

Missouri Department of Social Services, Children's Division



TITLE IV-B

2020 – 2024 CHILD AND FAMILY SERVICES PLAN

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Title IV-B

2020 - 2024 Child and Family Services Plan

State of Missouri

Department of Social Services

Children's Division

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Link to 2015-2019 Child and Family Services Plan found at <http://dss.mo.gov/cd/cfsplan/>

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Collaboration and Vision

State Agency Description

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

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

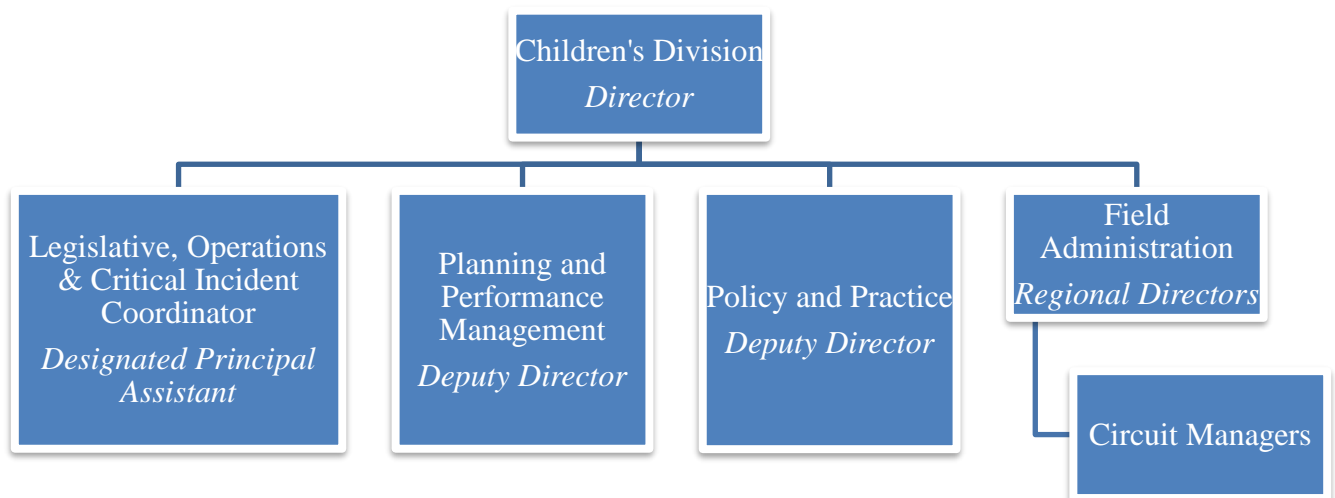
- Children's Division
 - Oversees a 24-hour child abuse and neglect hotline
 - Investigates child maltreatment reports
 - Provides preventive services to at-risk families
 - Provides intensive family supports for at-risk families
 - Provides foster care services for maltreated children
 - Assists with children finding permanency with adoption and guardianship services
 - Provides services to older youth in foster care
- Family Support Division
 - Oversees the food stamp program
 - Child Support Enforcement
 - Temporary Assistance for Needy Families
 - Rehabilitation Services for the Blind
 - Eligibility Determination for MO HealthNet and MO HealthNet for Kids
- MO HealthNet Division

- Purchases and monitors health care services for low income and vulnerable citizens
- Division of Youth Services
 - Care and treatment of delinquent youth; includes assessment, treatment, and education

Children’s Division Structure

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

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



Collaboration

The Children’s Division has collaborated with stakeholders in the development of policy and practice for many years. During the second round of the Child and Family Service Reviews (CSFR), Missouri developed the CSFR Advisory Committee. The purpose of this collaborative advisory committee is twofold; first, to serve as a vehicle for cross-system collaboration to

promote the achievement of better outcomes for the children, youth, and families; and second, to fulfill an ACF requirement for a collaborative process.

The CFSR Advisory Committee's centralized focus is to build an advisory resource infrastructure to result in positive outcomes for children, youth, and families. A broader collaboration of this kind benefits families in improved access and service availability, and a reduction of services and funding fragmentation. Standing members include Children's Division managers, representatives of the Department of Elementary and Secondary Education, Department of Mental Health, Office of State Courts Administrator, Department of Health and Senior Services, Children's Trust Fund, CASA, Missouri Coalition Against Domestic and Sexual Violence, the health care community, private child welfare agencies, public university partners, a tribal representative, as well as foster/adoptive parents, foster youth, and front-line staff.

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

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

The Children's Division continues to collaborate with the courts through a variety of mechanisms. A member of the Children's Division's management team attends the Juvenile Court Improvement Project meetings and regularly shares relevant data. There are 17 Fostering Court Improvement (FCI) sites in the state. Fostering Court Improvement is a collaborative effort to use agency and court data systems to improve case handling, and outcomes through intensive data focused interaction and training for personnel in selected project judicial circuits. Further court collaboration efforts are described in the Program Improvement Plan (PIP) semi-annual report found at the end of this report (Attachment A). In addition to the above projects, an OSCA representative participates in the planning and development of the Children's Division's quarterly In-Focus newsletter, a newsletter developed to guide the CQI teams at all levels. In turn, OSCA shares the newsletter with judges and other court personnel throughout the state.

The Children's Division will continue to seek the guidance of the above groups, and several more, for the implementation and monitoring of the CFSP and PIP. See the Collaboration section of the 2015-2019 CFSP Final Report for more information on the various groups and committees

with whom the Children’s Division collaborates regularly. Their input is valued and necessary for the continued improvement of Children’s Division practice and outcomes.

Vision, Mission and Guiding Principles

Vision

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

Mission

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

Guiding Principles

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

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

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

Partnership – Families, communities and government share the responsibility to create safe, nurturing environments for families to raise their children – only through working together can better outcomes be achieved.

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

Permanency – Children are entitled to enduring, nurturing relationships that provide a sense of family, stability and belonging.

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

Assessment of Current Performance

Missouri Children’s Division is a data-informed agency and encourages all levels of staff to use data to assist in improvement planning. Missouri’s data as it relates to child and family outcomes and agency systemic factors is described below. Missouri participated in Round 3 of the Child

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

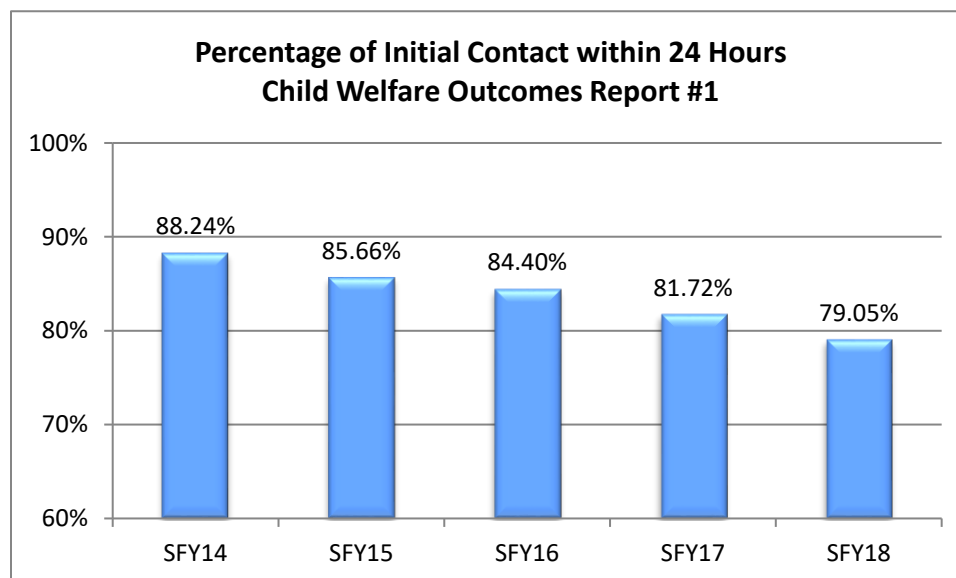
A case review tool has been developed within the FACES system, which draws random samples of cases and provides individual case review data for workers and supervisors. The tool closely mirrors the On-Site Review Instrument (OSRI). The case review instrument includes the 18 CFSR items based on safety, permanency, and wellbeing. Program Improvement Plan baseline data and on-going monitoring will utilize the case review tool in FACES. These quarterly case reviews began in April 2018 and will continue throughout the PIP.

Safety Outcomes 1 and 2

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

Safety Outcome 1

Missouri's CFSR in July 2017 resulted in 93% substantially achieved for timeliness of initiating investigations of reports of abuse or neglect. Case reviews for the past year have resulted in 83%



of cases being substantially achieved for this outcome. The chart on the left displays Children's Division data from the state's FACES Information system. A decline in timely initial contact performance is reflected for the past five fiscal years. The

Children's Division Annual Report produced by Research and Evaluation indicates the time between receipt of a report and initial child contact in 0 – 24 hours was 84.6% for SFY 2018. This is an increase from the previous year of 80.4%. The annual report information is based on

completed reports and does not include expunged reports or reports where the only category is educational neglect, which requires contact within 72 hours per state policy. A recent comparison between the CD Annual Report and the Child Welfare Outcomes Report notes the performance varies between one and two percentage points. However, the difference for SFY18 is more significant, with five percentage point variation. An internal workgroup of Quality Assurance System (QAS) members and CAN policy staff has been developed to review the logic for all published reports to identify potential inconsistencies in reporting. Due to the overall decline in performance on a critical piece of child safety, timely initial contact will be addressed as a goal in the 2020 – 2024 CFSP.

Safety Outcome 2

For Safety Outcome 2, 58% of cases reviewed during the CFSR in July 2017 were found to be substantially achieved. For cases reviewed to date in the FACES system, 60% have been rated as substantially achieved.

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

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

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

their homes. The exploration and implementation of approved evidence-based practice models are outlined as a goal later in this document.

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

Risk and safety assessment and management was a significant concern for Missouri during the CFSR, with 60% of cases rated strength. Children's Division case reviews to date have shown strength ratings for 59% of cases. The PIP establishes quality safety and needs assessments as a cross-cutting theme to be addressed with Signs of Safety tools and processes are woven into the key activities. An update to the action steps outlined in the PIP can be found in Attachment A of this document.

Appropriate safety planning and on-going monitoring of the safety plans was also an area of concern during the CFSR. Additionally, there have been concerns voiced by community stakeholders in regards to safety planning and monitoring. While the theories of Signs of Safety have been introduced to community partners throughout the state, the practice is not yet consistent. With the integrated practice model, a work in progress, on-going implementation work will be addressed in this CFSP, designed to coordinate and support PIP strategies.

Permanency Outcomes 1 and 2

Missouri's CFSR Round 3 Data Profile dated January 2019 indicated the Children's Division successfully met three of the five permanency indicators.

- For permanency within 12 months of entering custody, the Children's Division has not met the national standard of 42.7%. The Risk-Standardized Performance noted in the data profile is 31.6%. Children's Division has struggled with this measure in the past and continues to do so.
- For permanency within 12 months for children in custody between 12-23 months, the Children's Division met the national standard. Missouri's RSP is 49.7%, while the national standard is 45.9%.
- Missouri also met the national standard for permanency within 12 months for children in custody more than 24 months. The national standard is 31.8%, and the RSP for the Children's Division is 34.3%

- The national standard for re-entry into foster care is 8.1% or less. This measure was met as the RSP for Missouri is 5.0%.
- The final permanency indicator is placement stability. The national standard is 4.44 or fewer placement moves per 1,000 days in care. According to the 2019 data profile, Missouri's performance is 5.94, above the national expectation.

Permanency Outcome 1

The CFPSR conducted in July 2017 resulted in 23% of cases being found to be substantially achieved for Permanency Outcome 1. For the cases reviewed to date in the FACES system, 33% are substantially achieved.

While the data indicator for placement stability was not met, Missouri's highest performance item within Permanency Outcome 1 is the stability of foster care placements, with 88% strength ratings during the CFPSR and 80% strength ratings in subsequent case reviews. In addition to Team Decision Making meetings being held when foster care placement is being considered, TDM meetings have also begun in a few areas of the state when a foster child's placement is at risk of disruption. TDM data is being collected in these sites, and the CY 2018 data indicates for the placement change meetings, 32% of the children have maintained their placements as a result of the TDM meeting.

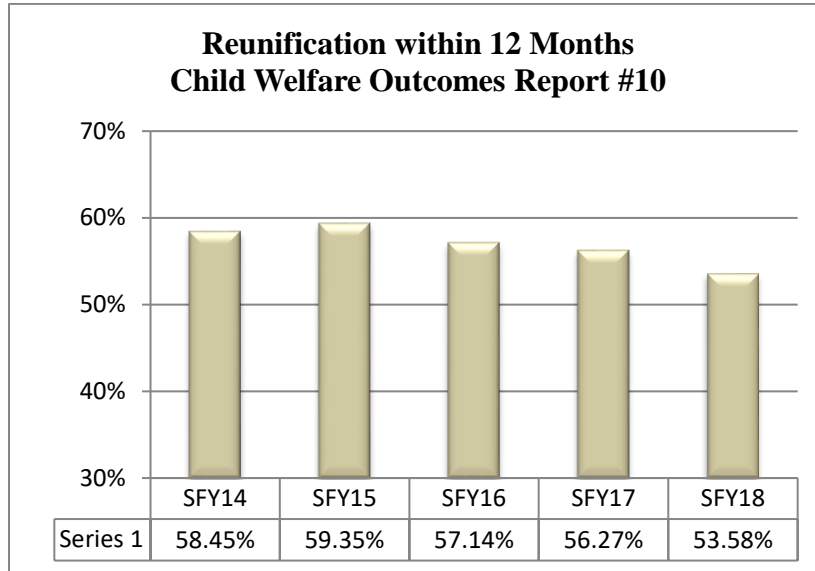
The results of the CFPSR in July noted 55% of the cases reviewed for Item 5, Permanency Goal for the Child, received strength ratings. One hundred percent (100%) of the cases had goals specified, 78% had goals established timely, and in 80% of the cases, the goal was determined to be appropriate. Of the 40 foster care cases reviewed utilizing the FACES case review tool, 57% (23/40) have been determined to be strengths for this item. Similar to the CFPSR results, 100% of cases had goals specified in the case file, 83% of the time the goals had been established timely and 83% of the time the goals were appropriate to the child's circumstances.

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

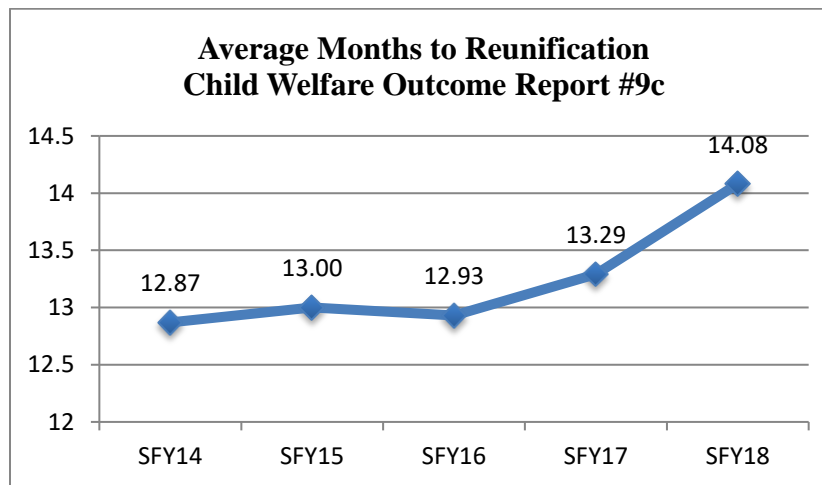
Efforts to achieve timely termination of parental rights will be discussed in the Case Review System of this section.

The most concerning area for Permanency Outcome 1 is the achievement of timely permanence, with 25% strength ratings in the CFPSR and 43% strength ratings for on-going case reviews. As

supported by the data indicators, efforts to achieve permanency for children within the first 12 months of custody have continued to achieve less than desired outcomes. The following chart depicts the percentage of time the reunification occurred within 12 months of custody of the children who have returned home.



The next chart outlines the number of months to achieve reunification for the past five fiscal years. The number of months has steadily increased, leading to longer stays in foster care for children who achieved reunification.



Several strategies to improve timely permanency for all children are outlined in the PIP. For a description of progress to date, please refer to Attachment A of this report.

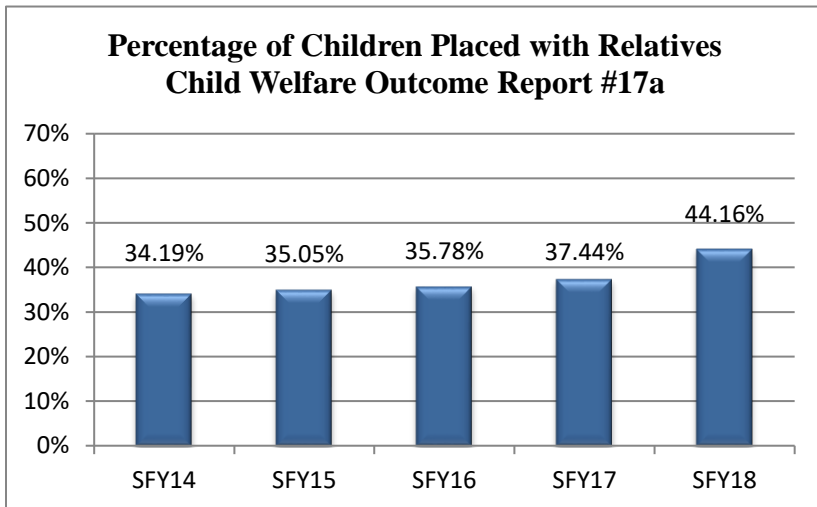
Permanency Outcome 2

Permanency Outcome 2 focuses on preserving relationships and connections for children in foster care. This outcome was rated 65% substantially achieved during the CFSR in July 2017. Permanency Outcome 2 has received 63% substantially achieved ratings for FACES case reviews completed to date.

Placing siblings together whenever possible, is positive for Missouri's child welfare system. Of the 18 case review items, this is the only item found to be in substantial conformity during Round 3 of the CFSR with 97% of the cases reviewed receiving strengths ratings. Of the 40 foster care case reviews completed to date in the FACES system, 90% have received strength ratings. Placement with siblings is a strong value within the child welfare system in Missouri and is well-supported in state statute. Sibling placement is discussed in placement stability staffings, whether through the Family Support Team (FST) process or Team Decision Making (TDM) meetings. Efforts have recently been made to produce monthly, child-specific reports which can assist supervisory staff in ensuring all efforts are made to place siblings together, when safe and appropriate. In FY19, the percentage of children placed with all siblings in foster care has increased from 56.9% to 58.5%, and for placement, with at least one sibling the percentage has increased from 76.8% to 77.9%.

