college planning and preparation, applications, and financial aid processes. There were 40 college advisors present at the four sessions presented.

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

For FFY17, Missouri plans to continue providing ETV and Missouri Reach services and to continue education and outreach efforts regarding the program.

In SFY17, CD plans to continue the program structure in place as we are able to utilize our funding and are able to meet the needs of our youth with the additional funding of Missouri Reach.

As part of the contract, Foster Care to Success provides an annual report. Please see Attachment A--ETV Annual Report 2014-2015 and Attachment B--MO Reach Year End Report 2014-2015 for additional information on services provided and demographics of youth served through the ETV and Missouri Reach programs.

STATISTICAL AND SUPPORTING INFORMATION

CAPTA Annual State Data Report Items

See the CAPTA Report submitted separately for the required data items.

Sources of Data on Child Maltreatment Deaths

All fatalities are reported in the NCANDS Child File except for fatalities removed due to duplicate records which are included in the agency file. Missouri Statute requires coroners and/or medical examiners to report all child deaths to the Children's Division Central Hotline Unit; however, the hotline unit accepts death reports from any reporter, permissive or mandated. Deaths which are due to alleged abuse or of suspicious circumstances are accepted for investigation, and deaths which are non-suspicious accidental or natural in manner and cause are screened out as referrals. The SACWIS system captures all fatality reports and screened out referrals. Missouri additionally determines substantiated findings when a death is due to neglect (in addition to abuse) as defined in statute unlike many other states. The FACES system does not obtain a "reporter" description of the Child Fatality Review Program (CFRP) 115 county-based panels; however, the system does capture the professional status of law enforcement, coroner/medical examiners, physicians, nurses and other professionals who typically comprise the CFRP panels. While there is not currently an interface between the state's FACES system and the state's Department of Health and Senior Services (DHSS) Bureau of Vital Records statistical database, the State Technical Assistance Team (STAT), who tracks all deaths and oversees the state's child fatality review panels, DSS has a collaborative processes with the Bureau of Vital Records to routinely compare fatality information. STAT has the capacity to make additional reports of deaths to the hotline to ensure all deaths not otherwise reported are captured in FACES. The standard of proof for determining if child abuse and neglect was a contributing factor in the child's death is based on the "Preponderance of Evidence" evidentiary standard of proof.

It is noteworthy to mention that since Missouri captures 100% of child abuse and neglect reports and referrals based on the hotline (CPS) agency being the central recipient for fatality reporting combined with the statute which requires coroners and medical examiners to report all fatalities, Missouri could appear worse; i.e., a higher number of fatalities, when compared to other states where the CPS agency is not the central recipient of fatality data. Other states may have to obtain fatality information from other agencies and thus, have more difficulty with fully reporting fatalities. Missouri is able to thoroughly

report fatalities as compared to states which do not have similar statutes for reporting child deaths to the Child Welfare Agency.

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

Education and Training Vouchers

In 2013-2014, there were 279 youth funded from ETV. Of those 279, 143 (51%) were first time funded.

In 2014-2015, there were 291 youth funded from ETV. Of those 291, 158 (54%) were first time funded.

In 2015-2016, there were 272 youth funded from ETV. Of those 272, 144 (53%) were first time funded.

Final information for 2015-2016 is not available at this time.   As of January 27, 2016 Missouri's totals based on the information of Foster Care to Success's portal are:

Total Applications	Apps In Progress	Total Funded Students	Total Funding	Unable to Fund
406	32	252	$ 670,390.06	122

Reasons for not being funded include still being in high school, application not competed, not in college, not progressing, and not meeting the eligibility requirements in terms of age or foster care status. Missouri will continue to monitor fluctuation in funded youth numbers. If there is a significant change, CD will evaluate with service providers. There is a small difference in the numbers but it is not considered significant and can be attributed in part due to Missouri Reach, the tuition waiver program, now providing funding for youth that would have previously accessed ETV.