Relative placements are another priority for Missouri. Item 10, Relative Placement, received 79% strength ratings during the most recent CFSR and 82% for the FACES case reviews completed to date. The chart at

the right provides the percentage of foster care children placed with relatives for the past five years. A recent change in state statute adjusts the definition of relative to include non-relative kinship relationships. As such, the percentage of relative placements in SFY18 reflects this change. As kinship homes are re-licensed, kinship



placements will become obsolete in the case management system. The system now requires the case manager to enter the degree of a relationship if a relative home is selected, thus allowing the Children's Division to identify relative and non-relative placements according to the federal definition.

Visitation between children and their parents was identified as a strength in 71% of cases reviewed during the CFSR, and 72% of the 40 foster care cases reviewed within the FACES

system. Efforts to promote and support relationships between children and their parents above and beyond regularly scheduled visitation was found to be 58% strength during the CFSR and 62% strength in case reviews completed in the FACES system. Agency efforts for mothers are higher than efforts for fathers; however, the differences are not significant for Items 8 and 11. Practice model initiatives such as Signs of Safety and Team Decision Making incorporate an enhanced focus on parental engagement. Children’s Division believes these will have a positive impact on the work to increase parent/child interaction, both through visitation and additional opportunities to strengthen their relationships.

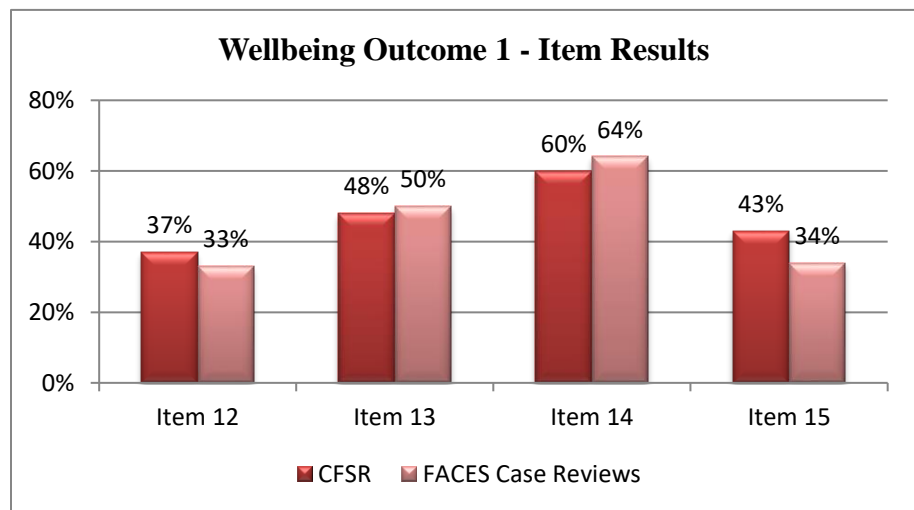
Preserving the connections foster children have before they enter custody was determined to be an area needing improvement during the CFSR with 70% of cases receiving strength ratings. For foster care cases reviewed to date in the FACES case review system, 66% have received strength ratings. Missouri does not have any federally recognized tribes within the state, which can cause a lack of emphasis on the identification of tribal children. Missouri has worked with the Capacity Building Center for States to provide training experiences for staff in this area. For more information, please refer to the Consultation and Coordination between States and Tribes section of this report.

Wellbeing Outcomes 1, 2 and 3

Wellbeing Outcome 1

Wellbeing Outcome 1, Families have enhanced capacity to provide for their children’s needs, received the next to the lowest rating from the CFSR in July 2017, with 37% of cases rated as substantially achieved. This percentage drops to 28% for on-going case reviews using the FACES case review tool. The following chart outlines the CFSR and FACES case review results by item.

The assessment of needs and provision of services in relation to parents scored the lowest among the sub-items in Item 12, with mothers rated higher than fathers. Improving the quality of safety and needs assessments was identified as a cross-cutting theme in the



Child and Family Services Review and is addressed in Missouri’s Program Improvement Plan.

For updates on the progress of the key activities, please see the PIP Update at the end of this report (Attachment A).

Involvement in case planning (Item 13) is another item addressed in the PIP through strategies to improve parent engagement. Signs of Safety and Term Decision Making processes provide staff with tools and facilitation skills to better engage children and families in the case planning process. Their best hopes, along with existing safety, give a foundation to build upon to address the safety concerns resulting in Children's Division involvement with the family. Further implementation of the integrated practice model is addressed in the Goals and Objectives section of this report for additional focus in the upcoming years.

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

Visitation between the case manager and the parents is also an area needing improvement for the Children's Division. A strategy addressing this specific item is found with the PIP matrix in the Parent Engagement section.

Wellbeing Outcome 2

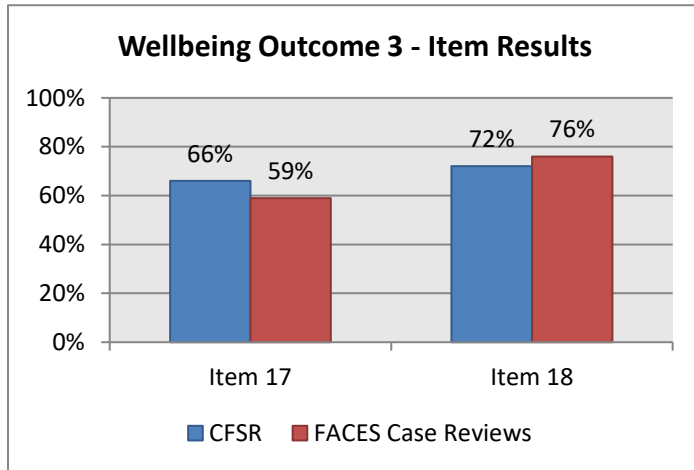
The assessment of and provision of services for educational needs of children are areas which the Children's Division cannot practice in a vacuum. It is imperative to partner with local school districts at the case level and with the Department of Elementary and Secondary Education (DESE) at the state level. While the case review outcomes have been strong (83% strength ratings during the CFSR and 88% strength ratings for FACES case reviews), there are continual efforts to engage educational partners. The Children's Division has identified a Program Development Specialist at Central Office who focuses on child well-being, to include education. Likewise, DESE has a position dedicated as liaison with the Children's Division to help coordinate educational issues for foster children. Missouri also has many resources for early childhood education through programs such as Home Visiting and Parent as Teachers. More information about these programs can be found in the Service Array and Agency Responsiveness to the Community portions of this report.

Wellbeing Outcome 3

Wellbeing Outcome 3 focuses on the physical and mental/behavioral health of children. Overall, the outcome was determined to be substantially achieved in 58% of the CFSR cases and 56% of

the cases using the FACES case review tool. The chart below provides the case review results for each item within Wellbeing Outcome 3.

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



The Children’s Division has entered into a contract with the Center for Excellence, through the University of Missouri, to provide mental health consultation. Case managers can request a consultation on a variety of topics, including psychotropic medication. For more information about the state’s efforts regarding the physical and mental health wellbeing of children, please refer to the 2020-2024 Healthcare Oversight and Coordination Plan (Attachment B).

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 of the child’s placement, and permanency goals of every child in foster care. Staff is expected to update the electronic case record in FACES timely and accurately to capture the required information for federal reports and best practice. Case Managers must use FACES as a case management tool; therefore, they are expected to enter assigned case information. The Children’s Service Worker must record any placement changes into FACES within 24 hours of the change. All other Family-Centered Out-of-Home activities should be recorded at least every 30 days. When cases are selected for the case review process, circuits can print the record if necessary.

When a child is placed in out of home care, FACES requires the worker to enter demographic information, permanency goals, and placement location. A case cannot be opened without this information, and it is expected the case be opened in the system within 24 hours of removal from the home. When a child becomes known to the Children’s Division, a Departmental Client Number (DCN) is assigned in the Department of Social Services’ common area. This number follows the child throughout any service provided by the Department of Social Services, including the Children’s Division. In addition to the DCN, the child’s date of birth, race, and

gender is entered into the common area and subsequently populated into the FACES system. FACES was recently updated to allow staff to select “unable to determine” race in addition to another known race, as required for National Youth in Transition Database (NYTD) reporting.

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

To more fully assess this systemic factor, a random sample of 1% of all foster care cases open at a point in time are selected and reviewed by the Children’s Services Supervisor assigned to the case each year. Data such as status, demographics, placement location, and permanency goals are reviewed for accuracy. The following chart details the frequency the demographic category was correctly entered into FACES for the past three years.

Year	Race	Hispanic	Gender	Legal Status	Permanency Goal	Placement Type/Location
2016	93.9%	99.2%	100%	100%	93.9%	96.2%
2017	96.1%	96.8%	100%	100%	99.2%	98.4%
2018	99.94%	99.99%	100%	100%	99.98%	99.99%

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

Case Review System

Strengths within the Case Review System in Missouri include the timeliness of periodic reviews and permanency hearings.

Periodic reviews for children in foster care occur at least every six months within the court process. Missouri Supreme Court Rule 124.01 requires Permanency Hearings to be held within 12 months of the juvenile coming into care and annually thereafter. It also requires a Permanency Review Hearing to be held at least every six months while the child remains in custody. Therefore, every six months, a child is required to have a permanency hearing or a permanency review hearing. The Dispositional Hearing may be held separate from or immediately following the adjudication hearing. A determination is made as to the legal and physical custody of the child, as well as the most appropriate means to address the concerns established in the adjudication hearing. Reasonable efforts required of the Children’s Division to reunify the family may be ordered. Dispositional Review Hearings are held within 90 days of the Dispositional Hearing and may be held as often as needed to determine the appropriate permanency plan for the child. Dispositional hearings, dispositional review hearings, permanency hearings, and

permanency review hearings are the court hearings utilized in AFCARS reporting to establish compliance with periodic review requirements.

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

The Children’s Division works with the Office for State Court Administrator to collect data on court hearing timeliness. The information provided below indicates strong performance in these areas for the past three years.

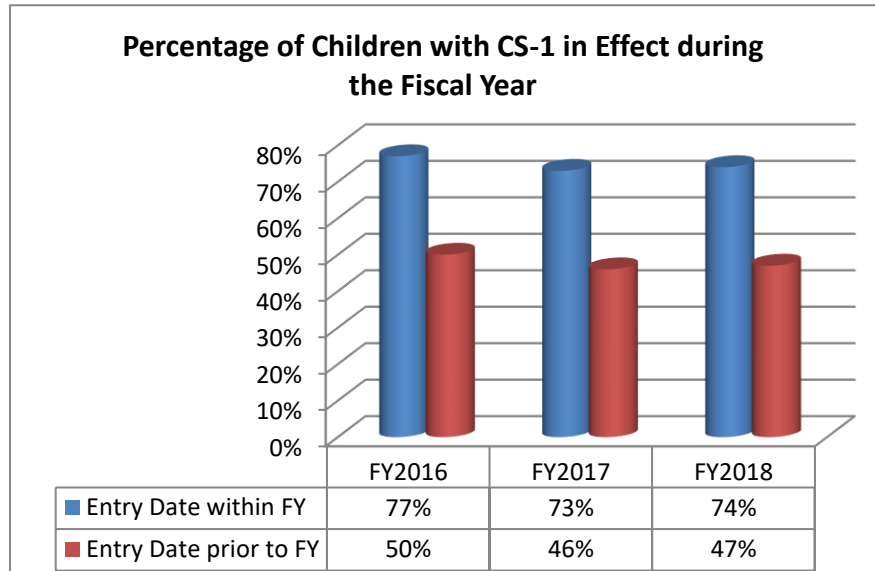
	Periodic Review Every Six Months	Permanency Hearing
FY16	97.7%	97.1%
FY17	97.6%	98.1%
FY18	98.2%	96.4%

Areas of need within the case review system include written case plans and timely filing of termination of parental rights.

The Children’s Division is in the final processes of introducing Signs of Safety (SOS) to all regions of Missouri and integrating this into policy. SOS is a family engagement practice, and with its implementation, the initial written case plan is evolving. In the past, the written case plan was documented on a Children’s Division form (Written Service Agreement, CD-14B) and served as the preliminary case plan developed at the 72-hour FST meeting. With the implementation of SOS, the worker and family develop a mapping document which identifies the worries associated with the child and family, what is working well with the child and family and what needs to happen next to help alleviate the identified worries. This map informs the initial case plan and is revisited frequently with the family. This summary document is called a Risk Assessment Map and must be completed within 30 days of the case opening and then updated at the end of each quarter. SOS engagement tools such as the house and the wizard can be utilized with children to include their voice in the planning process. The tool FST Guide is available for staff and can be used as a guide for case planning. At the end of the first 30 days of custody, the Child Assessment and Service Plan (CS-1) is developed as the written case plan and contains all federally mandated elements. This plan and form are documented in the FACES system. The CS-1 is used to record the decisions made by the Family Support Team, with the FST members

participating in the development of the case plan. Any identifying information and summary of prior services offered to the family are to be documented on the CS-1. The CS-1 is then reviewed and updated as needed every 30 days until adjudication and for subsequent Permanency Planning Review Team meetings (six-month FST meetings). The CS-1 is designed to be a dynamic form to which information can be continuously added over the life of a case.

Completion of the Child Assessment and Service Plan (CS-1) has been an area of need for the Children’s Division for the past few years. As noted in the chart, children entering foster care within the identified fiscal year are more likely to have an updated written case plan than children who have been in custody for a longer period of time.



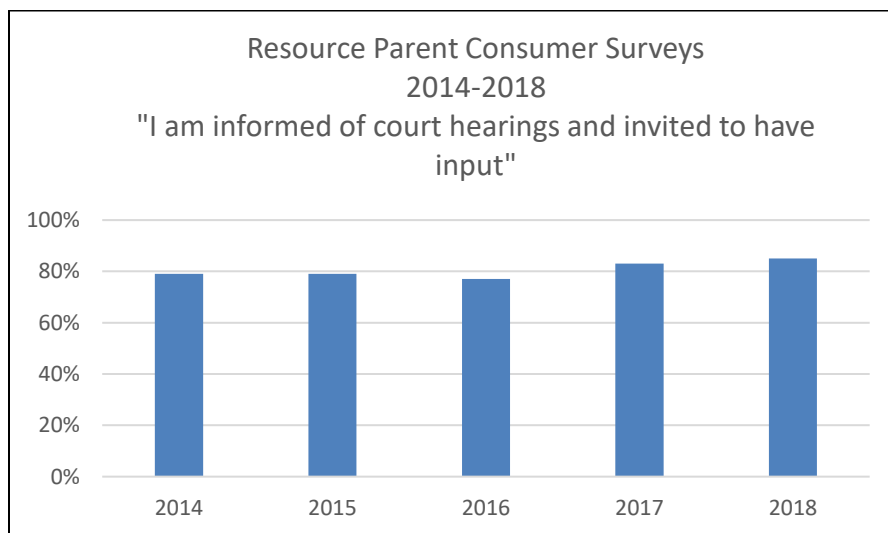
The area of supporting more timely permanence through the consistent development and the use of written case plans will be addressed in the Goals/Objectives section of the CFSP.

The timely filing of termination of parental rights is also an area of concern within the case review system in Missouri. For the past three fiscal years, TPR petitions have been filed within 15 months of custody for 32% (FY16), 36% (FY17) and 37% (FY18) of children.

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

burdensome. For additional updates on the progress of these PIP items, please refer to Attachment A of this report.

The provision of notice of hearings and reviews to caregivers in Missouri is not tracked electronically. However, Children’s Division mails a consumer survey to every licensed resource parent (foster, relative, and kinship) in the state during a calendar year. One question on the survey is, “I am informed of court hearings and invited to have input.” The statewide survey data since 2014 shows that 77-85% of resource families respond that they are informed of court hearings and are provided the opportunity to have input, with the most recent information representing slightly improved performance. Foster parent notification of court hearings will be explored as a topic for local Court Technical Assistance Teams.

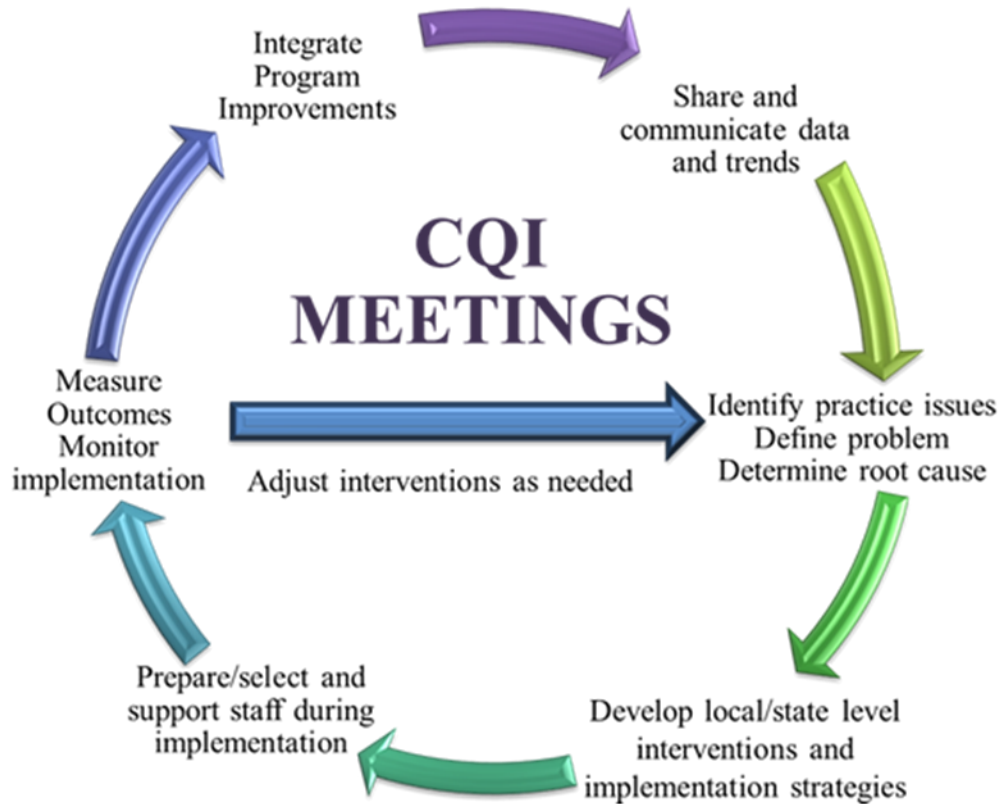


Quality Assurance System

The Continuous Quality Improvement (CQI) system in Missouri continues to function effectively and consistently in line with the agency’s established process. There is consistent application of CQI across the state, including each circuit jurisdiction.

Missouri’s leveled CQI meeting structure involves all levels of staff, stakeholders, and community partners to examine practice performance and how practice, policy, or values can be systematically improved. The diagram below provides a visual representation of the CQI structure and meeting process.

Quality Assurance System (QAS)



CQI is the process by which all staff is involved in the evaluation of the effectiveness of services provided to participants by the Children’s Division. Evaluation is participant and stakeholder-driven to examine:

- Children’s Division’s internal policies, procedures, and outcomes;
- Observations and suggestions from participants; and
- The relationships/interactions between the division and other stakeholders.

There are many ways to be involved in CQI including but not limited to, community meetings, program improvement planning, a variety of case reviews and CQI team meetings

The Children’s Division provides training and an informational handbook for all levels of staff about the CQI process. The CQI handbook can be accessed at this link:

http://dssweb/cs/CQI/cqi_handbook/cqi_handbook%20Chapter%201.pdf

Also, the Children’s Division produces a quarterly newsletter (In Focus) to help inform staff of practice challenges to be examined during CQI meetings. All CQI agendas should include a

review of the newsletter. In Focus provides practice and data related information meant to guide teams through the CQI process. While teams are encouraged to use the newsletter in their meetings, teams are not limited to discussing newsletter items only.

IN FOCUS NEWSLETTER LINK: <http://dssweb/cs/CQI/newsletter/>

Quality Assurance System Structure

In 2018, the QAS team split into three sections of focus: Data Analysis; Quality Improvement; and regional QAS support. These staff will be dedicated solely to the QAS to ensure there is consistency for Missouri’s Children’s Division. Unit oversight for data analysis and quality improvement is given by Deputy Director for Planning and Performance Management. Regional Directors or their designees provide oversight for regional liaisons.

The reorganization and split was a direct result of the finding of improvement needed during the 2017 CFSR. The new structure was to specifically address the case review system and lack of consistency within the structure and functioning of the statewide system.

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

Regional QAS team members continue to focus on providing support to field staff in practice model implementation, Council on Accreditation activities, CFSR and ongoing case reviews, and improvement planning.

Improving the quality of service provision is central to ensuring positive outcomes for children and families. Currently, QAS team members with focus on Quality Assurance (QA) evaluate

trends and outcomes on an ongoing basis to determine service delivery and program effectiveness and to provide guidance to state, regional and circuit staff through a variety of mechanisms, including but not limited to one on one coaching, presentations and involvement in strategic planning meetings. QAS team members with a focus on Quality Improvement (QI) assists in planning and implementing change through a variety of methods and also focus on the Council on Accreditation preparedness, readiness, and sustainability.

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

To assist with the measuring, monitoring and improvement of high quality, sustainable child welfare service provision, the following data reports are available to all staff: Monthly Management reports, Child Welfare Outcome reports, Children's Division Annual report, Child Abuse and Neglect Annual report. Also, the Children's Division has internal reports made available to all levels of management. Supervisors can use the information in consultation with staff to assist in decision making. Many of these reports provide child level, case-specific data for use in evaluation and planning that are used at the regional and local level to support practice enhancement.

Another piece of Missouri's QAST structure is the ongoing involvement of stakeholders and community partners. Stakeholders and partners participate in a variety of structured collaborative meetings such as the CFSR advisory committee, CFSP planning group, Juvenile Court Improvement Project, Fostering Court Improvement, Youth and Foster Parent Advisory Boards, Supervision Advisory Committee, Healthcare Advisory Committee or through a number of implementation projects. Through these efforts, the structure exists for staff, stakeholders, and partners to be a part of data review, strategizing, revising, and implementing changes to policy and practice. As needed, ad hoc data requests can be submitted if case review and published data do not meet the stakeholders' needs.

Case Record Review Process

Missouri's case review system is embedded in the electronic case record system (FACES) with the ability to conduct reviews online. Missouri's review system allows for the random sample of cases to be generated electronically and assigned to reviewers. All QAS staff serve as reviewers or first level oversight. Also, other interested Children Division staff members are eligible to review but must first attend a two-day training session and complete an initial case review while paired with an experienced reviewer. Upon successful completion, staff are eligible to complete an independent review. For more details on the case review process, please reference Missouri's PIP Measurement Plan.

Missouri has managed to support the case review process with the system in place but experienced difficulty due to a portion of the reviewers being volunteers. This also impacted the consistency of the review process and the timeliness of review completion. Because of these issues, the QAS has hired three Children's Service Specialist positions dedicated to case reviews. The case reviewers begin in May and June of 2019. These staff will focus on supporting the case review process, and it is hoped by having dedicated review staff, Missouri's consistency and timeliness of reviews will show improvement.

Missouri has begun sharing quarterly case review results with administrative, management, and field staff and will continue to provide updated data as reviews are completed each quarter. Case review data is also provided within the quarterly In Focus newsletter, depending on the topic being discussed. As noted above, the distribution includes all Children's Division staff, Foster Care Case Management staff, as well as court and community partners.

To develop the 2020-2024 CFSP, Missouri Children's Division called on community partners in the Child Welfare System to come together to examine different areas of the PIP and to provide input and suggestion around the CFSP goals and objectives. Three of the cross-cutting themes identified in the PIP were presented and discussed in detail with this group: parent engagement, quality safety/needs assessments, and timely permanence. The group identified any gaps in the PIP activities and provided suggestions for even stronger improvement strategies.

With the ongoing enhancements to the Quality Assurance System and case review process, it is anticipated that Missouri would be able to move towards a state-conducted review in the future. With the case review system fully functioning and dedicated staff to conduct reviews, Missouri believes the necessary skills and experience will be in place for CFSR Round 4.

Staff Training

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

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

When Child Welfare Practice Training is offered in each region, the foster care case management contractors in that region are made aware of the classroom training schedule. Per the foster care

case management contract, the contractor may choose to send staff to the Children's Division training, provide the training themselves, or provide it through a pre-approved contracted training vendor.

Foster Care Case Management contractors are required by contract to have initial/pre-service training completed within the first 90 calendar days of employment for all newly hired personnel and direct supervisors. The contractor is asked to document all initial training completed in each personnel file.

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 can 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 monthly conferences called Engage.

The Employee's Training Plan displays classes which require registration and classes with current enrollment.

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

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

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

Oversight responsibility is given to the regional training manager. There is a training manager designated in each of the five regions in the state. This position's responsibilities include coordination and monitoring of the regional training program. The training manager, along with

the training office support staff, are responsible for submitting quarterly quantitative data reports to the statewide coordinator. The training manager ensures training timeframes are met by staff or are made aware of exceptions and develop strategies to address these exceptions.

Evaluation of the training offered to staff is currently done through surveys distributed to staff at the end of each training session. These surveys are not aggregated, quantitative data, but rather provide trainers who delivered the training topic with instant qualitative information about the topic delivered. Some regional training teams have begun to utilize Survey Monkey to deliver digital surveys to training participants. The process of having every team issue digital surveys is still in the beginning phase. There is not any aggregate data at this point. The Leadership and Professional Development team will continue to support the effort of each regional team to issue digital surveys for all training participants in CWPT in the upcoming years.

Ongoing training can be specific to a program line a worker is assigned and tied to competency development as identified through performance evaluation and individual professional development planning. The Manager Center for the Employee Learning Center allows supervisors to manage and track their staff's ongoing training needs.

The Children's Division continues to focus training priorities on changing the culture of the agency through implementation and integration of the practice model, including the foundational practice initiatives 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 High Performance Transformational Coaching and the National Child Welfare Workforce Institute's Workforce (NCWWI) Excellence intervention and leadership development.

Chapter 210.180 RSMo states that Children's Division employees who are responsible for the investigation or family assessment of reports of suspected child abuse or neglect shall receive not less than forty hours of pre-service training on the identification and treatment of child abuse and neglect. In addition to such pre-service training, such employees shall also receive not less than twenty hours of ongoing training each year on the subject of the identification and treatment of child abuse and neglect.

The annual 20 hours of required ongoing training for investigative/assessment staff can be obtained through identified course offerings through the agency training program, such as Five Domains of Wellbeing, trauma-informed care, and Signs of Safety, as well as external conferences, workshops, seminars, and certain local community training.

Staff training was found to be an area needing improvement in Round 3 of the CFSR. Strategies within the PIP strive to address issues of consistency among the regional training teams and to provide opportunities for on-going professional development through the Missouri Leadership Academy, supported by the National Child Welfare Workforce Institute (NCWWI). Please see the semi-annual PIP report for an update on key activities.

Foster parents, to include relative providers, are required to have 27 hours of pre-service STARS training prior to receiving licensure. Adoptive parents are to have STARS training and an additional 12 hours of Spaulding training prior to receiving approval as an adoptive home. Ongoing training for adoption approval is not required; however, the majority of homes which are approved for adoption are also licensed as a foster or relative provider and must meet in-service training hours to maintain the license.

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

- What are the family’s strengths? How does the family plan to build on these strengths? What are the concerns and stressors the family has regarding providing services as a resource provider? What are the family’s goals within this program (continue as they are, change the ages of children they accept for placement, take teens or infants, become approved to provide level A foster care services, etc.) How is the family meeting each competency?
 - Protecting and Nurturing
 - Meeting the development needs and addressing developmental delays
 - Supporting relationships between children and their birth families
 - Connecting children to safe, nurturing relationships intended to last a lifetime
 - Working as a member of a professional team
- What training needs can be identified to address the concerns and issues identified in section I? (Targeted areas for skill development and enhancement – are they concerned about discipline techniques, need skills in working with teens, would like information on working with children who have been sexually abused, etc.)
- What specific areas will be improved when a change has occurred? What will it look like when a change has fully occurred? (goals)

The Children’s Division was selected from a finalist list of 16 tribes and states for a national training curriculum pilot, National Training and Development Curriculum for Foster and Adoptive Parents (NTDC). The NTDC is funded through a five year cooperative agreement with the Department of Health and Human Services, Administration for Children and Families, Children’s Bureau and the following: Spaulding for Children, School of Social Worker, University of Washington, National Council for Adoption, North American Council on Adoptable Children, Center for Adoption Support and Education, Child Trauma Academy. Throughout the project, a training package will be developed and evaluated to prepare foster and adoptive parents to effectively parent children exposed to trauma and to provide these families with ongoing skill development needed to understand and promote healthy child development.

The five-year project will include the development of resource parent pre-service and in-service curriculum. At the end of the grant period, the Children's Division will have access to a free, comprehensive curriculum that has been thoroughly evaluated, which can be used to prepare, train, and develop foster and adoptive parents.

Service Array

Services Assessing the Strengths and Needs of Children and Families

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

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

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

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

The Department of Social Services sponsors a Home Visiting Program, an in-home service designed to assist with the prevention of children entering alternative care by offering additional in-home support for at-risk families. The program provides various opportunities for parents to gain skills in the areas of early childhood development and education, improving parenting skills, school readiness, and child abuse and neglect prevention. The Home Visiting program also provides the parents with training and support groups, developmentally appropriate books and toys for the children, as well as various incentives for the parents to keep them engaged in the

program. After the child ages out of Home Visiting, they are referred to a Head Start or another early learning program to maintain educational services with the family. The Home Visitation program is located in 11 regions across the state.

Services Enabling Children to Remain Safely with their Parents when Reasonable

Families entering the child welfare system due to reports of child abuse or neglect receive case management services referred to as Family-Centered Services (FCS). Family-Centered Services are available throughout the state and are provided to help children safely remain in their homes when possible. Services aim to prevent child maltreatment and promote healthy and appropriate parenting skills. FCS programming is available in all areas of the state and is provided by Children's Division staff. The number of FCS cases has declined in recent months. One reason may be the expansion of the Differential Response practice. Families who receive services through differential response would not have a Family-Centered Services opened, resulting in few cases overall. For more information on Differential Response, please see the Stephanie Tubbs Jones Child Welfare Services section of this report.

Intensive In-Home Services (IIS) is a short-term, intensive, home-based program which offers families in crisis an alternative to out-of-home placement through the enhancement of family capabilities. Intensive In-Home Services are typically provided to families with a significant risk of maltreatment, which would likely lead to child removal from the home if intervention to address child safety is not immediate. Intensive In-Home Services are delivered by contracted providers and are available throughout the state. An initial referral and intake meeting with the family occurs to assess the family's need and commitment to participating in the program. Cases typically remain open for four to six weeks.

The Family Reunification Program (FRP) is another service available to help ensure a safe home environment at the point a child can return home following a foster care stay. These services are also delivered by contracted providers. The scope of FRP has been limited and not readily available in some jurisdictions given the size of the contract. In areas of the state in which the FRP contract is not available, families may be offered on-going Family Centered Services or Intensive In-Home Services. Discussion is occurring to combine FRS with Intensive In-Home Services, giving greater flexibility to the contract providers to deliver either service with all areas of the state represented.

Services Helping Children in Foster and Adoptive Placements Achieve Permanency

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

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

A subcommittee of the Health Care Oversight and Coordination Committee 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 come. The objective is to determine if a lack of adequate or quality behavioral health care resources contributed to the youth's inability to remain in his/her community of origin.

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

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

Children’s Division funds a variety of therapeutic and adjunct treatment services for the prevention and treatment of victims of abuse or neglect. The goals of these services are to:

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

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

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

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

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

Meaningful access to relevant resources is critical to developing a service plan individualized to the child and family. The voice of the child and family in service planning is encouraged through the use of Signs of Safety principles. Mapping the worries, what is going well, and the steps to improvement with a child and family can help move the plan forward in the direction which

makes the most sense for each situation. Family is always encouraged to participate and give their input during Family Support Team meetings and Team Decision Making meetings as well.

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

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

A subcommittee of the Health Care Oversight and Coordination Committee had been 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 passage of the Family First Prevention Services Act (FFPSA) set in place expectations for the court to determine which youth will be approved for on-going placement in residential facilities. The work of the subcommittee has been paused as procedures for FFPSA compliance are established.

Service Array was found to be an area needing improvement during the CFSR held in July 2017. Specific needs were identified in the areas of substance use treatment and services to address mental health needs. The Children's Division has partnered with the Department of Mental Health to pilot a program serving pregnant and post-partum women who have co-occurrence of mental health challenges and substance use concerns. It is not uncommon to find service plans which are ordered by the court and do not consider the individual's needs. Improving the Children's Division and the court's relationships is an area being pursued in the Program Improvement Plan to increase timely permanency. It is hoped the improved relationships will also help reduce the "cookie-cutter" approach to service planning seen in some areas of the state. For an update on these projects, please refer to the PIP semi-annual report, Attachment A. Also, the Children's Division is exploring how the passage of the Family First Prevention Services Act will aid the expansion of services available to children and families in Missouri.

Further steps are outlined in the Goals and Objectives section of this report

Agency Responsiveness to the Community

During all three rounds of the CFSR, Missouri was found to be in substantial conformity with the systemic factor of Agency Responsiveness to the Community and was not required to address the factor in the most recent Program Improvement Plan.

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

- CFSR Advisory Committee – Initially created in 2005 to provide feedback for the Program Improvement Plan, the committee continues to meet and assists in the evaluation of practice and outcomes and the development of the CFSP. The committee has been encouraged to expand its role as an advisory body. While there will continue to be opportunities to educate the committee on child welfare issues, the Children's Division appreciates the wealth of knowledge available from the members of this group. The committee has been asked for input on a variety of topics, including recruitment and retention of foster parents, reasonable and prudent parenting legislation, and service array. The conversations on these subjects were structured to assist the Children's Division in writing the CFSR statewide assessment.
- State Youth Advisory Board - Members of the SYAB represent all children and youth who have been or are currently in out-of-home placements from his/her area of the state. Each member of the board is an outstanding youth in foster care or youth who obtained adoption or guardianship after the age of sixteen. SYAB members are responsible for providing to the Children's Division administrative staff with input on policy and procedures. The SYAB determines the goals and activities to pursue upcoming meetings and carries those out accordingly. The SYAB also works as a network by bringing back important information to their local boards.
- Missouri State Foster Care and Adoption Board – Established by statute in the 2011 legislative session, the purpose of the board is to provide consultation and assistance to the department; the board's authority exists to provide an independent review of the Children's Division's policies and procedures related to the provision of foster care and adoption in Missouri.
- Healthcare Coordination Committee - This multidisciplinary team is comprised of the Children's Division, the MO HealthNet Division (state Medicaid agency), the Department of Mental Health, the Department of Health and Senior Services, as well as other state agencies, pediatric and health care experts, and stakeholders. The group meets

quarterly to develop strategies for improving the accessibility and provision of quality healthcare services to children in foster care. Several members formed a sub-committee to dedicate more time and focus on the goal to examine children's access to quality and meaningful behavioral health care.

The Children's Division recognizes a missing stakeholder voice belongs to the parents of Missouri. As such, a parent advisory board is outlined in the Program Improvement Plan as a strategy to improve parent engagement at the state level. While preliminary work has started, key Activities for this strategy are scheduled to begin in quarter four of the PIP.

Collaboration with other state agencies who receive federal funding is also a strength for Missouri's child welfare system. The Children's Division has active partnerships with many other state agencies who serve common families.