Inter-Country Adoptions

The Children's Division (CD) is the licensing body for all child placing agencies in Missouri. Many of these agencies conduct international adoptions. The rules for licensing child placing agencies require that such agencies conduct a variety of adoption services. The adoption services provided to families adopting internationally include pre-placement planning, and post- adoptive services, placement supervision, assessment of the child's adjustment into the home, and support services. Adoption disruptions are also assessed by the child placing agency. The section of the child placing agency's rules pertaining to international adoptions is in the process of being revised.

Children's Division collects information regarding children who are adopted from other countries and who enter into state custody as a result of the disruption of a placement for adoption or the dissolution of an adoption. A records check revealed here were no children who entered states custody who were adopted internationally in CY 2015.

FINANCIAL INFORMATION

FINANCIAL INFORMATION

Please see the following attachments:

FY16 Financial Information
Attachment C--B2 Part I
Attachment D--B4 Part II
Attachment E--B6 Part III

UPDATES TO TARGETED PLANS

UPDATES TO TARGETED PLANS

As specified in ACYF-CB-PI-16-03, the following plans are being submitted as discreet sections:

Foster and Adoptive Parent Diligent Recruitment Plan

The Diligent Recruitment Plan is a standalone attachement to this document. Please refer to Attachment F for more information.

Health Care Oversight and Coordination Plan

The 2015-2019 Health Care Oversight and Coordination Plan is reviewed each quarter with the statewide team and no changes or additions to the plan are needed.

Update on Progress and Accomplishments in Implementing the State's 2015-2019 Health Care Oversight and Coordination Plan:

Missouri Children's Division has worked earnestly with other state agencies and stakeholders to support the implementation of the Health Care Oversight and Coordination Plan developed in partnership with the Health Care Coordination Committee (HCCC). The HCCC is a multidisciplinary team comprised of Children's Division, the MO HealthNet Division (state Medicaid agency), the Department of Mental Health, the Department of Health and Senior Services, as well as other state agencies, pediatric and health care experts, and stakeholders. The HCCC meets quarterly to review the plan's goals and progress and to develop strategies for improving the accessibility and provision of quality healthcare services to children in foster care.

The committee was eager to achieve short- and long-term successes following the plan development but wanted to hone in on collective priorities. The Children's Division arranged to have a facilitator from Casey Family Programs guide the group's development of three priority focus areas:

- *All children entering state custody will have a comprehensive evaluation within 30 days to direct the development of a health care plan for the child.* Although required by policy, baseline data extracted from FACES in November 2014 illustrated low compliance in either getting children an EPSDT assessment within 30 days of entering out-of-home care, or getting this data entered into FACES. Missing or incorrect FACES data entries are presumed to account for a significant percentage of the low compliance results. Quarterly data was provided to each Regional Director and contracted foster care case management agency showing all children with missing HCY data entries in FACES with the expectation to review, disseminate, and develop local strategies for improvement. Quarterly data is also reviewed by the HCCC to garner input for improvement strategies and to update the committee on this statewide goal. When only minimal progress had been made by Children's Division staff and foster care case management providers in either getting children timely 30-day comprehensive assessments or entering completed exam data into FACES timely, Central Office amended the plan. Although the quarterly data is still run and distributed to illustrate continued progress, Central Office now provides monthly data and data detail to each circuit manager, program manager, quality assurance and improvement specialist, field support manager and regional director. The data detail includes new entries in the month prior that, although not overdue for his/her 30-day HCY exam, are included to prompt oversight at the local level to ensure the exam is either scheduled and/or promptly entered into FACES. Circuit Managers are expected to develop local plans for compliance and data entry improvement. Compliance expectations and strategies for improvement are continually addressed.

  The St. Louis and Kansas City regions have individual plans for improvement based on region-specific services available. The St. Louis region benefits from two health home pilot models: Washington University Medical Center's COACH Clinic and Cardinal Glennon Children's Hospital's Fostering Healthy Connections. All children ages 13-17 from St. Louis City and County are referred to the COACH Clinic for the initial 30-day comprehensive assessment. Children ages 0-12 are referred to the Fostering Healthy Connections program for the 30-day comprehensive assessment. The clinics had previously sent each individual case manager outcomes information from the initial assessment. It was clear this information was not being entered timely into FACES as data did not reflect the number of children known to have received the HCY exam. Therefore, a plan was implemented in August that the two clinics would provide a monthly list directly to a designated individual within the St. Louis region Children's Division to enter all HCY exam dates in FACES. All previous exams were also provided to the entry designee to reconcile data.