- MO HealthNet Division (MHD) – Children's Division has a specified liaison who works daily with MHD to ensure children in the Division's custody are appropriately enrolled in Missouri's Medicaid program. Coordination is necessary when children enter care from a Medicaid eligible household or return from foster care back to that household to ensure there is no disruption in services. Also, CD coordinates with MHD about rates paid for services in common. For example, psychology/counseling services offered to a parent who is not Medicaid eligible. MHD has been a partner with our Health Care Coordination Committee and has provided valuable information on specific initiatives such as the use of psychotropic medications.
- Department of Mental Health (DMH) – Staff within the Children's Division's Alternative Care Unit participate on various workgroups, trainings, and child-specific cases with both the Division of Developmental Disabilities and Division of Comprehensive Psychiatric Services. This has resulted in formalized Memorandums of Understanding to ensure the transition of services from the Children's Division to DMH and for access to services offered while the Children's Division is involved with children and youth.
- Family Support Division (FSD) – The Children's Division staff coordinate with staff within the Family Support Division with regard to programs funded through TANF such as the Customer Service Partnership whereby former foster youth are enrolled in training and receive support services through collaboration with local community colleges, community partnerships, and Division of Workforce Development entities for the purpose of opportunities for employment in customer service jobs. TANF funding is also used throughout other child welfare programs, including child care.
- Department of Elementary and Secondary Education (DESE) – The Children's Division has several collaborative efforts in place with DESE. The Early Childhood Unit coordinates and provides federal CCDF funds for a variety of joint efforts such as School Age Afterschool Care, School Age Resource and Referral, and Child Development Associate Degrees for individuals to become child care facility employees. In addition to

the Early Childhood funding, the Children's Division coordinates with DESE on projects such as ESSA in which local school districts are charged with identifying and ensuring that children who enter foster care are able to stay within their home school whenever possible. Also, DESE provides an annual report on First Steps infants referred through the Child Abuse Prevention and Treatment Act (CAPTA).

- Department of Health and Senior Services (DHSS) – The Children’s Division provides funding related to supporting child care initiative to DHSS. These funds are used for providing health consultation services to child care providers and health and sanitation inspections of licensed child care facilities as well as funding for child care regulation. The Children’s Division is currently facilitating collaboration among members of the Safe Sleep Coalition to bring consistent awareness and education around the topic of Safe Sleep practices to Missouri citizens.

For a complete description of organizational partnerships, please see the Item 32 section of the 2015-2019 Child and Family Services Plan Final Report.

Foster and Adoptive Parent Licensing, Recruitment and Retention

Missouri’s child welfare system was determined to be in substantial compliance with two of the four areas within this systemic factor during the most recent CFSSR. Criminal background checks and diligent recruitment of foster and adoptive parents were determined to be compliant.

Missouri requires a criminal background check be completed for each foster or adoptive parent to be licensed or approved. Missouri also strives to address and assure the safety of foster and adoptive placements for children through the quarterly home visit process where any concerns expressed by children in the home or exiting from the home are addressed as well as any safety concerns observed or reported. Signs of Safety 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 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. The policy requires at the time of re-licensure/re-approval the Out-of-Home Investigator be contacted and consulted regarding any resource homes who were subject of an Out-of-Home Investigation during the prior licensure/approval period. This policy intends to ensure any and all concerns about safety are being addressed and resolved adequately to assure safety.

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 the Department of Mental Health
 - Foster parent licensing records, maintained by the CD
 - Sex Offender Registry information, maintained by the Missouri State Highway Patrol (MSHP)
- The MSHP Sexual Offender Registry by the address of the resource home is checked for any registered offenders at the address. This is in addition to the Sex Offender Registry information gathered by FCSR. The information FCSR collects is the Social Security Number of resource applicants.
- State and national criminal record checks are completed for each household member age 17 or older, or any person under the age of 17 who has been certified as an adult. Fingerprints are required. The MSHP completes a state criminal record check and then electronically sends the fingerprint images to the FBI for a national search of criminal records.

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

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 Checklist, CS-45. If the home meets the safety standards on the Safety Check List, and there are no individuals in the home with a 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.

The Children's Division will maintain the background checks and processes described above throughout the 2020-2024 CFSP to help ensure the safety of Missouri's foster children.

The Children's Division develops an annual Foster and Adoptive Parent Diligent Recruitment Plan as required. The plan reviews data which describe the population of children who require foster and adoptive homes and the current pool of foster/adoptive placements available for children. Strategies for bridging the gaps in those data sets are outlined. The plan can be referenced in Attachment C of this report. In addition to the statewide recruitment plan, each circuit is responsible for developing local recruitment plans to better meet the placement needs of children in their areas.

The two items which were not found to be in substantial conformity during Round 3 of the CFSR include Standards Applied Equally and State Use of Cross-Jurisdictional Resources for Permanent Placements.

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. Requirements for foster family homes and child care institutions are outlined in state statute. Homes/institutions licensed by Children's Division and agencies holding contracts for licensure responsibilities are bound by those statutes. The Children's Division does not have a consistent method to assess and measure compliance with state statute except on a case-by-case basis at the time of licensure or renewal. Discussions to develop a case review process for foster home records are continuing.

Interstate Compact on the Placement of Children (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. 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 five 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. The unit also 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.

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

Missouri has been one of many states considering joining the National Electronic Interstate Compact Enterprise (NEICE), which allows electronic submission of ICPC referrals across state lines. In late 2017 Missouri signed an MOU with AHPHA to join NEICE, and the Children's Division is working on the functionality to allow referrals to be made electronically from the FACES system through NEICE by late 2019.

The Children's Division is exploring the production of a data report to be pulled regularly from the FACES system to evaluate the timeliness of ICPC home study completion. It is hoped the report will help field staff responsible for completion of the studies to be more accountable on the timeliness of completion as well as assist the statewide ICPC unit in tracking studies as they are completed.

Plan for Enacting the Vision

Goals, Objectives, and Measures of Progress

With the passage of the Family First Prevention and Services Act (FFPSA), states are encouraged to place a greater emphasis on preventative services to protect children from child abuse and neglect. Public child welfare agencies are not able to and should not shoulder the responsibility for prevention without the partnership of local communities and statewide stakeholders. To review, absorb, and plan for the many components of FFPSA, Missouri has developed a statewide implementation workgroup. Subcommittees to focus on the various sections of the Act have also been formed.

To focus on the expansion of preventative services, Missouri has taken steps to solicit input from community service agencies who currently serve families at risk for child abuse and neglect. Proposals for varying preventative service programs have been submitted and will be compared to those approved on the Prevention Services Clearinghouse. Also, through work with Casey Family Programs, the Children's Division has begun work with the New York Foundling Implementation Support Center to assist with data and needs assessment of evidence-based models which may fit well into the Missouri integrated practice model. The assessment of implementation readiness includes a discussion of the following: Financial Analysis, Budgeting, Data Collection System, Performance Measures, and Preventive Standard Alignment, Continuous Quality Improvement Process, IT Readiness, Human Resource Implications, Worksite Expectations, and State Training Requirements.

Enhanced focus on prevention services in the next five years in Missouri as outlined in the objectives below should increase the availability of resources/services across the state and assist in CFSR Item 29, Array of Services. With continued partnering with the judiciary in Missouri to increase their level of comfort and confidence in prevention services, it is anticipated the rate at which children enter foster care in Missouri will decline. The rate of entry per thousand for

SFY18 was 4.97 children, an increase from the previous year’s rate of 4.83. The rate of substantiation of child victims in Missouri is relatively low, at 3.95 children per thousand for SFY2018 and 3.61 in SFY17. While CD will use this as a measure of progress, it is unclear if the rate of substantiations will drop significantly with the increase of prevention services.

1. Increase the prevention of child abuse and neglect through the development of community/government partnerships.	
Measures of Progress: Decrease in the rate of entry into foster care (CD Annual Report, table 16) Decrease in the rate of substantiated child victims per thousand (CD Annual Report, table 2)	
<ul style="list-style-type: none"> • Research prevention programs submitted by community agencies. • Conduct an inventory of services provided through agencies receiving tax funds. • Family First Statewide Implementation workgroups will meet quarterly to brainstorm ideas to address service gaps (substance use, mental health, etc.) and provide recommendations to the Children’s Division. • Contract with the NY Implementation Support Center to assess Missouri data and needs around evidence-based models under the Family First Act. Review the recommendations made by the support center. 	Year 1
<ul style="list-style-type: none"> • Develop a judicial education plan around prevention services. • Coordinate prevention service efforts with local agencies who receive tax funds. • Identify and award contracts for promising proposals include an evaluation expectation in the contract. • Explore at least three recommendations from FFPSA statewide implementation group. • Explore the recommendations from the NY Implementation Support Center for possible implementation of one of the recommended models. 	Year 2
<ul style="list-style-type: none"> • Implement judicial education plan around prevention services. • Following the implementation of PIP strategy 4.3 (SUD Assertive Community Treatment Teams hereafter referenced as SUD Coordinated Specialty Care Teams), assess for expansion into other areas of the state. • Monitor newly awarded contracts of prevention programs for successful outcomes. • Adopt at least one recommendation from FFPSA statewide implementation workgroup. 	Year 3
<ul style="list-style-type: none"> • Work with partners to select another site for SUD Coordinated Specialty Care Team and begin implementation planning with the chosen community. 	Year 4

<ul style="list-style-type: none"> • Evaluate prevention programs for possible expansion. • Implement recommendation from FFPSA statewide team to include an evaluation plan. 	
<ul style="list-style-type: none"> • Establish at least one additional SUD Coordinated Specialty Care Team in Missouri. • Evaluate the recommendation(s) from FFPSA statewide team for effectiveness. 	Year 5

As discussed earlier in the assessment of Safety Outcome 1, timeliness of initial contact of children identified as victims on child abuse and neglect hotline report has declined steadily over the past five years. While this safety outcome scored well in the CFSR for Round 3 at 93% substantially achieved, the decline in recent performance is concerning, especially given the critical piece it plays in assuring the safety of children. For this reason and with support of the data discussed in the assessment section, the following goal/objectives are included in the 2020-2024 Child and Family Services Plan.

2. Increase timely initial contact in child abuse/neglect reports.	
<p style="text-align: center;">Measures of Progress: Increase percentage of strength ratings for Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment Improve Timeliness of Initial Contact (Child Welfare Outcome Report #1)</p>	
<ul style="list-style-type: none"> • Develop case review tool and process for ongoing CA/N reviews to include questions regarding initial contact. • Begin case reviews and compile data at least semi-annually. • Conduct a review of published reports to ensure consistency of data. 	Year 1
<ul style="list-style-type: none"> • Conduct root cause analysis to determine barriers to completing timely initial contact. The analysis will include data review and surveys or focus groups with front-line staff and supervisors. • Add timely initial contact measure to the Children’s Division data dashboard. 	Year 2
<ul style="list-style-type: none"> • Utilize a multi-pronged approach to review data and results of root cause analysis (i.e., regional supervisor meetings, CA/N workgroup, CD Executive Team meeting, etc.) • Based on root cause analysis and case review data, identify reasons for non-compliance with initial contact timeframes. This may include an hypothesis on bottlenecks, which require further analysis, including evaluating internal and external factors. 	Year 3
<ul style="list-style-type: none"> • Develop and initiate strategies to improve timely initial contact, which could include: <ul style="list-style-type: none"> ○ Regional QA System team members work with circuits falling below the identified threshold; 	Year 4

<ul style="list-style-type: none"> ○ On-line information sharing and training; ○ Support from Field Support Teams if needed. 	
<ul style="list-style-type: none"> ● Re-evaluate progress through continued case reviews and data analysis. ● Refine strategies as needed to continue to meet the goal. 	Year 5

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

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

Implementation of the practice model has been somewhat fragmented as the practice was introduced in pieces and before incorporation into the Children’s Division policy. Integrating the various elements of the practice model in a manner true to each model and approved by the consultants involved has been identified as important, but has been a tedious process. An unfortunate consequence of implementation is being manifested in the community’s perspective of the practice model. Information meetings were held throughout the state to introduce aspects of the practice model so community stakeholders could recognize and anticipate changes. Anecdotally, the community is expressing disconnect between the theories introduced and work they see in the field, leading to a lack of confidence in the work the Children’s Division is performing. In addition to strategies in the PIP, which further the practice model, the objectives outlined below will assist in further implementation of the promising practices Missouri has adopted.

3. Fully implement Missouri’s integrated practice model to enhance the quality of safety and needs assessments and parent engagement.	
Measures of Progress: Increase the percentage of strength ratings Item 3: Risk and Safety Assessment and Management Increase the percentage of strength ratings Item 12: Needs and Services of Child, Parent and Foster Parents	
<ul style="list-style-type: none"> ● Conduct self-assessment of CD’s implementation of integration practice model. ● Identify and hire three FTE as dedicated case reviewers. 	Year 1

<ul style="list-style-type: none"> • Develop case review tool and process for ongoing CA/N reviews to include quality of mapping documents (implementation to fidelity). • Begin case reviews and compile data at least semi-annually. 	
<ul style="list-style-type: none"> • Expansion of Team Decision Making (according to plan outline). • Explore recommendations from the implementation of practice model self-assessment. Include an opportunity for community feedback. • Begin CA/N cases reviews and compile data semi-annually. 	Year 2
<ul style="list-style-type: none"> • Select recommendations for improved practice model implementation. • Based on case review results, develop strategies to improve the fidelity of implementation. 	Year 3
<ul style="list-style-type: none"> • Involve community stakeholders to identify strategies to increase confidence in the practice model. Address community concern with follow-through of monitoring safety plans. 	Year 4
<ul style="list-style-type: none"> • Develop and implement strategies from stakeholder feedback. 	Year 5

Workforce concerns within the Children’s Division were identified as a cross-cutting theme to be addressed in the Program Improvement Plan. Worker turnover within the cases reviewed during the CFSR was seen to negatively impact progress toward permanency for children as well as accurate assessments of children and parents’ needs. One of the PIP strategies focuses on recruiting potential case managers who demonstrate competencies which mesh well with child welfare work. As the quality of newly hired employees improves, it becomes more imperative to retain those staff members. The goal/objectives outlined below strive to provide supervisory staff with more resources and tools to retain case managers, specifically at the Children’s Services Worker I and II positions, which traditionally has the highest turnover rates within the agency (31.49% and 51.92% respectively in FY2018).

4. Support worker level retention through the exploration of the “Staying Power” resources and tools.	
Measure of Progress: Decrease turnover rate for Children’s Services Worker I and II positions	
<ul style="list-style-type: none"> • Explore “Staying Power” toolbox/training for staff retention. • Supervision Advisory Committee (SAC) members, their circuit/regional leadership, and Central Office Unit Managers receive “Staying Power” retention training. Begin using retention techniques with front-line staff. 	Year 1

<ul style="list-style-type: none"> Assess SAC member’s experience with retention training and explore expansion. Include an assessment of turnover rates in SAC members’ circuits. Conduct survey/focus groups with workers in SAC members’ units to gain thoughts on the effectiveness of retention efforts. With input from SAC members, select one region for full implementation of “Staying Power” retention model. 	Year 2
<ul style="list-style-type: none"> Provide training to all supervisory staff within the selected region and begin implementation upon receipt of training. Include monitoring component to assess fidelity to the model. 	Year 3
<ul style="list-style-type: none"> Evaluate the effectiveness and feasibility of moving “Staying Power” retention efforts statewide. Include survey/focus groups in evaluation. Provide training to remaining supervisory staff statewide. 	Year 4
<ul style="list-style-type: none"> Fully implement “Staying Power” retention efforts statewide. Continue to monitor effectiveness through staff turnover data. 	Year 5

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

5. Increase timely permanency through an emphasis on (a) concurrent planning and (b) case plan development.	
Measures of Progress: Increase the percentage of strength ratings Item 5: Permanency Goal for Child	
<ul style="list-style-type: none"> Explore technical assistance from Capacity Building Center for States in the areas of concurrent planning and written case plans. Include challenges and barriers from the Children’s Division Case Planning Workgroup in the discussion. Hire Special assistant position to continue court TA work. Review federal expectations regarding concurrent planning and written case plans. 	Year 1
<ul style="list-style-type: none"> Conduct a review of the Children’s Division policy and state statute regarding concurrent planning and written case plans. Conduct root cause analysis to include survey or focus groups of stakeholders (front line staff, judiciary, court personnel, foster parents, etc.) to identify barriers to consistent concurrent planning practice and case plan development. 	Year 2

<ul style="list-style-type: none"> • Conduct an assessment of regional training in regards to concurrent planning and written case plans. Include an assessment of consistency among initial training packages. • Develop case review tool and process to assess CS-1 for completeness and accuracy. Conduct initial case reviews to establish the baseline for needed improvements. 	
<ul style="list-style-type: none"> • Assess the need for policy/practice revisions with court partners and the Children’s Division advisory boards (parent, youth, and foster parent). • Adjust the Children’s Division policy surrounding concurrent planning and written case plans based on assessments above, if necessary. • Develop training/WebEx to inform staff and FCCM partners of any changes to policies or practice. • Develop a judicial training package in the area of concurrent planning and case plan development. 	Year 3
<ul style="list-style-type: none"> • Provide training on updated policy/practice to the Children’s Division staff. Include consistent training material in initial frontline staff training. • Engage court partners to help disseminate training to the judiciary, court personnel, and stakeholder attorneys. 	Year 4
<ul style="list-style-type: none"> • Conduct a case review to evaluate the effectiveness of policy/practice changes in the areas of concurrent planning and written case plans. • Assess for any needed changes to the FACES case management system. 	Year 5

Staff Training, Technical Assistance, and Evaluation

The Children’s Division has begun to identify “Practice Model Champions.” These are current staff members at all levels who have shown interest and gained expertise in multiple aspects of the practice model. Practice Model Champions are located throughout the state and come together at regular intervals to discuss the implementation of the integrated practice model and to strategize next steps. It is anticipated this group will be instrumental in moving the integration work forward.

The Children’s Division and FCCM partners continue to work with practice model consultants to certify additional staff who are then qualified to provide training. This increases the pool of dedicated staff who not only have the expertise to train but are also actively increasing their skills. Since they are working in the field, they also serve as unofficial mentors and coaches within their offices.

Safe Generations (Signs of Safety), Annie E. Casey Foundation (Team Decision Making), and Full Frame Initiative (Five Domains of Wellbeing) continue to partner with the Children’s

Division to provide technical assistance and support as practice model implementation progresses.

The Children’s Division will explore opportunities for technical assistance by the Capacity Building Center for States (CBC) in the area of written case plans to support the CFSP. Initial conversations with CBC have occurred to support some of the strategies in the PIP involving supervisory support and the establishment of a parent advisory board. The Children’s Division understands a work plan is being drafted for the areas of the PIP. Further conversations will need to occur before technical assistance can be finalized.

The Children’s Division’s Research Committee reviews all requests to conduct research involving the Children’s Division’s consumers. A request submitted and approved in early 2019 involves a new program in the Southwest area of the state, providing services to those who have experienced trauma and substance use relapse. The research project is entitled “Southwest Missouri Pregnant and Post Partum Women’s Services Grant”. The request to conduct research has been approved and a Memorandum of Understanding is being drafted. As Missouri strives to expand the array of services available to Missouri citizens, especially in the areas of substance use and mental health, the research to evaluate the program’s outcomes is promising.