  The Kansas City region is covered by a nurse case management program contract. Every child entering out-of-home care in the region is automatically enrolled in the nurse case management program. Nurse case managers are responsible for the coordination and oversight of each child for the first thirty days, and longer for children meeting certain criteria. The contract requires the nurse case manager ensure each child receives the 30-day comprehensive assessment timely. Data entry had been the responsibility of the Kansas City region Children's Division case managers, but data did not reflect the number of exams known to be completed. In 2016, FACES user access was granted to the nurse case management staff to enter this data directly into the database. This has proved to be a more effective and accurate strategy.

Resource providers are largely responsible for scheduling the 30-day comprehensive assessment and ensuring the child receives this exam timely in the remainder of the state. The importance of getting timely HCY exams was discussed at a recent Missouri State Foster Care and Advisory Board meeting. Board members acknowledged an increased understanding of the requirements would be helpful. The Children's Division is developing informational material to provide to all resource providers highlighting the importance and requirements for the initial physical exam, 30-day comprehensive assessment, as well as information on interperiodic exams and other frequently asked questions.

- *Develop a measurement system specific to health outcomes for kids in care.* The HCCC wants the ability to measure key health metrics for children in out-of-home care to ensure children are getting necessary and appropriate health care. Developing an interface between Children's Division and MO HealthNet systems to track and measure health outcomes for children in care remains a goal. For more immediate impact, the MO HealthNet Division looked to the HCCC for recommended health care requirements, key metric targets, and measurable outcomes to be considered for inclusion in the new Managed Care contracts. Recommendations accepted as performance requirements within the contract released for bid in May 2016 include:

  - the health plan will work with foster parents/placement providers to ensure the child receives all required examinations and health care visits/interventions within the time specified by the Division and determined by the child's needs; and
  - the health plan will document and report:
    - the number of children who are eligible to receive the required health care visits/interventions,
    - the number of children who received the required visits within the required timeframe,
    - reasons why visits were not received within the required timeframe,
    - the number of children who needed mental health services and the number who did not receive mental health services and the reasons why; and
    - the most prevalent chronic diseases by age group.

Children in care will have access/increased access to quality behavioral health care. Children involved in the child welfare system have unique needs and, when indicated, should be referred to the right behavioral health care provider, not the most readily available. Several members of the HCCC formed a sub-committee that could dedicate more time and focus on the goal to examine children's access to quality and meaningful behavioral health care. This is a broad endeavor so the sub-committee decided to focus initially on residential care utilization rates. The group's objective is to determine if a lack of adequate or quality behavioral health care resources contributed to the youth's inability to remain in his/her community of origin or a less restrictive placement. The subcommittee is also looking at the Children's Division's internal referral and determination process to assess if youth are appropriate for residential treatment and, if so, he/she is matched with the most appropriate program. Transfer and discharge planning protocols are also being evaluated. The subcommittee is nearing completion of the residential treatment review

and will provide recommendations to the HCCC. The HCCC will then identify next steps so that in the coming year progress can be made toward the goal of increasing access to quality behavioral health care for all children in out-of-home care.

Appropriate Use and Monitoring of Psychotropic Medications

Missouri has long recognized the high psychotropic medication utilization rates for children in out-of-home care. A second opinion process was initiated in 2013 by which Department of Mental Health board-certified child and adolescent psychiatrist, Dr. Laine Young-Walker, conducted a review of ten cases meeting specified criteria. Obtaining complete records from prescribers and health care providers was a difficult task and the review did not render sufficient or meaningful data.