Implementation Supports

The Children’s Division is exploring work with the New York Foundling Implementation Support Center to aid in the implementation of prevention services opportunities through the Family First Prevention and Services Act.

Safe Generations is providing support in PIP work to help CD identify meaningful measures to assess Signs of Safety implementation. Case reviews and tool development are outlined in several goals of the CFSP. It will be important to make review tools as streamlined as possible. The Children’s Division may solicit feedback from Safe Generations in the development of the case review tools.

Several of the objectives of the CFSP involve information provision and training with the judiciary in Missouri. The Children’s Division will work in partnership with the Office of the State Courts Administrator (OSCA) in the development and implementation of these initiatives.

Child and Family Services Continuum and Description

Full descriptions of the service continuum available to families and children in Missouri through the Children’s Division are provided in the following sections. For discussion of strengths in service provision and service gaps, please refer to the Service Array section of this report.

As the child welfare system in Missouri continues to plan for implementation of the Family First Prevention Services Act, new child abuse and neglect prevention services will be explored. The Missouri Children’s Division made the decision to delay the implementation of the Family First Prevention Services Act. After much consideration, in-depth analysis, and community collaboration, the Children’s Division has chosen to delay implementation of the legislation. The Children’s Division will continue to work with partners towards enhanced collaboration and elevated infrastructure for successful execution. In the exploration, the Children’s Division will partner with stakeholders, both locally and at the statewide level, to meld new ideas into existing programs in a strategic and coordinated manner. The Children’s Division will be attentive to avoid duplication of efforts by service providers and to provide a cohesive service plan for families.

In January 2019, FFPSA convenings were held in every region of Missouri. The meetings were well-attended by child welfare stakeholders from all areas of the community. Examples of representation included Children’s Division and Foster Care Case Management staff, Juvenile Officers, members of the judiciary, and service providers (residential treatment, domestic violence, substance abuse treatment, mental health centers, etc.). An overview of the Family First legislation was provided along with some region-specific data about the population of children and families served. Attendees were tasked with identifying what was working well, what worries they have, and what needed to happen next to implement the various aspects of the legislation. Some examples of topics for small-group discussion included the vision for child welfare in Missouri in the next five years, developing prevention services to better and more completely serve families and developing procedures to incorporate required court hearing reviews for children in need of residential treatment.

From these convenings, participants could express interest in being involved in local or statewide implementation workgroups. Membership of the statewide planning group includes partner state agencies such as the Department of Mental Health (DMH) and the Department of Elementary and Secondary Education. 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 and is represented on the statewide implementation workgroup. Missouri’s Task Force on Children’s Justice is charged with the oversight and distribution of Children’s Justice Act federal grant, and the Office of the State Court Administrator is responsible for the Court Improvement Project. Both groups are represented in the planning and implementation of the Family First Prevention Services Act.

Stephanie Tubbs Jones Child Welfare Services Program

Child Abuse and Neglect Hotline Unit

Missouri statute charges the Children’s Division (CD) to operate a single, statewide toll-free telephone number at all times for receiving reports of child abuse and neglect (CA/N). The Child

Abuse and Neglect Hotline Unit (CANHU) serves as a gatekeeper and first responder for all child abuse and neglect reports. At the hotline unit, all calls are screened, assessed, and classified by Children’s Service Workers, who meet the same job qualifications as the Children’s Division field investigators.

Fiscal Year	Total Calls	Admin. Functions*	Remaining Calls	Classified CA/N	Classified Non-CA/N Referral	Documented Calls
2018	154,924	15,898	139,026	59% (82,438)	17% (23, 804)	24% (32,784)

Source: FACES Report for FY18

*Administrative Functions are defined as:

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

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

Year	Total Calls Accepted in FACES	Percent Answered Based on Calls Offered to Hotline Workers	Avg # Busy Signals/ Messages Monthly
2018	154,924	77%	135

Source: Information extracted from the Workforce Management System and FACES

Online Reporting: Due to continued challenges to handle 800# call volume, an online reporting option called OSCR (Online System for Child Abuse/Neglect Reporting) was implemented on 11/21/16 for mandated reporters to file reports for non-emergency situations. Throughout 2018, the Children’s Division promoted online reporting through social media, outreach at professional conferences, and GovDelivery messaging to mandated reporter groups resulting in 21,457 online

reports in FY18. The OSCR implementation has been a timesaver since online reports can be processed in half the time as phone reports, freeing up hotline staff to take more calls. In 2019 the outreach for mandated reporters to utilize the online reporting system will continue.

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

Staffing: In August 2016, an out-basing plan was implemented, designed to forward overflow 800# calls from the centralized hotline in Jefferson City to designated field offices. For the first time since 1975, hotline staff began taking calls outside of Jefferson City. Out-basing has allowed the Children’s Division field staff to transfer to hotline positions at their current work location for the first time and has provided a larger pool of candidates to fill hotline vacancies. As of December 2018, 14 hotline workers and two supervisors (Greene and Jackson Counties) were out-based in Jackson, Boone, St. Louis, and Greene Counties.

Turnover at the hotline improved from 23% in CY17 to 17% in CY18 (not counting turnover of part-time/hourly staff). Over time, it is believed that the career ladder and out-basing will continue to reduce turnover at the hotline. In CY 2018, the possibility of staffing being able to take calls from home was explored. In 2019, this work from home opportunity will be piloted, and if successful, it is believed this will also reduce turnover.

Public Consulting Group Evaluation: Due to the unsustainability of the hotline analog phone system and the ongoing challenge of reducing abandoned calls and busies, the Department of Social Services (DSS) awarded a contract to Public Consulting Group (PCG) in May 2017 for a comprehensive evaluation of CA/N Hotline technology and overall operations. The primary goal was to purchase an upgraded phone system, with supporting workforce technology, for out-based offices and the main call center office in Jefferson City to operate on a uniform digital phone platform. After completing a comprehensive review of intake protocols, staffing levels, supervision, training, call data, and phone systems, PCG issued the following recommendations: (1) increase staffing levels to handle call volume and meet standard service levels (2) increase training (3) reduce the number of peer record reviews (4) employ strategies to minimize “shrinkage” (5) revise intake protocol to reduce duplication (6) implement a single digital telephony platform throughout the call center; expand call queue functionality; utilize dashboard, callback, and chat features (7) expand operations outside of Jefferson City (8) expand online

reporting (9) explore the viability of speech analytics (10) continue refining and revising FACES.

Implementations of the PCG recommendations began in October 2017 and are extending into 2019. Staffing was immediately increased by the addition of an out-based unit in Greene County. As of December 2018, Greene County had one supervisor and five hotline workers. The Jackson County out-based unit was expanded in early 2018 to add a supervisor and four workers. In December 2018 Jackson County had one supervisor and eight hotline workers. In Jefferson City, an additional trainer and specialist were hired effective March 2018 to expand training, review peer record procedures, develop strategies to minimize shrinkage, support the new workforce reports, and to provide support to out-based staff. In December 2018 the hotline was provided three additional worker allocations to be filled in 2019. Plans were already in place to publicize and expand online reporting throughout 2017, and a work group was already underway to review intake protocols including FACES refinements. Intentional efforts to publicize and expand online reporting continued in 2018, and additional plans are being made for 2019. Cisco Unified Contact Center Enterprise (UCCE) was selected as the new phone platform to meet the recommended requirements with implementation starting in January 2018. The Cisco technology was already in place in the out-based offices, but further enhancements were rolled out during 2018 for both Jefferson City and out-based offices to meet PCG recommendations.

Enhancement recommendations to the intake system (FACES) were made in 2018 that support the recommendation to streamline the intake screening process. These recommendations will reduce the number of ‘pathways’ that a hotline worker must complete and reduce duplication. These enhancements should be implemented in 2019.

Peer Record Reviews (PRR) have been conducted at the CA/N hotline to determine the quality of the screening, assessment, and classification protocols by those operating the phones using a structured-decision-making method. In CY18, PRR’s were put on hold to develop a more detailed and in-depth review process. This process is scheduled to roll out as soon as the technology can be created.

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

Looking forward, the investment of time and resources into implementing Signs of Safety at the Child Abuse and Neglect Hotline Unit will assist in assuring that children in Missouri are safe by partnering with families, communities and government in an ethically, and culturally and socially responsible manner. The goal of implementing Signs of Safety at CANHU is to provide a more full kit of information to either 1) Screen the call out with the determination the Children’s Division does not need to be involved 2) Give field team members a more robust kit of information to begin successfully working with families and ensuring child safety or offering

resources. As of November 2018, all CANHU team members were trained and then also received two subsequent training sessions to further refine their confidence in using Signs of Safety. The hope for the use of Signs of Safety will be instead of fitting a family into a box of response, to use Signs of Safety, critical thinking, and structured-decision-making to make consistent decisions that fit each family. The hope is also to empower team members at CANHU to make independent decisions on screening outcomes. It is also hoped to share the responsibility of ensuring child safety with the mandated reporter community. The plan is to continue to refine Signs of Safety use and professional development; all team members will receive a ‘Questions’ course in 2019, and there are five team members completing PoP and one team member completing PLDP training (advanced SOS training opportunities). Call trends will continue to be reviewed for changes in classification, and a tentative research project is being planned with Safe Generations to get a better glance at the scope of work and change.

Child Abuse and Neglect Reports

During SFY18, the Children’s Division completed 73,924 reports of child abuse/neglect, involving 106,090 children.

Reporter Demographics: The Children’s Division’s centralized Child Abuse/Neglect Hotline Unit (CANHU) receives concerns from both “mandated” and “permissive” reporters. Mandated reporters are required by state statute (Section 210.115, RSMo.) to report abuse/neglect when they have reasonable cause to suspect a child has been or is being abused. Those who are mandated to report suspicion of child abuse/neglect are identified in the statute. Permissive reporters are those who are not required to report suspicions of child abuse/neglect, such as relatives or neighbors. The percentage of reports made by mandated reporters has risen slightly over the last three years. Principals, social workers, and law enforcement personnel were the most common mandated reporters during SFY18.

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

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 73,924 reports in SFY18 which met criteria to be classified as child abuse/neglect, 37.3% were completed as investigations, and 62.7% were completed as family assessments.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3. The division shall not be required to prove that the alleged perpetrator received sexual gratification or that there was an exchange or promise of anything of value as a result of the act of sexual abuse to establish sexual abuse under Sections 210 or 211, RSMo.

4. The use of force or coercion is not a necessary element for a finding of sexual abuse.

5. Sexual abuse may occur over or under the child's clothes.
6. The division shall not be required to prove that the child suffered trauma or harm as a result of the act of sexual abuse.
7. A child cannot consent to a sexual or sexualized act or interaction with a person responsible for that child's care, custody, and control.

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

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

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

- **Preponderance of Evidence:** This conclusion is reached when all the elements that constitute the legal definitions of abuse or neglect can be proven using the standard of proof of Preponderance of Evidence. Preponderance of Evidence is defined in Section 210.110, RSMo., as “the degree of evidence that is of greater weight or more convincing than the evidence which is offered in opposition to it or evidence which as a whole shows the fact to be proved to be more probable than not.”
- **Child Abuse/Neglect Present, Perpetrator Unidentified:** This conclusion is reached when the elements of abuse or neglect are proven, but the perpetrator cannot be determined.
- **Unsubstantiated:** This conclusion is reached in the absence of sufficient evidence to determine child abuse or neglect has occurred, and the family does not present significant risk factors or other indicators which pose a specific threat to the child.
- **Unsubstantiated-Preventative Services Indicated:** This investigative conclusion is reached when there is insufficient evidence to make a determination that child abuse or neglect has occurred by a Preponderance of Evidence. However, the worker has identified risk factors through observations, interviews, and collaterals, which if unresolved, could potentially contribute to future concerns of child abuse/neglect or result in the accumulation of harm as it would pertain to issues of chronic maltreatment. This determination requires preventive services to be provided to the family.
- **Unable to Locate:** This conclusion is reached only after all three of the following criteria are met:

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

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

Family Assessment reports include:

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

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

- 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 Children’s Division 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 Children’s Division has sent the report to the superintendent of the appropriate school district.
- Inappropriate report: This conclusion is reached if it is determined the report did not contain allegations of abuse or neglect specified in Missouri State Statute (Section 210, RSMo.).

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 14 is alleged to have committed an act of sexual abuse against any person under the age of 18. Historically, these reports have been classified as non-caretaker referrals which the Children’s Division referred to the juvenile office and/or law enforcement for investigation of potential delinquent acts. The intent of Senate

Bill 341 is to provide an avenue for intervention and treatment for these children. In addition to addressing the needs of the victim(s), the Children's Division completes a holistic assessment of the child with problem sexual behaviors and their family. The purpose of the assessment is to help determine if the incident involved problematic behavior and to address any safety and service needs. The Children's Division completes a safety plan when an act of sexual abuse has been witnessed by an adult; there has been a disclosure from the child victim, when the child has admitted to problem sexual behavior, and/or when a parent/caregiver is concerned that their child is exhibiting problem sexual behavior. The Children's Division makes a referral to the juvenile office before beginning the assessment process when the act involved a weapon or serious physical injury. The child may also be referred to the juvenile office when the parent/caregiver does not engage in the assessment process, when there is no evidence the parent/caregiver(s) are taking steps to prevent future problem sexual behavior, when there is a repeated incident, and/or when the assessment reveals the child's behaviors are of such severity that the child cannot be safely maintained in the home or community.

The Children's Division received 3,761 Juvenile Reports in SFY18.

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

Requirements to identify assessments as Differential Response Assessments include:

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

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

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

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

Worker Expectations:

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

*Suggested tools could include:

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

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

Over the next five years, the Children’s Division will continue to focus on strengthening screening protocols to better ensure that resources are being effectively targeted toward those families most in need of intervention. Enhancing safety assessment and safety planning practices will also be a priority.

Child Abuse and Neglect Review Board

The Child Abuse and Neglect Review Board (CANRB) provides an independent administrative review of child abuse/neglect determinations when the alleged perpetrator disagrees with the “Preponderance of Evidence” finding of the Children’s Division. At the conclusion of each

investigation, the Children’s Division notifies the alleged perpetrator in writing of the finding, of the evidence supporting the finding, and of the alleged perpetrator’s right to seek administrative review within 60 days.

The alleged perpetrator can seek administrative review if:

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

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

The CANRB is a panel of nine private citizens from professions specified in Section 210.153 RSMo (<http://www.moga.mo.gov/statutes/c200-299/2100000153.htm>). Each panel member is appointed by the Governor and confirmed by the Senate. The Children’s Division may establish more than one CANRB panel to ensure timely reviews. Currently, there are six boards, each meeting monthly. Three boards meet in Jefferson City, and the other three boards are considered regional boards that meet in St. Louis, Kansas City, and Springfield.

Each board conducts approximately eight to ten administrative reviews each month. The boards decide by majority vote to either uphold or reverse the Children’s Division’s findings. During the CANRB review, the board hears testimony from the Children’s Division, the child’s representative (if he/she chooses to participate), and the alleged perpetrator. The alleged perpetrator may be represented by an attorney, but witnesses are not subpoenaed, and cross-examination is not permitted. If the CANRB upholds the Division’s decision, Section 210.152 RSMo allows the alleged perpetrator to seek judicial review in the circuit court of residence within sixty days of notification of the CANRB decision. At the judicial appeal, the alleged perpetrator may subpoena witnesses except for the alleged victim and the reporter. The court may sustain or reverse the CANRB decision.

CANRB REVIEWS	2018
UPHELD	553
REVERSED	104
TOTAL	657

PERCENTAGE UPHELD	84%
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Source: CANRB CY18 Report Produced by the Child Abuse/Neglect Hotline Unit

Children’s Division’s effort to provide Legal Aspects for Investigations training to front-line staff and supervisors, as well as management coaching, practice points, policy changes, and memo instructions, has contributed to an increase in upheld determinations in 2018. The division does not have specific data regarding the reversed findings, as each Board’s reason for the reversal is case-specific. For each reversal, the Board chair is asked to document the Board’s reason for a reversal for direct feedback to the Children’s Division investigator/circuit manager/regional office. This written feedback is attached to the notification letter to the Children’s Division of the Board’s decision to reverse.

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 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.

Child Assessment Centers

Child Assessment Centers, more commonly referred to as child advocacy centers (CACs), are a safe and neutral place where children can go to receive specialized forensic, medical, and therapeutic services necessary to investigate and respond to the effects of physical, sexual, emotional, and psychological trauma caused by abuse. CACs are safe and child-friendly environments where law enforcement, prosecutors, and the Children’s Division investigators can work together to explore abuse allegations in a manner sensitive to the needs of young victims and their families. The CACs brings together highly trained forensic interviewers and child advocates with multidisciplinary team investigators. This limits trauma to the child and facilitates a more effective investigation. CACs also provide access to full forensic medical examinations by specially trained medical professionals and access to mental health services.

Child Advocacy Centers in Missouri are located regionally and provide services to all of Missouri’s counties. Missouri has 15 regional assessment centers with the main offices located in St. Louis (three locations), Kansas City, St. Joseph, Springfield, Joplin, Sedalia, Trenton, Festus, Wentzville, Cape Girardeau, Doniphan, Columbia, Parkville, Osage Beach, and Branson.

Satellite offices are located in Union, Nevada, Pierce City, Butler, St. Robert, Farmington, and Hannibal. In total, CAC services are provided in 22 fully accredited locations around the state.

All CACs in Missouri are accredited by the National Children's Alliance. CACs go through an extensive accreditation process which requires they meet ten areas of criteria for providing services. All CACs are reaccredited every five years. Beginning in January 2017, Missouri's CACs must meet revised standards established by the National Children's Alliance. The new standards require stronger demonstration of the victim advocacy, mental health, medical response, and case review areas of accreditation.

According to data collected by Missouri KidsFirst, Missouri's CACs conducted 8,282 forensic interviews in SFY18. CACs provided mental health services to 5,919 children in SFY18.

Missouri KidsFirst works with all the CACs coordinating public policy advocacy, providing support, training and technical assistance to each of the regional centers in the state. Missouri KidsFirst has a Board of Directors made up of leaders from across the State representing a diverse variety of backgrounds. The Board of Directors was developed to promote and support the financial viability of the Missouri Network of Child Advocacy Centers. The Directors of Missouri's 15 regional CACs make up the Missouri Network of Child Advocacy Centers, a program of Missouri KidsFirst and serve as an advisory board.