A workgroup consisting of the Children's Division Director, the MO HealthNet Director, the Department of Mental Health (DMH) Children's Services Director, and the DMH Chief Medical Officer for Children formed in 2015 to:

- Review and create edits through MO HealthNet to shift the current culture toward compliance with best practice guidelines for all children and youth.
- Review Children's Division child/youth psychotropic medication usage including:
    o Aggregate prescribing practices by prescriber and placement
    o Second opinion reviews for individual children based on best practices
- Identify alternative interventions to aid in the reduction of psychotropic medications
- Develop and provide educational opportunities and supports for Children's Division staff
- Explore system and practice options to develop and sustain oversight of the use of psychotropic medications for Children's Division children and youth

The workgroup then initiated a review of twenty-five (25) children/youth in Children's Division legal custody prescribed five (5) or more psychotropic medications in February 2016. Another twenty-five (25) children/youth were selected for review in April 2016. The DMH Chief Medical Officer, who is also a board-certified child and adolescent psychiatrist, is completing the clinical review to assess appropriateness and potential prescriber trends. Written feedback is sent to the prescriber, when indicated, requesting the prescriber respond to Dr. Young-Walker's clinical recommendations. If the prescriber is resistant to the recommendations, a call is scheduled to discuss directly. The lack of timely compliance from prescribers providing the requested documentation, as well as the quality of the documentation received, has required extensive follow up. MO HealthNet, as recommended by the Health Care Coordination Committee, will apply financial leverage to providers non-compliant with requests for records. The review is in progress and extensive findings are not yet available. MO HealthNet is a member of the workgroup and will receive review information and prescriber concerns. Review outcomes will also be shared with the case manager. Some reviews results with larger concerns are anticipated to be shared with the youth's Family Support Team in a team meeting.

Children's Division has begun the process of becoming trauma aware and will be training all resource parents on the National Child Traumatic Stress Network's Resource Parent Curriculum. Resource parents may have become too accustomed to using medications for behavior management, so it will be a process to give them more effective tools to manage without medications.

MO HealthNet (MHN) has removed Oppositional Defiant Disorder as a qualifying diagnosis for children under the age of 9 years. MO HealthNet has also implemented changes to the previous Atypical Antipsychotic Clinical Edit to include a review of all new and non-compliant requests for an atypical antipsychotic for all enrolled children less than 9 years old. Once a request is made, MHN requests case documentation from the prescriber. After receiving the case documentation, the requests are reviewed by board-certified child and adolescent psychiatrist, Dr. Laine Young-Walker, to ensure appropriate diagnosis, metabolic monitoring, and co-occurring, evidence-based behavioral interventions are implemented. Reviews are typically completed within five days of receipt of the case documentation and approval or denial is communicated to the prescriber. The workgroup is discussing increasing the age edit to include all children under 13 years of age.

Preliminary results of the review protocol show required lab tests are not routinely completed. Results also show requests for prior authorization for use of an atypical antipsychotic medication for children less than five years old has decreased by 73%, since this edit was first implemented in 2010. For children 5-8 years old, the number of requests for prior authorization has decreased but those requests submitted with documentation has increased by 65% from the six months prior to the edit change to six months after the edit change. Although few requests have been submitted overall, more approvals have been given since there has been an increase in the required, accompanying case documentation. There was also a total of 582 unique participants between the age of 0-8 who tried to fill an atypical antipsychotic medication from July 2015-June 2016 that were denied at the point of sale and the prescriber did not pursue another prior authorization.

In addition, the Children's Division has contracted with Care Management Technologies (CMT) to help with the monitoring of psychotropic medications through the ProAct Analysis system. CMT uses behavioral health analytics and decision-support tools to help agencies better coordinate care, promote evidence based behavioral health practices, and expedite ongoing measurement of improvement. The Children's Division recently completed an initial training on its functionality in September. Initially, the user group will consist of Central Office staff, as well as Dr. Laine Young-Walker and Dr. Patsy Carter, both involved in our psychotropic medication workgroup and reviews. Drs. Young-Walker and Carter will help guide the Children's Division in the use of ProAct and help determine which quality indicators to prioritize for monitoring. Discussions continue about how many end users to grant access and yet still have information available to staff. More information regarding this strategy will be available over the next few months.