In the past two decades, Missouri KidsFirst has successfully expanded its work from advocating for CACs to building a child abuse prevention network throughout Missouri. Missouri KidsFirst serves as the state chapter of both the National Children's Alliance and Prevent Child Abuse America. Rooted in the belief that all adults are responsible for the safety and protection of children, the mission of Missouri KidsFirst is to empower adults to protect children from abuse. If children are to be kept safe, adults need to have the knowledge, skills, and understanding required to act on behalf of children who are abused. This work falls into roughly three broad categories: education, advocacy, and prevention.

Missouri KidsFirst empowers adults by providing education. Through professional development for nurses, prosecutors, teachers, clergy and many others who dedicate some portion of their working lives to children and families, Missouri KidsFirst seeks to ensure professional communities understand best practices for helping children victimized by abuse. Missouri KidsFirst also facilitates communication among professionals who must work together to ensure the safety and welfare of Missouri's children.

Often, empowering adults to protect children, means changing the systems developed to protect them and help families. As best practices evolve, so must policies. This is why Missouri KidsFirst helped push for and lead Missouri's Task Force on the Prevention of Child Sexual Abuse and continues to work on implementing recommendations of the task force through legislative advocacy. They also advocate to secure funding for Child Advocacy Centers (CACs) throughout our state.

Missouri KidsFirst coordinates the Missouri Stewards of Children Facilitators Network. This network provides sexual abuse prevention education by utilizing the Darkness to Light's Stewards of Children curriculum. They also organize the annual Pinwheels for Prevention event every April during Child Abuse Prevention month.

Sexual Assault Forensic Examination - Child Abuse Resource and Education Network

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

The Department of Health and Senior Services collaborates with Missouri KidsFirst and three Child Abuse Medical Resource Centers to provide a tiered system of care consisting of primary care providers, SAFE-CARE providers, and Child Abuse Medical Resource Centers. The Resource Centers are located within the state's three largest children's hospitals. Each Resource Center has a Director who is board certified in Child Abuse Pediatrics. Resource Centers provide training to SAFE-CARE medical providers, multidisciplinary team members, and primary care medical providers.

In SFY18, the SAFE-CARE program continued to utilize state funding to enhance the medical response to child maltreatment. In June 2018, the SAFE-CARE network began using the Extension for Community Healthcare Outcomes (ECHO) model to provide ongoing training and case consultation that will be available to SAFE-CARE providers statewide. The SAFE-CARE ECHO provides a brief learning didactic, followed by case presentation. One ECHO series was held in 2018 on physical abuse. A second ECHO series on sexual abuse began in February 2019. The Children's Division has partnered with the SAFE-CARE network and Missouri Kids First to be a part of the hub of experts that help share knowledge and facilitate learning at each session. In addition to SAFE-CARE ECHO, providers receive one all day in-person training annually.

Monthly online training was held for current SAFE-CARE providers, in addition to in-person classroom training. The mentoring program continued, with all providers having access to a mentor who is board certified in Child Abuse Pediatrics. There are currently 51 SAFE-CARE providers located throughout the state. Many of those that are not located in one of the three Resource Centers are contracted to provide services through local CACs.

Legislation in 2016 requires investigative staff to complete four hours of medical forensics training. In response to this Missouri KidsFirst, several SAFE-CARE providers, and the Children's Division have developed training for the Children's Division staff primarily taught by

medical providers on various topics related to medical issues common to child abuse and neglect investigations.

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

In SFY2018, the Department of Public Safety paid claims for 2,347 child sexual assault forensic examinations (SAFE) and 1,380 child physical abuse forensic examinations (CARE).

Task Force on the Prevention of Sexual Abuse of Children

The Task Force on the Prevention of Sexual Abuse of Children was created in statute during the 2011 Missouri legislative session. The Task Force issued its final report in December 2012 with numerous recommendations centered on community-based child sexual abuse prevention, professional training and technical assistance, multi-disciplinary team excellence, mental health services and treatment, awareness, funding, and statutory changes.

The Task Force was reauthorized during the 2018 legislative session and met once times during 2018. There are numerous sub-committees working on the recommendations from the initial task force report. At this time, the Task Force is working on recommendations to strengthen child abuse and neglect prevention and interventions in Missouri through the following work groups:

1. Youth with Problem Sexual Behaviors
2. Multi-Disciplinary Team Excellence
3. Child Abuse Investigations (combining the work of the law enforcement investigations and Children's Division investigations)
4. Primary Prevention of Child Abuse and Neglect

Human Trafficking

The 2017 legislative session brought enhancements to the statutory definitions of abuse and neglect that better enable the Children's Division to identify child victims of trafficking:

- Abuse: Any physical injury, sexual abuse, or emotional abuse inflicted on a child other than by accidental means by those responsible for the child's care, custody, and control, except that discipline including spanking, administered in a reasonable manner, shall not be construed to be abuse. Victims of abuse shall also include any victims of sex trafficking or severe forms of trafficking as those terms are defined in 22. U.S.S. 78 Section 710(9)-(10).
- Neglect: A failure to provide, by those responsible for the care, custody, and control of the child, the proper or necessary support, education as required by law, nutrition or medical, surgical, or any other care necessary for the child's well-being. Victims of

neglect shall also include any victims of sex trafficking or severe forms of trafficking as those terms are defined in 22. U.S.S. 78 Section 710(9)-(10).

- Care, custody, and control: Those responsible for the care, custody, and control of the child includes, but is not limited to:
 - The parents or legal guardians of the child;
 - Other members of the child’s household;
 - Those exercising supervision over a child for any part of a twenty-four hour day;
 - Any person who has access to the child based on relationship to the parents of the child or members of the child’s household or the family; or
 - Any person who takes control of the child by deception, force, or coercion.

As a result of these definition changes, a new child abuse, and neglect screening criteria was implemented at the Child Abuse and Neglect Hotline Unit (CANHU):

Child(ren) of any age who have forcefully or willingly been involved in any type of sexual activity in exchange for anything of value, such as money, drugs, shelter, food, or clothes. This includes situations in which a third party profits from the child’s sex act. This also includes situations in which the child’s basic needs are met in exchange for a sexual act and situations in which the child’s parent/caregiver allows, permits, or encourages a child to engage in a commercial sex act. Examples include pornography, prostitution, stripping, and survival sex.

A new reporter description code of Child Sex Trafficking (HT) code was added to FACES, and the existing reporter description code of Prostitution (A8) was discontinued. The addition of this new HT code provides staff with the ability to make findings specific to child sex trafficking.

The following are policies that have been implemented to specifically address human trafficking and the commercial sexual exploitation of children:

Memorandum Number	Summary
CD17-46	Introduced staff to the changes in abuse/neglect definitions, the new Child Sex Trafficking reporter description code, and provided guidance on making determinations based on the legal elements of the trafficking definitions.
CD18-34	Updated all Children’s Division staff, including supervisors, regional directors, circuit managers, specialists, and contracted practitioners, of the requirement to attend Introduction to Human Trafficking training.

One of the Children’s Division’s Program Development Specialists is an appointed member of the Missouri Supreme Court’s Combatting Human Trafficking and Domestic Violence

Commission. The Commission is currently working on finalizing recommendations to the Supreme Court to improve the judicial response to these issues.

To comply with the Preventing Sex Trafficking and Strengthening Families Act, the Children's Division has contracted with Cornerstones of Care to provide introductory training on Human Trafficking to all the Children's Division and contracted staff. The objectives of this training include being able to define and recognize the scope of human trafficking, being able to identify indicators and people at high risk, identifying resources for potential victims, and learning preventative strategies. Cornerstones of Care continues to provide this training on an as-needed basis for new staff and any employee that has not yet received training on human trafficking.

To expand on the Introduction to Human Trafficking training, the Children's Division is currently in the process of establishing an expert partner and developing an advanced Human Trafficking training curriculum for the Children's Division staff, as well as foster/relative providers and residential providers. This advanced training will further strengthen skills in the areas of identifying, assessing, and engaging child trafficking victims. To directly align with the implementation of the advanced Human Trafficking training, the Children's Division will also be updating the Children's Division policy to guide the Children's Division staff, as well as contracted staff, as to how to respond to potential victims of child trafficking victims.

The Children's Division staff continue to expand their awareness of and response to concerns regarding human trafficking by developing local protocols within multi-disciplinary teams, CD collaborates with federal law enforcement agencies for assistance in investigating cases of suspected trafficking, participating in various local human trafficking task forces, and developing local procedures to address youth who run away from foster care.

The Children's Division is also partnering with the Missouri State Highway Patrol and the Texas Department of Public Safety to provide Interdiction for the Protection of Children Training statewide.

Services for Children Adopted from Other Countries

The Children's Division is the licensing body for all child placing agencies in Missouri. Many of these agencies conduct international adoptions. The rules for licensing child placing agencies require that such agencies conduct a variety of adoption services. The adoption services provided to families adopting internationally include pre-placement planning, and post-adoptive services, placement supervision, assessment of the child's adjustment into the home, and support services. Adoption disruptions are also assessed by the child placing agency.

The Children's Division provides post-adoption services for children adopted from other countries and their adoptive families through the Adoption Resource Centers in the same manner as families of children adopted from foster care, including referral for adoption competent

counseling, support groups, and parenting education. (See Adoption Resource Centers in the Collaboration section of the 2015-2019 CFSP Final Report.)

Services for Children Under the Age of Five

Family-centered, strength-based treatment services for children under five years of age who remain in their home should be completed by referring the family to any available community resource or other support system identified by the family; utilizing all available community resources. Services may be provided by direct case management or may require the use of purchased services. The worker will use community providers when he/she assesses some, or all, of the services, cannot be delivered directly. The following services should be considered:

- Infant developmental stimulation/early childhood education
- Specific rehabilitation and medical services
- Respite care
- Home-based services to provide instructions on infant and child development (i.e., Parents as Teachers Program and Home Visiting Providers)
- First Steps services for ages birth-three with a policy requirement for mandatory referral for POE findings for child/ren under the age of three
- School district services referral for children over the age of three with a developmental concern or delay
- A special or therapeutic preschool, including day treatment or child care facilities which can meet the child's needs
- Referrals to Early Head Start and Head Start
- Parent aide services for the parents
- Mental Health services for the child or parents

The Division recognizes the importance of addressing the developmental needs of all children served, including those under the age of five. Staff should discuss the child's development and health history with the parents. If a child seems to be functioning below age level, attention should be paid to what stimulation is being offered the child and suggestions should be made to the parents or caregiver if necessary. Observation should also be made of proper nutrition, sleep habits, and other health-related problems. Staff should also contact teachers and counselors for information on school progress and make a referral for a cognitive screening to confirm any delays. If a child seems to be functioning well below age level, a referral should be made to First Steps (ages 0 - 3), the School District (age 3+) and the Regional Diagnostic Center for evaluation. There is a regional center servicing every county in the state. Preschool is highly recommended for any child who is functioning below age level. The school-age child who is developmentally delayed will be evaluated by the school. Any child who is receiving special services in school should have a semi-annual IEP (Individual Educational Program).

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

Home Visiting is an in-home service designed to assist with the prevention of child abuse and neglect by offering additional in-home support for at-risk families.

The Home Visiting Program is a voluntary program assisting eligible parents whose family income does not exceed 185% of the federal poverty level, and are currently pregnant or have a child under the age of three years. The program provides parents various opportunities to gain skills in the areas of child abuse and neglect prevention, early childhood development and education, parenting skill development, and school readiness. The Home Visiting program also provides parents with hands-on training and educational support groups, developmentally appropriate books and toys for the children, as well as various incentives for the parents to keep them engaged in the program. As the child(ren) age out of the Home Visiting program, they are referred to a Head Start or another early learning program to maintain continuity of educational services for the family.

The Home Visiting program is located in 11 regions across the state with eight Partnership Agreements and 11 Competitive Contracts providing Home Visiting Services. In SYF 18, there were a total of 1,880 unduplicated families and 2,208 children age birth to three years old served.

Home Visiting contractors and partnerships currently utilize either an evidence-based or promising approach model focusing on the areas of child abuse and neglect prevention, early childhood development, parent education, positive brain development, and school readiness. Home Visiting contractors and partnerships are required to serve 70% Children's Division involved families, ensuring that preventing and reducing the risk of child abuse and neglect is the highest priority.

Children's Division hopes to expand the Home Visiting program statewide through a competitive bid in FY22 to serve all at-risk families in Missouri.

Missouri Department of Social Services, Department of Health and Senior Services, Department of Elementary and Secondary Education, Department of Mental Health and Missouri Head Start State Collaboration Office (MHSSCO) - have been operating under an MOU since 2017. The MOU addresses collaboration between all entities serving children zero to five.

Children's Division local circuits continue to enter into local collaboration plans designed to improve the coordination of services for the children and families served by both agencies. Children's Division may use the Head Start/Early Head Start Referral form to refer children/families to the Head Start agencies in the area that may be eligible. Head Start/Early

Head Start services, when accessed, can have a direct bearing on the actions the Children's Division workers use in their day-to-day interactions with families. By accessing Head Start/Early Head Start services, families can ensure their children are receiving quality child care services to help with school readiness. Accessing services also aids in ensuring:

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

The Children's Division has implemented Signs of Safety statewide. Creating everyday safety for children is the primary aim of Signs of Safety. Signs of Safety recognize that caregivers are more likely to change when they understand how their behavior is impacting their child. Several different tools are available to staff to assist in having a conversation with children around safety to place the child's voice in the center of the family's involvement with the Children's Division. It is important that children have an opportunity to talk about what they are worried about, what makes them happy, and what they would like to happen in their family and community to keep them safe. Because of a desire to protect children from adult issues, they are often provided little information about what is happening to them and what the plan is for their future. Getting the children's voice can help children feel they are part of the process, not just entirely having the process done to them. The children's voice not only informs our work, but it can also be the most powerful voice to inspire and motivate change within the family. Capturing and sharing the voice of the child in a meaningful way can have a significant impact on their caregivers' willingness to make desired changes to protect their children. This is especially useful for younger children.

Signs of Safety provides several tools to capture the child's voice regarding their experiences, to explain the Children's Division's involvement, and to involve them in safety planning. These tools include the Three Houses Tool, Fairy/Wizard Tool, and Words and Pictures explanations. Over the next five years, the policy will be updated with the Signs of Safety practice. The hope is the infusion of Signs of Safety in practice will reduce the length of time young children under the age of five are in foster care without a permanent family, and address the developmental needs of all vulnerable children under five years of age.

The percentage of children age five and under receiving IIS services has remained stable for the last five years. In SFY18, 38% of the children served by IIS were age five and under. In SFY17

and SFY16, the percentage of children five and under was 38% and 39% respectively. The IIS program provides an array of services specifically targeted towards early childhood.

Under Age Five Children without Permanent Families

Year	Total Children	Children under 5	Percent
SFY15	19,429	7,018	36%
SFY16	20,284	7,460	37%
SFY17	20,031	7,498	37%
SFY18	20,330	7,637	38%

Source: Child Welfare Outcomes Report, Table 8b

The population of children ages five and under in foster care has remained relatively stable over the last few years, with a slight increase.

According to point in time data effective January 31, 2019, there were 5,131 children aged five and under in the custody of the Children’s Division. Of these approximately 47% (2,414) were female and 53% (2,717) were male. For the same period, approximately 67% (3,429) of the children were white, and 18% (912) were black. The remaining 15% were American Indian/Alaskan Native, Asian, multi-racial, or unable to determine. Also, 57% (2,910) of the children age five and under were placed with relatives or kin.

The Children’s Division places a strong emphasis on achieving permanency for all children served, including those age five and under. No further changes are anticipated, as the division will continue stressing the importance of permanency for all children. The data from the last four years (SFY15 - 18) 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 (Source: Child Welfare Outcomes Report, Measure #9b)

Years	0-5	6-12	13+
SFY15	37.8%	35.7%	26.5%
SFY16	37.83%	36.56%	25.61%
SFY17	39.05%	34.89%	26.06%

SFY18	38.21%	35.74%	26.05%
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Age Groups Exiting to Guardianship (Source: Child Welfare Outcomes Report, Measure #9b)

Years	0-5	6-12	13+
SFY15	40.0%	37.2%	22.8%
SFY16	34.27%	39.10%	26.63%
SFY17	36.65%	37.76%	25.59%
SFY18	36.00%	39.63%	24.37%

Age Groups Exiting to Adoption (Source: Child Welfare Outcomes Report, Measure #9b)

Years	0-5	6-12	13+
SFY15	58.0%	32.3%	9.8%
SFY16	55.61%	33.31%	11.08%
SFY17	55.19%	35.57%	9.24%
SFY18	56.91%	32.43%	10.67%

Some strategies for achieving permanency for young children include increased parent-child visitation whenever possible, front-loading services to get the family engaged early, placement with relatives, concurrent planning, and regular Family Support Team meetings to review progress and clearly define goals. Concurrent 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. This concurrent plan must include placing with relatives unless contrary to the welfare of the child. Also, staff should provide full disclosure to the parents of problems, changes, possible consequences, and timelines, as well as discussing alternative permanency decision making on an ongoing basis. Staff must discuss with the parents the negative effects of placement on children, the urgency for reunification, and the need for a concurrent plan, so permanency is not delayed.

Parent-child visitation is important at any age, but it is especially important when children are under the age of five as visitation helps parents bond with their children and stay current with the changing developmental needs of their children. Frequent visitation with young children also allows parents to practice and improve the parenting skills they are learning in parenting classes and/or counseling sessions. The Division already encourages service provision for children under the age of five; there are no anticipated changes or updates forthcoming.

For children aged five and under, not in a pre-adoptive placement, there are many recruitment activities which should be occurring to locate pre-adoptive placements. The Heart Gallery showcases children in foster care available for adoption and awaiting adoptive families. Families who may be interested can search the website or view photographs at the traveling gallery. The display is featured in many public venues where people who may not have considered adoption can be exposed to the opportunity. In addition to the Heart Gallery, adoption events from around the state are posted on the Children's Division website. Each circuit has its own strategies for recruitment. Staff also utilize the AdoptUSKids web service whose mission is to feature waiting children, raise public awareness about the need for foster and adoptive families for children in foster care and assist in recruiting foster and adoptive families who can be connected with children waiting for adoption. Additionally, staff circulate profiles of children awaiting adoption amongst other agency staff and among private agencies with families awaiting placement of children age zero to five.

In an effort to reduce the length of time in foster care for all children, strategies included enhanced oversight by supervisors through reinforced training and development of guides to ensure supervisors discuss a child's progress towards the case goal, better collaboration with the court in monitoring child progress towards permanency, and developing local processes for reviewing young children who have not yet achieved permanency. The Children's Division continues to emphasize the timely achievement of permanency regularly with staff, managers, Quality Assurance System staff, and the Courts. Some circuits, through the Fostering Court Improvement project, have begun to utilize case reviews periodically to identify barriers to permanency for children of all ages. In other circuits, staff reviews cases every month with their juvenile office to ensure children do not remain in foster care longer than necessary. Rapid Permanency Reviews, as outlined in the Program Improvement Plan, may also identify bottlenecks for young children achieving permanency.

Efforts to Track and Prevent Child Maltreatment Deaths

Data Collection of Child Maltreatment Deaths

All fatalities are reported in the NCANDS Child File except for fatalities removed due to duplicate records which are included in the agency file. Missouri Statute requires coroners and/or medical examiners to report all child deaths to the Children's Division Central Hotline Unit; however, the hotline unit accepts death reports from any reporter, permissive or mandated.

Deaths which are due to alleged abuse or of suspicious circumstances are investigated, and deaths which are non-suspicious accidental or natural in manner and cause are screened out as referrals. The FACES system captures all fatality reports and screened out referrals. Missouri determines substantiated findings when a death is due to neglect (in addition to abuse) as defined in the statute, unlike many other states. The FACES system does not obtain a “reporter” description of the Child Fatality Review Program (CFRP) 115 county-based panels; however, the system does capture the professional status of law enforcement, coroner/medical examiners, physicians, nurses and other professionals who typically comprise the CFRP panels. While there is not currently an interface between the state’s FACES system and the state’s Department of Health and Senior Services (DHSS) Bureau of Vital Records statistical database, the DSS State Technical Assistance Team (STAT), who tracks all deaths and oversees the state’s child fatality review panels, has collaborative processes with the Bureau of Vital Records to routinely compare fatality information. As of October 2018, the DSS Children’s Division received this information directly from the DHSS Bureau of Vital Records. The DSS STAT can make additional reports of deaths to the hotline to ensure all deaths not otherwise reported are documented in FACES. The standard of proof for determining if child abuse and neglect was a contributing factor in the child’s death is based on the “Preponderance of Evidence” evidentiary standard of proof.

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

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

Plan to Prevent Child Maltreatment Fatalities

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

The Missouri Department of Social Services State Technical Assistance Team (STAT) oversees the Missouri Child Fatality Review Panel (CFRP.) Following the release of recommendations by the National Commission to Eliminate Child Abuse and Neglect Fatalities, the CFRP developed

a subcommittee to review records of child fatalities that the local CFRP identified as child abuse or neglect. The Missouri Children’s Division participates on this subcommittee as well as public and private agency partners, including law enforcement, Missouri Department of Health and Senior Services, Missouri Children’s Trust Fund, Missouri Office of Child Advocate, the Missouri Office of Prosecution Services, law enforcement, medical providers, and other community providers (e.g., domestic violence, mental health.)

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

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

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

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

Promoting Safe and Stable Families

Family Preservation Services

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 46 circuits within the State of Missouri.

According to the Children's Division Annual Report, Table 38, in SFY18, 1,691 families and 4,381 at-risk children were accepted into the IIS program. Intensive In-Home Services is recognized statewide as being a program which diverts children from entering foster care and allows them to remain safely with family, thus it is important for the program to serve as many children and families as possible. There was a slight decrease in the number of families served from SFY17 to SFY18, which may be attributed to vendors waiting on the new contract to be awarded. Vendors may be unsure about how to proceed as there have been multiple extensions. Some vendors are having difficulty hiring staff because the vendor may not have been awarded the new contract resulting in hardship for the sites as the vendors are not able to serve as many families.

The IIS program has successfully diverted a significant number of children from entering alternative care. As referenced in the CD Annual Report, Table 39, in SFY18, 78.3% of the families remained intact at the end of the IIS intervention and avoided child placement. According to SFY18 IIS Annual Report, Table 24, in SFY17, 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.

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.

The current IIS contract will be expiring in June 2019. A new contract period is scheduled to begin in July 2019; however, there has been a delay in the award of the new contract. This has resulted in several contract extensions of the current contract. The IFRS program will be combined into the new IIS contract. This would allow more families to be served and also loosen some of the time constraints, allowing work with families to be done within the first thirty days of a case opening, or after a child returns home as needed by the specific case situation. The contractors all provided input on the current contract, and suggestions for how to enhance a future contract to ensure the needs of the families and children served through the IIS contract will be met. The new contract will allow contractors to submit their practice models for the IIS program and will emphasize evidence-based practices.

The new contract will allow for changes to be made in the peer review process. A new peer review process will be developed once the contracts are in place. The peer review process for IIS cases will be put into the FACES system.

The referrals to the IIS program are completed through the FACES system. Children's Division staff may choose not to enter referrals into FACES if they know there are no openings as the referral process can be time-consuming. A system change would need to happen to make the referral screens easier for staff to complete. This would result in more referrals being made and provides a more accurate account of the need for the IIS program.

The vision for the IIS program will be to expand services for additional families. This expansion is being explored through the Families First Legislation to enhance our prevention efforts through the IIS program.

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 who 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) typically return 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 13 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, seven 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) which are 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 involves 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. Also, 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 the specific needs of the family

There are 13 contracted IFRS specialists in Missouri. 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

Missouri is currently in the process of restructuring the contract surrounding this program. The IFRS program will be combined into the Intensive In-Home Services program. This will allow more families to be served, expand the program to all areas of the state, and loosen some of the time constraints, allowing work with families to be done within the first 30 days of a case opening, or after a child returns home as needed by the specific case situation. The current contracts are due to expire June 30, 2019.

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.

The Division is continuing to move forward with a clear practice model anchored in values and practices that support exemplary child welfare outcomes. The Five Domains of Wellbeing, Trauma-Informed Practice, and Signs of Safety are the foundational elements and frameworks. These are supported by essential processes such as Family-Centered Services.

The Child Welfare Manual will be updated over time in accordance with 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. 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. Signs of Safety assessment tools are utilized to best fit the needs of the family. The new policy will allow for supervisor discretion to be used to determine the number of home visits and safety network contacts needed for each FCS cases. The number should be based on the needs of the family. At a minimum, one face to face home visit per month must be completed on all FCS cases.

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

- Teaching family behavioral techniques for changing undesirable behaviors. An example of this would be introducing the parents to behavior modification methods such as positive reinforcement and "time-out," rather than physical punishment;
- Teaching the family appropriate methods to channel frustrations and manage anger;
- Modeling effective family communication and structuring family activities to enhance communication and family functioning;
- Engaging the family in the treatment process;
- Teaching life skills, such as how to improve self-esteem and how to look for employment;
- Teaching and role modeling household management skills, such as house cleaning, budgeting, and cooking;
- Providing "hard services" to meet the basic needs of the family, such as securing food, shelter, and transportation;
- Developing resources and making these resources available to the family for their ongoing support;
- Encouraging and working with parents to be cooperative and engaging of the non-custodial or non-resident parent as appropriate in preserving the best interest and safety of the child(ren); and
- Referring the family to any available culturally-relevant community resources that help them meet basic needs and stabilize their family, including:
 - Housing referrals and assistance;
 - Public benefits and income support, including any assistance needed to obtain food, clothing, and utility services;
 - Child care;

- Home care and support services, including household management and home health aide services;
- Medical and dental care;
- Respite care;
- Transportation services; and
- Vocational and educational assistance.

In SFY18, there were 7,089 active FCS cases compared to 14,865 during SFY17, and 18,087 in SFY16. (Source: CD Annual Report, Table #9). The total number of FCS cases in SFY 18 decreased by 52.3% and in SFY17 decreased by 17.8% from SFY16. In CY17, CD Memo 17-16 informed staff of changes to the Family-Centered Services and Alternative Care functions in FACES. As of the date of the memo, staff were instructed to no longer open FCS functions on families when children are placed in alternative care. When the change was implemented on March 1, 2017, all FCS cases with associated AC functions opened automatically closed in the system, with a few exceptions. This is the contributing factor for the 52.3% decrease in the number of active Family-Centered Services cases in FY18.

In SFY18, approximately 4% of FCS families were served as a result of substantiated child abuse/neglect reports (184 out of 4,605; 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 a court order. A new open reason was created in SFY17 based on the Children’s Division Memo 17-16 referenced above to include cases where an AC case was closed, and an FCS case was re-opened, approximately 5% of families were served as a result of the new reason for opening. The remaining 74% of families were served as a result of a Family Assessment or Newborn Crisis Assessment. The Family Assessment response exemplifies the family-centered approach, which is founded on the principle that the first and greatest investments, time and resources, should be made in the care and treatment of children in their own homes. This means resources are more wisely invested in treating and strengthening the entire family. The family assessment places greater responsibility on, and confidence in, families and local communities. Therefore, the foremost obligation is to provide families with the services and support necessary to preserve and strengthen the family and prevent out-of-home placement.

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

The Children’s Division recognizes the family as the primary social welfare institution. Because families are irreplaceable, the Children’s Division policies and practices must serve to strengthen and empower families toward this goal. A focus will be put on Family-Centered practices over the next five years with an emphasis on improving parent engagement. The Children’s Division

will be exploring ways to get additional input from parents on how to guide policy and practice. Field support will be offered across the state to increase the awareness of the FCS program and prevention efforts for intact families. Through field support, policy changes, training, and circuit support, guidance will be provided to staff on the FCS program.

Child Care and Development Fund

As part of the prevention efforts, Children's Division (CD) is the lead agency for the federal Child Care and Development Fund (CCDF) and administers the state child care subsidy program for low-income families served through the Family Support Division (FSD) and protective services families served through CD. The Child Care Subsidy Program helped support approximately 28,511 low-income children with about 7,596 children served through protective services in SFY18.

The FAMIS/FACES Interface system assists child welfare workers in determining eligibility and authorizing child care for children receiving services through the child welfare system. This interface streamlines the child care system by allowing eligibility, authorizations, and child care providers to be paid through one system, thus improving the accountability of the child care program.

The Child Care Subsidy Program provides a necessary service to families within the child welfare system by providing concrete support during their time of need. The Child Care Subsidy Program assists in supporting the safety and well-being of children in low-income families by providing parents with choices for safe environments for their children. Maximizing funding for Child Care Subsidy ensures the Department of Social Services (DSS) can serve the greatest number of families in need. Timely and accurate payment ensures higher quality providers are willing to accept DSS subsidized children.

Crisis Care

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

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

- Unexpected, short term hospitalization of a parent or guardian, or child in the household, unexpected incarceration of a parent, or death of one or both parents, which produces a situation where there is no one immediately available to care for a child(ren);

- Children at risk of being sexually abused and/or exploited;
- Lack of food, utilities, and/or shelter with no immediate alternatives available; or
- Domestic Violence

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

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

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

Crisis Care contracts are awarded through a competitive bid process, with the most recent contract beginning January 1, 2019. Currently, there are ten crisis care facilities across the state.

In SFY18, 2,271 children age 12 and under were served. In SFY18, 425 children age 13 to 18 were served.

Home Visiting

Home Visiting is an in-home service designed to assist with the prevention of child abuse and neglect by offering additional in-home support for at-risk families.

The Home Visiting Program is a voluntary program assisting eligible parents whose family income does not exceed 185% of the federal poverty level, and are currently pregnant or have a child under the age of three years. The program provides parents various opportunities to gain skills in the areas of child abuse and neglect prevention, early childhood development and

education, parenting skill development, and school readiness. The Home Visiting program also provides parents with hands-on training and educational support groups, developmentally appropriate books and toys for the children, as well as various incentives for the parents to keep them engaged in the program. As the child(ren) age out of the Home Visiting program, they are referred to a Head Start or another early learning program to maintain continuity of educational services for the family.

The Home Visiting program is located in 11 regions across the state with eight Partnership Agreements and 11 Competitive Contracts providing Home Visiting Services. In SYF 18, there were a total of 1,880 unduplicated families and 2,208 children age birth to three years old served.

Home Visiting contractors and partnerships currently utilize either an evidence-based or promising approach model focusing on the areas of child abuse and neglect prevention, early childhood development, parent education, positive brain development, and school readiness. Home Visiting contractors and partnerships are required to serve 70% Children’s Division involved families, ensuring that preventing and reducing the risk of child abuse and neglect is the highest priority.

Children’s Division hopes to expand the Home Visiting program statewide through a competitive bid in FY22 to serve all at-risk families in Missouri.

Time Limited Reunification Services

Foster Care

Foster care is temporary care for a child who has been removed from his or her home due to dependency, abuse, or neglect. Foster care is intended to be short term until permanency may be achieved. The goal for most children in foster care is to return to their caregiver(s) when circumstances which led to out-of-home placement have been resolved. However, sometimes, children are not able to return home and need a permanent family. Placement shall be in the least restrictive setting needed, which serves the child's best interest and special needs. Out-of-home placements provide secure, nurturing, and homelike settings for children.

Out-of-home placements include:

- **Emergency care placements**—A foster home which has been specifically licensed to care for six or fewer children in the Children’s Division custody on an emergency basis only. These foster homes are available to receive children on a 24-hour basis. These foster homes are used on a short term basis only not to exceed 30 days.
- **Foster care placements** —Foster homes are a licensed home caring for six or fewer children and are licensed by the Children’s Division. Care includes the provision of food, lodging, clothing, transportation, recreation, and training appropriate for the child’s age and mental and physical capacity.

- **Relative care placements**—Placement of a child in the home of an adult who is a related family member or has a close relationship with the family. Relative placement providers must complete training and a licensure process to care for a child and for payment to be received. *Note: The Division changed the categorization of placements during 2017 to integrate kinship placements (non-related persons) into the same category of relative placements.*
- **Elevated Needs Care (Level A and Level B) placements**—A specified placement for a child in foster care with elevated challenges which includes receiving specialized care. These foster care homes must meet all licensing requirements as a traditional foster home in addition to receiving specialized training for behaviorally and mentally challenged children. These foster homes also must demonstrate a willingness to obtain any specialized training to meet the individualized needs of the child.
- **Medical care placements**—A foster care placement for a child with specific medical conditions where additional medical training is necessary for his/her care.
- **Transitional living placements**—These types of placements are considered for youth who demonstrate the ability to live independently with some supportive services and are successfully receiving Chafee Foster Care Independence Program services.
- **Independent living arrangements placements**—Placement for a youth living on his/her own, usually in an apartment or college campus setting, with supervision from the case manager.
- **Residential treatment facilities placement**—A residential child care agency licensed by the Children’s Division with compliance being monitored by the Residential Program Unit to provide residential treatment services for children and youth.

All licensed out-of-home resource providers are required to pass a child abuse/neglect background screening and a criminal background check. The electronic fingerprint live scan systems are designed for ease of use and for capturing high-quality fingerprint images, helping to ensure superior acceptance rates and accurate criminal history information. The prints are submitted for processing to State and Federal Automated Fingerprint Identification Systems. Employees of group homes and residential treatment centers are also required to submit to the background screenings and criminal background checks. For additional information about the criminal background check processes, refer to the Foster and Adoptive Parent Licensure, Recruitment and Retention section.

Foster Care Population Increase

For over a decade, the Children’s Division experienced a decrease in the foster care population. The foster care population in Missouri reached its lowest point in January 2009 with a point in time total of 9,104 children in care. However, since that time, the Children’s Division has experienced a growth of children in foster care with the foster care population being at 13,607 in

January 2019. The rate of increase has lessened in the past few years, but the population continues to be high. 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.

Some areas of focus and development for the next five years in regards to the growth of the foster care populations are:

- Worker Retention – Worker turnover can greatly affect case planning and slow permanency for youth in foster care. One of the goals within the 2020-2024 Child and Family Services Plan focuses on retention of Children’s Services Workers.
- 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.
- 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 a future trauma. In response, Missouri has created the Missouri Early Trauma Initiative (MET) to explore strategies to address the trauma these young children endure.
- Rapid Permanency Reviews (RPRs) – As outlined in the Program Improvement Plan, RPRs are case reviews which can identify bottlenecks to permanency both at the case level and at the systemic level. For an update on the status of RPRs, please refer to the PIP update, Attachment A.

During 2017, the Children’s Division made strong efforts to implement a new practice model (Signs of Safety, Trauma-Informed Care, Five Domains of Wellbeing, and Team Decision Making) in all areas of the state. The Signs of Safety model encourages workers to partner with families to create safe environments for children. The approach is solution-focused and highlights the family’s strengths and how they can be used to protect children.

The Team Decision Making (TDM) model is planned to be implemented across the state. This effort will help decrease the time in care for children by allowing the best decisions to be made for a child early and often while they are in the Children’s Division’s custody.

Kinship and Relative Care

Placing with relatives and kin continues to be a priority of the Division. Research (Hurley, 2008) shows placing with relatives:

- Minimizes trauma to the child;
- Results in fewer behavioral problems;
- Decreases likelihood of children re-entering care;
- Increases placement stability; and
- Results in faster, safer permanency.

It should be noted that the Division changed the definition of a relative during 2017 as a result of state law revisions. At this time, all placements that are with a relative or friend of the family are considered relative.

There has been a steady increase in the number of children placed in relative homes over the last several years. More children exited from a relatives home than any other placement type (adoptive home, foster home, residential). This can be attributed to the continued emphasis on identifying, locating, and placing with relatives whenever possible. The 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

The Legal Aspects of Relative Placements Training DVD continues to be used to educate on the intricacies of making placement decisions based on various laws. In addition to the law, this training brings to view factors unique to each child for consideration when making placement decisions. This training is available to staff as well as foster parents, juvenile officers, and other community partners and continues to be a valuable resource for staff when making placement decisions. This training is required for staff who are supervising or coordinating relative placements and available to all other staff. The trainings are tracked in the state Employee Learning Center.

The Children's Division provides specialized training to all relative (now including kinship in this definition) providers. The STARS for the Caregiver Who Knows the Child training curriculum, a version of the foster parent training used in Missouri, is used with relatives and non-relative persons who have a close emotional relationship with the child or parent. It focuses on the same competencies as the foster parent curriculum and addresses issues of the role change which occurs when relatives or kin have a child placed in their home.