Trauma-Informed Care

Children's Division recognizes exposure to trauma can impact children's physical health, emotional health, learning, behavior, and social skills. The Division, therefore, is committed to becoming a trauma-informed organization by which its policies and practices are embedded with a trauma awareness and focus.

The Children's Division is continuing its effort to train all staff using the NCTSN *Child Welfare Trauma Training Toolkit* curriculum utilizing trauma specialists from each region. By June of 2016, all Children's Division staff and contracted partners should be trained on the curriculum.

During the state fiscal year, the Division received funding for secondary trauma. As helping professionals routinely exposed to the trauma experienced by children and families, Children's Division staff are at risk for developing secondary traumatic stress. During calendar year 2015, staff began to receive training and consultation for secondary traumatic stress.

A committee has been formed to bring the Resource Parent Curriculum developed by the NCTSN to all resource parents in Missouri. Currently this training is being offered by the Foster and Adoptive Care Coalition in St. Louis and Dr. Kim Fielding in the Southwest Region of the state. The training expansion will occur by using champions to recruit potential trainers from their local communities to support this effort.

Children's Division Central Office has formed a trauma committee comprised of staff representing various roles within the Division, as well as a resource parent and two foster care alumni. The

committee's role is evolving, but includes the task of reviewing policies, forms, practices, and environments to ensure all are consistent with the guiding principles of trauma-informed care.

Disaster Plan

When disaster or emergency events occur in Missouri, such as tornadoes, damaging winds, flooding and power outages, and local assistance such as shelters and feeding operations or Multi Agency Resource Centers (MARCs) need to be open, Department of Social Services (DSS) Central Office Emergency Management staff report to the Missouri State Emergency Management Agency (SEMA) State Emergency Operations Center (SEOC). At the SEOC, they staff the Emergency Support Function (ESF) 6 desk along with SEMA Emergency Human Services staff and American Red Cross volunteers. If the scope of the event does not require SEOC activation, Central Office staff respond to the event remotely. DSS staff working in a response role, whether at the SEOC or remotely, provides information immediately to Children's Division staff regarding mass care activities such as daily shelter reports and other situational information throughout the event. This allows Children's Division staff to be aware of the area(s) of the state affected and the seriousness of the event.

Children's Division staff can then follow pre-established disaster response procedures, pursuant to the Division's Emergency Plans, to begin assessing the well-being and potential needs of children, families, and resource providers. Activities may include making contact with all resource providers caring for children in Children's Division custody to assess needs and provide assistance as needed. Children's Division Early Childhood and Preventive Services, along with the Department of Health and Senior Services, may need to make contact with Licensed and Registered Providers in the affected areas to assess any disruption in child care services and provide assistance if needed. This reach out to resource providers is the expectation of field staff in all disaster and emergency events regardless of scope.

Resource providers and residential care facilities that serve children under state care or supervision are required to have an emergency plan. Resource providers' plans are to address various disasters and include a plan for what will happen if disaster strikes when the resource provider is away from the child. The plan is to display contact telephone numbers, including a number for local and regional Children's Division staff, and a toll free number to contact Children's Division administration if other communication channels are not available. The family disaster plan is to be reviewed with the foster youth in the home every six months, which is documented in the resource provider's record.

The Children's Division has a statewide Emergency Operations Plan. Please see Attachment G—CD Emergency Operations Plan, Attachment H-- CD CAN Emergency Plan, and ATTACHMENT I—Out of Home Care Emergency Plan

The Children's Division Emergency Operations Plan includes direction and considerations in the accounting for, and responding to the needs of, children under state care or supervision. In addition, plans to continue essential agency functions, such as responding to in new reports of child abuse or neglect and providing services, are incorporated into the statewide plan.

The Children's Division Emergency Operations Plan recognizes that following a disaster, it is likely children under the care or supervision of the agency may be relocated out of state. If the child remains out of state longer than twenty-eight days, Interstate Compact for the Placement of Children (ICPC) protocols should be followed. Missouri Children's Division ICPC staff members have an established relationship with ICPC staff in other states throughout the country.

Each Children's Division office is required to have a local emergency plan that is regularly reviewed with staff and shared with stakeholders. The local emergency plan is an all-hazards plan that describes the local response with considerations for agency and community resources. Quality Improvement staff review the plan annually with each circuit to ensure the plan is updated and to make appropriate changes. Each circuit maintains emergency contact information for staff and managers, so essential Children's Division personnel are able to be located following a disaster. The Child Abuse and Neglect Hotline Unit also maintains contact information for staff and managers.

Essential program records are maintained electronically in Missouri's SACWIS system, the Family and Children Electronic System (FACES.) The records are accessible to Children's Division staff throughout the state. The records are backed up and efforts are made to ensure that they would continue to be accessible immediately following a disaster. The Information and Technology Services Division (ITSD) maintains and provides technical support for FACES and has an established disaster recovery plan. In addition, ITSD staff members are to have a presence at the State Emergency Management Agency if needed following a disaster to help maintain essential operations.

Employees are required to receive basic emergency management training through online courses offered through the Employee Learning Center (ELC.) The required training curriculum is reviewed annually and the assigned curriculum varies based on the employee's level of response in an emergency. This practice equips employees with basic information about responding to emergencies, which will make them better able to respond when a disaster occurs. The availability of training through the ELC has proven to be a useful tool for our agency and is readily available for staff at their convenience.

Department of Social Services (DSS) Central Office Emergency Management staff worked remotely as needed during the first quarter of 2015 for several events. Staff monitored winter weather conditions, maintained contact and coordinated information with State Emergency Management Agency (SEMA) Emergency Human Services staff and mass care partners, and provided information to SEMA leadership regarding partner involvement and shelter information for situational reports as necessary.

Two events occurred in February. The first event involved significant power outages in the Sikeston, Missouri (Scott County) area on February 21, 2015, due to inclement weather. No shelters or other mass

care needs were requested or reported. The second event occurred on February 28, 2015, near Rolla, Missouri, on I-44 Highway involving a multiple vehicle accident due to icy road conditions. A shelter was opened overnight at a local church to provide stranded motorists with a place to stay while the highway was cleared. DSS Central Office staff provided shelter reports to SEMA and DSS leadership from the time the shelter was opened in the afternoon until it was closed the following day.

The next month on March 15, wildfires in the St. Joseph (Buchanan County) area required home evacuations. Red Cross set up a shelter in St. Joseph should residents need overnight shelter, but there was no overnight population as the affected residents found other places to stay. The shelter was closed the next day.

Recurring storm systems that generated widespread flash flooding and severe storms from May 15 to July 27, 2015, resulted in Missouri being approved by the federal government for a major disaster declaration in August 2015, which included 76 Missouri counties. Governor Nixon first declared a state of emergency on June 18. Four weeks later, the Governor extended the state of emergency until August 14. The storms heavily damaged roads, bridges and other public infrastructure, and resulted in at least 10 deaths. More Missouri counties were included in the declaration than any other Missouri disaster since the Great Flood of 1993.

DSS Central Office staff again worked remotely as needed during the spring and summer months monitoring weather conditions, maintaining contact and coordinating information with SEMA Emergency Human Services staff and mass care partners in several areas of the state. Events monitored during this time period included flooding and storms in Mosby (Clay County), Winfield and Troy (Lincoln County), Desoto and Hillsboro (Jefferson County), Taylor (Marion County), Cassville (Barry County), and Kansas City (Jackson County) as well as all parts of the state May through July.

Red Cross opened shelters in Troy, (Lincoln County), Canton and LaGrange (Lewis), Palmyra (Marion), Festus (Jefferson) and Kansas City (Jackson County) during the time period of June 25 through July 7, 2015. DSS staff provided daily shelter population numbers to SEMA and DSS leadership. While population numbers were minimal, Red Cross staff and volunteers, along with many other non-governmental organizations and faith-based organizations, remained ready and available to assist in many communities should a need arise at any time due to flooding and potential evacuations.

DSS Family Support Division and Children's Division Field staff participated in Multi-Agency Resource Centers in the locations listed below. They provided information about Requests for Replacement Food Stamps, as well as information about other DSS programs, including Children's Division programs.

- Mosby (Clay County) – May 21
- Taylor (Marion County) – July 9
- Winfield (Lincoln County) – June 29 and 30
- Festus (Jefferson County) – July 12
- Cassville (Barry County) – hosted by DSS Family Support Division and Children's Division – July 15
- Brookfield (Linn County) – July 23

Late in 2015, unexpected heavy rain, flooding and flash flooding impacted the state beginning in late December. Governor Nixon declared a state of emergency in Missouri on December 27, 2015. The

Missouri State Emergency Operations Plan was activated, allowing state agencies to coordinate directly with local jurisdictions to provide emergency services.

On the evening of December 26, 2015, DSS Central Office staff began working remotely as soon as reports of mass care needs were received due to early reports of flooding. Staff monitored weather conditions, maintained contact with and coordinated information with SEMA Emergency Human Services staff and other mass care partners, and provided information to SEMA leadership and other partners regarding partner involvement and shelter information for situation reports as necessary.

DSS Central Office staff efforts continued remotely until the morning of December 28, 2015. On that date, staff reported to the State Emergency Operations Center when requested, staffing the Emergency Support Function 6 desk along with SEMA Emergency Human Services staff, Federal Emergency Management Agency staff, and a Red Cross volunteer throughout the activation and response efforts.

Red Cross immediately opened a shelter in Arnold, Missouri (Jefferson County) on December 26, 2015. Before the flooding subsided, shelters were also opened in eleven locations listed below with the final shelter closing on January 9, 2016.

- St. Robert (Pulaski County)
- Carthage (Jasper County)
- Joplin (Jasper County)
- Branson (Taney County)
- Lamar (Barton County)
- Springfield (Greene County)
- Pacific (Franklin County)
- Union (Franklin County)
- St. Charles (St. Charles County)
- Cape Girardeau (Cape Girardeau County)

Note: Several of these shelters were on Stand-by/Alert status for a day or two prior to opening or after closing in addition to two other Stand-by/Alert shelters – one in St. Louis City and one in Ste. Genevieve.

DSS clients who were currently receiving Food Stamps at the time of the flooding and who lost food purchased with Food Stamp benefits due to the flooding were eligible to complete a Request for Food Stamp Replacement form.

On January 2, 2016, the President approved Governor Nixon's request for a federal emergency declaration. DSS FSD submitted a request for approval on Monday, January 4th, to extend replacement benefits from 10 to 30 days for clients utilizing the Supplemental Nutrition Assistance Program benefits. Approval of the request was received on Wednesday, January 6, 2016. Clients eligible were then able to complete the Request for Replacement Food Stamp form and return it no later than February 3, 2016

As recovery efforts began, DSS Family Support Division and Children's Division field staff participated in Multi-Agency Resource Centers in the following locations:

- Cape Girardeau (Cape Girardeau County) – January 8th

- House Springs (Jefferson County) – January 9 and 10
- Pacific (Franklin County) – January 11 and 12
- Manchester (St. Louis County/City) – January 14 and 15
- Noel (McDonald County) – January 16
- Arnold (Jefferson County) – January 16

In addition to having Requests for Replacement Food Stamp forms on-site at the Multi-Agency Resource Center locations, DSS staff also had information about other DSS programs, including Children's Division programs.

Central Office and Field staff participated in Governor's Partnership, Missouri Voluntary Organizations Active in Disasters (MOVOAD), St. Louis Area Regional Council of Community Organizations Active in Disasters (COADS), and other local COAD conference calls throughout the response and recovery phases. The purpose was to remain aware of ongoing efforts and have information available to share with DSS clients with needs related to the flood event. Field staff also engaged in local outreach efforts to ensure clients were informed of the Food Stamp Replacement procedures.

Throughout all of the above operations, numerous partner organizations assisted in the response and recovery operations. In addition to mass care activities, DSS Emergency Management Central Office management and field management staff participated in collaborative efforts through the Governor's Partnership, Missouri Voluntary Organizations Active in Disaster, and the State Mass Care Committee to ensure partner organizations responded and worked together in a coordinated manner.

In addition to responding to disaster or emergency events, Children's Division staff members are involved in emergency management planning, training and exercise events throughout the year as well. Several Children's Division staff members serve on the DSS Emergency Management Team and/or serve as DSS Responders to the State Emergency Management Agency State Emergency Operations Center. In addition, the Children's Division has its own Emergency Management Team. This team meets quarterly to plan for specific divisional emergency management needs.

In 2015, a number of Children's Division staff members continued to actively participate in the Children and Youth in Disaster (CYD) Subcommittee of the Access and Functional Needs Committee of The Governor's Faith-Based and Community Service Partnership for Disaster Recovery (The Partnership.) The Partnership serves as the State Citizen Corps Council per Executive Order 09-25. The mission of the Children and Youth in Disaster Subcommittee is to promote and facilitate comprehensive interagency planning for the needs of children and youth in emergencies and disasters in Missouri.

Children's Division and other DSS staff serve on five of the six Work Groups of the Children and Youth in Disasters (CYD) Subcommittee and co-chair three of the Work Groups – Children in State Custody or Congregate Care, Child Care, Pediatric Behavioral Health, Emergency Services for Children and Youth, and Education. The remaining sixth Work Group of the CYD Subcommittee is Public Health and Medical. As in 2014, the highlight of the Subcommittee's work in 2015 was the November Children and Youth in Disaster's Summit held in Jefferson City, Missouri. Reunification was the focus of the 2015 Summit.

On Tuesday, March 3, 2015, Children's Division offices across the state participated in the annual Statewide Tornado drill. The drill is part of Severe Weather Awareness Week in Missouri, which focuses

on all severe weather, including severe thunderstorms, flooding and lightning. The drill began at 1:30 p.m., outdoor warning sirens sound where available, and Safety Coordinators ensured that Children's Division staff take shelter in previously identified safe places.

Lead DSS Emergency Management staff from DSS Program Divisions, including the Children's Division, attended the annual State Emergency Management Agency Emergency Management Conference on April 1-3, 2015, to gain information and insight about effective emergency preparedness, response and recovery. A second training opportunity provided by the State Emergency Management Agency was held on November 2-3, 2015 and attended by Children's Division staff – the Emergency Human Services Conference and Volunteer Symposium. The focus of this 2-day event was Mass Care and the August 2016 Show Me National Mass Care Exercise.

On May 4-8, 2015, Children's Division staff were important participants along with other DSS Responders in "Vibrant Response", a functional exercise held at the State Emergency Management Agency (SEMA) State Emergency Operations Center in coordination with SEMA, the Federal Emergency Management Agency, the Missouri National Guard, the U.S. Army and other federal agencies. The scenario for the exercise was a terrorist attack during which a 10-megaton improvised nuclear device (IND) was detonated in downtown Kansas City. This exercise provided Children's Division staff with an opportunity to collaborate with SEMA staff and other Emergency Support Function 6 Mass Care partners, such as the American Red Cross, Salvation Army, Southern Baptist Convention, United Way 2-1-1, etc. In preparation for Vibrant Response, Children's Division staff attended a DSS coordinated Vibrant Response and Emergency Support Function 6 Desk orientation prior to the exercise.

DSS Central Office Emergency Management and field staff participated in the Ameren UE Callaway Energy Center annual exercise held at the State Emergency Management Agency (SEMA) State Emergency Operations Center in May 2015. Also in May, Family Support Division and Children's Division staff participated in the Ameren UE Callaway Energy Center 2015 Reception and Care Decontamination Center Exercise conducted at the Hermann Middle School in Hermann, Missouri, in Gasconade County. Local DSS field staff participated as required, along with American Red Cross volunteers, and other state agencies, including the Department of Mental Health and the Missouri Department of Transportation. A Reception Center Exercise is not scheduled for 2016; however, two are scheduled for 2017.

Information regarding the October 15, 2015, Central US Shakeout and earthquake preparedness was provided to all DSS staff, including Children's Division staff.

Training Plan

Please see Attachment J—Statewide Training Plan and Attachment K—Training Plan Matrix for more information.