APPLA

Another Planned Permanent Living Arrangement (APPLA) is the least desirable permanency option and should only be used after all other permanency options have been explored. The Family Support Team (FST) may determine, during an administrative review or at a permanency hearing, another preferable permanency option is not viable or not in the child's best interest. If this determination is made, the option of APPLA may be explored and compelling reasons not to seek another option must be documented. APPLA is a specific permanent placement for the youth, not just long term foster care.

Youth are placed in APPLA when the FST believes his/her placement will endure until the youth becomes independent and receives approval by the court. The resource provider must also agree with the plan, and able and willing, with the assistance of the Children's Division, to meet the safety, permanency, and well-being needs of the youth. The resource provider makes a formal agreement called a Permanency Pact with the youth for this purpose. The purpose of the agreement is to identify an individual with which the youth wishes to continue to have as a support in his or her life.

When a youth has a goal of APPLA, all case management services are afforded the youth including working with the resource or birth family to assess risk, participating in the development of the permanency plan, identifying and providing needed services, and meeting with the youth and family to ensure desired outcomes are attained. Services may include but are not limited to: therapy, independent living services, mentoring, peer to peer support, visitation, and any other identified individualized services.

In 2015, a federal law went into effect that requires a child to be at least 16 years of age before APPLA can be used as the case goal. The Children's Division continues to work within its agency to comply with this law as well as work with the court system and other partners to enact this change. During 2016, the state of Missouri passed HB 1877, which put this federal requirement into state statute. Central Office and QA/QI staff has focused on educating staff about the appropriate use of the APPLA goal. Emphasis has been placed on using this goal when other options have been ruled out, and when the goal is appropriate for the child considering the circumstances of the case.

The 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.

Permanency Pacts 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. 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 and now has been formalized into policy.

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 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 the specific needs of each child, and volunteers will serve as mentors to help with the transition to independence.

Residential Treatment Services

Residential treatment provides specialized treatment for children needing more structure and intervention than a foster home can provide. Placement is time-limited, and treatment focused so the child can transition to a lesser restrictive setting in the family or community-based care. The Children’s Division Residential Program Unit (RPU) has the responsibility for licensure, supervision, and license renewal for the Residential Treatment Agencies for Children and Youth (RTACY).

During SFY18, 728 children entering the custody of the Children’s Division received residential treatment services. This is an increase from SFY17 when 680 children entering the custody of the Children’s Division received services in residential treatment. Throughout SFY18, 3487, children in the custody of the Children’s Division received residential treatment services. This is a decrease from SFY17 when 3501 children received residential treatment services. Residential facilities in Missouri have reported that the children entering residential treatment 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 homes being developed and utilized due to 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 2018, the Department of Social Services (DSS) Placemat Initiative, Reducing entry and length of stay in congregate care (Right-Sizing Congregate Care) was developed. The purpose of this initiative is to safely reduce children in congregate care by ensuring residential treatment is used for time-limited treatment purposes. Strategic milestone measures were developed for this placemat initiative in 2018 and are being implemented in 2019. Monthly residential data reports assist with a data-driven practice for the use of residential treatment. Monthly data reports provide the following:

1. Children entering residential each month.
2. Children exiting residential each month and to where they exit.
3. Children residing in residential month to month.

4. Children experiencing emergency residential placements.

Statewide monthly residential support calls are held with select employees of the Children's Division to discuss the residential data reports, barriers, strategies that are working, and share ideas for action steps. The long term projected outcome of this initiative is a reduction of the use of residential treatment and a reduction in the length of time residential treatment is needed.

Family First Prevention Services Act (FFPSA) planning began in 2018. The Missouri Children's Division made the decision to delay the implementation of the Family First Prevention Services Act. After much consideration, in-depth analysis, and community collaboration, the Children's Division has chosen to delay implementation of the legislation. The Children's Division will continue to work with partners towards enhanced collaboration and elevated infrastructure for successful execution.

FFPSA requires that residential treatment be time-limited and treatment focused service. FFPSA requires that children entering a residential treatment setting have a 30-day assessment to determine if residential treatment is needed. Further, the court will evaluate all residential treatment placements within 60 days to determine if residential treatment services continue to be a need. Residential agencies will be required to meet the Qualified Residential Treatment Provider (QRTP) standards for the Children's Division to receive Title IV-E funding for residential treatment. QRTP agencies are required to be accredited through one of the accrediting bodies below, provide trauma-informed treatment model, have access to 24/7 nursing and clinical staff, and provide at least six months of aftercare services.

The Children's Division held six statewide meetings with residential agencies and other community partners in January 2019. These meetings were designed to introduce FFPSA and work collaboratively to identify what is working well, what we are worried about, and the next steps for FFPSA implementation. On March 14, 2019, the Residential Program Unit (RPU) held a statewide Program Directors meeting for all of the residential agencies. This meeting was designed to provide information on how to repurpose their businesses and business modeling for moving forward with FFPSA. This meeting also provided further discussion in a group setting about FFPSA requirement and open discussion on the Children's Division's implementation plan. This meeting provided an opportunity for residential agencies to network and share ideas around FFPSA. The Children's Division is holding monthly FFPSA statewide implementation meetings that include residential providers.

Along with the preventative services offered to families through FFPSA, the development of Therapeutic Foster Care (TFC), and other foster/adoptive recruitment efforts, Missouri should expect to see a reduction in the use of and the length of time a child would need residential treatment between 2020-2024.

In 2018, children received services through 65 licensed residential treatment agencies for children and youth operating at 119 separate sites. Of the 65 RTACYs, 56 agencies hold a contract with the Children's Division. In 2018, there were two initial RTACY licenses awarded.

Thirty-seven RTACYs renewed their licenses in 2018. In 2018, of the 65 licensed RTACYs, 27 were accredited through nationally recognized accrediting bodies (Council on Accreditation of Services for Children and Families, Inc., Joint Commission on Accreditation of Healthcare Organizations, Commission on Accreditation of Rehabilitation Facilities). Two additional RTACYs are 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 is required to have initial orientation and a minimum of 40 hours of on-going training per year.

Specialized Care Case Management

The “Specialized Care Management” contract was awarded to Missouri Alliance for Children and Families (MACF) in April 2006 and has been renewed annually since that time. The contract was up for rebid in 2018 and MACF was awarded the new contract, which began on April 1, 2018.

Children and youth referred for services under this contract must be at significant risk of long-term residential care and have serious behavioral health needs. This contract provides specialized case management services which are individualized for children who demonstrate an inability to function in less-restrictive settings without such services. This may be evidenced by multiple failed residential placements or repeated need for acute psychiatric hospital admissions. While enrolled in the program, the contractor is the sole case manager for the enrolled child. Once the youth is stabilized in a community setting, the youth is dis-enrolled, and the state agency resumes case management activities.

The contract is capped to serve a maximum of 325 youth statewide. The areas served are comprised of designated counties within the central, eastern, western, and southwestern regions of the state. From July 1, 2012, to present, approximately 958 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 13.32 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.
- Children shall not be on/or have been on runaway status in excess of 48 hours.

- Children should remain stable within their community 90 days after disenrollment. It should be noted that this data does not include children who dis-enrolled and because of the child's age and/or legal status, data could not be gathered regarding their stability in the community.
- Youth will not experience a move that is to the same placement type or a more restrictive placement setting.
- Children placed in a residential care facility at the time of enrollment will be moved to a less restrictive setting within 180 days.
- Children enrolled with the contractor for an entire month must have received at least four face-to-face visits with the contractor each month with no more than ten days between visits at any time.
- Children dis-enrolled or discharged must have had a physical examination within the past 12 months.
- Children must be enrolled in and actively participating in an educational program or have successfully graduated.

Children's Division and MACF staff continue to reach out to internal and external stakeholders during routine contact to discuss and define this stability service array and factors that distinguish it from other case management services focused on permanency. Periodic meetings between staff from both agencies have occurred.

Foster Care Case Management

The award of Foster Care Case Management contracts on June 1, 2005, not only changed how Missouri interacted with private and not-for-profit child welfare providers, but it also changed the payment structure from a fee-for-service model to a performance-based model. Each contractor is awarded a maximum caseload and paid based on the awarded caseload; however, the contractor achieves a financial incentive if they perform beyond the expectations of the contract. Likewise, they achieve financial disincentive if the contract expectations are not met.

The initial contracts were awarded on June 1, 2005, to seven provider consortiums to serve 1,845 cases across nine Missouri counties. Since then, Foster Care Case Management has experienced substantial growth. The Children's Division now contracts with seven provider consortiums to serve 3,435 cases across 28 Missouri counties. Because contractors serve a set caseload, the percentage of children served through the contract is influenced by the number of children entering and exiting care statewide. Contractors currently serve approximately 25% of the children in the care and custody of the Children's Division. This is a decrease from 2009 when approximately 38% were served by the private contractors, and the total number of children in care was lower.

The contracted providers are evaluated every year using three performance outcome measures. These performance measures are permanency, re-entries into care, and safety. If a contractor

does not meet a performance measure, the division collaborates with them to develop a Performance Improvement Plan which outlines specific strategies the contractor will implement to meet the outcome measure for the coming year. The average permanency rate achieved statewide for 2018 was 34.69%, the safety measure was 99.88%, where only 0.12% of the children had a substantiated CA/N report while in care, and 95.7% of the children served did not re-enter care within a 12-month timeframe from achieving permanency.

The permanency targets for each region over the last 13 years have ranged between 26 to 54 percent. These targets are subject to change with each contract bid and are set based on the permanency rates achieved by the Children's Division in each region.

The Children's Division is currently drafting the next Request for Proposal (RFP) which will be issued spring of 2019. This next contract will be for five years. All previous contracts for this service have been for three years at a time. The benefit of a five-year contract will reduce the disruption of case management services and assist the providers in stabilizing their workforce. The hope is that both of these benefits will greatly impact the children and families served. This next contract will go into effect on October 1, 2019. With this next contract, a fourth outcome measure is being added. The new outcome is a wellbeing measure centered on children receiving their Healthy Children and Youth (HCY) exam within 30 days of entering out of home care.

Recruitment and Retention Contract

In August 2013, Cornerstones of Care (COC) Healthy Families Program was awarded the state contract for Recruitment, Licensure, Training, and Retention of Resource Homes.

In January 2014, the Northwest Region of Missouri, as well as Jackson County, came under the purview of a contract for Privatization of Recruitment Licensing and Retention of Resource Homes. This two-year pilot project contract included responsibility for recruitment, training, and activities to support licensing/approval of resource homes in the counties of the Northwest Region and Jackson County. COC and their subcontractor manage the cases of resource families, completing activities of licensure and re-licensure as well as support services to retain foster and adoptive resource families. Additionally, the contractor is responsible for identifying placements for children from their pool of resources for placement of children managed by the Children's Division. The contract was extended for 12 months while revisions were made to the contract and new contract was awarded to COC beginning January 1, 2018. The new contract no longer required the contractor to be responsible for activities to support licensure/approval of requests received through ICPC as that function has been absorbed by the Children's Division. Three staff have been assigned to cover this function within the Division with one based in Jackson Co., one in the Northwest Region and a floater to cover any overflow of ICPC requests. The intent of this change is for the contractor to focus efforts on recruiting and licensing families who will be willing to accept older youth, youth with elevated needs which will include therapeutic or treatment resource homes to reduce utilization of residential placements. However, this

recruitment has continued to be a challenge for the contractor as it is for the Children's Division and private case management contractors. The contractor like the Children's Division is more successful in approving and supporting relative providers identified by the case manager and retaining those placements to allow for timely permanency. The contractor participates in the Diligent Recruitment Committee, the Right Size Residential Recruitment subcommittee and the Recruitment and Retention Statewide. The contractor is also instrumental in the development team for therapeutic care, including relatives. In each of these groups, new recruitment ideas are shared, tried, and tested.

By late 2013, 865 resource home cases were transferred to COC. As of December 31, 2017, there were 1,070 licensed/approved resource families in the pilot area. 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 the identification of only placements in a family like setting (relative, kinship, or foster home placements). 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 a shelter than before the change due to the concerted effort made to address an 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 less youth in residential. COC, in turn, hired intensive home finding specialists to address placements of youth to avoid placement in and to increase the discharge from residential. Residential placements have decreased in Jackson County and remained stable in the Northwest.

During the second year of the contract, the focus was on the assessment of the pilot and determination of the next step in the privatization of resource development in Missouri. The determination was made to maintain a contract for recruitment, licensure, and retention of foster and adoptive homes in the current regions and not expand to additional regions. Additionally, the Children's Division decided to exercise the option to extend the current contract for another 12 months 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 years three and four, 2016 and 2017, the Children's Division and Cornerstones of Care have focused on following data measures as indicators of the efficacy of the pilot and consistent with the benchmarks and outcomes in the contract. Beginning in January of 2018 the benchmarks and outcomes were being adjusted to capture data consistent with the current uptick in relative placements. The number of resource homes will be split into two measures; available resource homes including relatives and available resource homes excluding relatives.

Additionally, the Children's Division will be tracking the addition of elevated needs families and siblings and eliminating the percentage of placements in relative, and foster placements as the contractor is unable to control which placement settings are used for placement. Additional

measures are being developed for tracking adoption only homes and specific recruitment strategies for the waiting adoptive population. The subsequent APSR will reflect these measures.

Adoption Promotion and Support Services

Adoption Services

Missouri Law identifies the Children’s Division as one of the agencies which may place a child for adoption, and establishes time frames for the completion of court required adoption assessments conducted regarding placement of a child in the prospective adoptive home. The court may direct any appropriate individual or agency, including the Children’s Division, to complete the assessment.

When it is not possible or in the best interest of the child to return to their biological family, consideration is given to placing the child for adoption. Several factors influence this decision; the attachment of the child to his/her biological family, the parent’s ability and willingness to voluntarily relinquish the child for adoption, the juvenile court’s determination of whether or not parental rights will be terminated, and the desire of an older child to be placed in an adoptive family. In a case involving a child under 14 years of age, the guardian ad litem shall ascertain the child's wishes and feelings about his or her adoption by conducting an interview or interviews with the child, if appropriate based on the child's age and maturity level. The interviews shall be considered by the court as a factor in determining if the adoption is in the child's best interests.

Currently, persons who are interested in becoming adoptive parents apply at local Children’s Division offices, with the Foster Care Case Management contractors or with the Recruitment, Retention, and Licensing of Foster and Adoptive Resources Contractor in Jackson County and the Northwest region of Missouri. All applicants must complete the STARS and Spaulding training provided through the Division or its contractors. Children’s Division workers or contracted providers, in coordination with the training, complete the family assessment and work with families to determine suitability for adoptive parenting. The family assessment is initiated within 30 days of the receipt of the application and completed within four months for families to be considered for adoptive placements. Children are featured on the national AdoptUSKids web site at www.adoptUSkids.org and 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 on regional recruitment events, providing new ideas for all regions to consider for recruitment of resource homes, and informing the state recruitment plan.

ARTS serves as a forum to discuss and resolve adoption issues faced by field staff, assist in defining best adoption practice for the Children's Division and provide the necessary support to staff responsible for identifying and supporting permanent homes for children.

The focus in 2018 was for ARTS team to partner with Faith-Based partners to help recruit adoptive homes for children seeking a forever home. Faith-Based partners have the passion, capability, and resources to collaborate with the Children's Division in this direction. This partnership has successfully moved forward as more Faith-Based partners have joined efforts to help recruit adoptive homes for children, attended the ARTS Statewide meetings, shared the MO Traveling Heart Gallery displays, and participated in National Adoption Awareness month activities.

The ARTS group is a central meeting place for statewide diligent recruitment planning. It continues to review the streamlined approach via The Adoption Exchange, AdoptUSKids, and The Missouri Heart Gallery. The ARTS team will continue to be a sounding board for developing policy, training, or any support necessary to field staff.

Heart Gallery

The Missouri Heart Gallery began in 2006 and will continue into the next CFSP period. 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 has taken a closer look at the Heart Gallery process and partnered with the Adoption Exchange and the ARTS team to revise and update the registration process and practice.

The most significant change to the Heart Gallery involves the registration, which is completed through The Adoption Exchange's new website. Staff can register the child for The Adoption Exchange, the AdoptUSKids and then forward the registration to Central Office for the child to appear on the Missouri Heart Gallery website. The Adoption Exchange now writes the media profiles and continues to assign the photographers. The staff has experienced less stress and more flexibility with the new process. The staff now has 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 2019 is to print quarterly for the traveling Gallery. Each region will receive 8x10 images of children who are featured in the Heart Gallery for display at regional events. This approach will allow for flexibility to feature the Heart

Gallery at a moment's notice in smaller venues, i.e., churches, school functions, and community events. Prospective adoptive families should be directed to the online 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.

Subsidized Adoption and Guardianship Program

Some children placed in out-of-home care will never be able to return to their birth home. Furthermore, many of these children suffer from handicapping conditions, and others are older or are members of a sibling group. These factors make it challenging to find adoptive homes. Frequently, these children have special needs, such as the need for medical care, counseling, therapy, or special education services. The cost of caring for these children can be prohibitive for a potential adoptive family, or those wanting to provide permanency through a guardianship arrangement. Adoption and guardianship subsidy provides the child with the benefit of a permanent family while assisting with the financial responsibility of adopting or becoming a guardian to a special needs child. The basic subsidy package includes maintenance, childcare for children up to age three, MO HealthNet, and respite. Additional services may be added as needed and approved. In SFY18 adoption and guardianship expenditures were \$88,435,251, slightly lower than SFY17's expenditure of \$89,811,251. As of June 30, 2018, there were 16,856 children receiving adoption subsidy and 7,626 children receiving guardianship subsidy, per DSS Research and Evaluation.

As of February 28, 2019, there were 6,340 legal guardianship entries since August 28, 2013, who had prior relative, kinship or foster home placements. As of January 1, 2018, there were 4,933; this would show a continued increase in guardianships since Senate Bill 47 took effect in 2013, making the revision in statute a contributing factor.

Child Placing Agencies

The Children's Division is the licensing body for Missouri child placing agencies pursuant to Chapter 73 of the Children's Division - Child Placing Agencies rules in the Missouri Code of State Regulations. Child Placing agencies may be licensed to provide "recommendation of foster homes for license," "placement of children in foster family home," "foster care services" and "adoption services," which includes international placements.

In CY 2018 Missouri Children's Division had 56 Child Placing licensed agencies. Many of the agencies have multiple operating sites resulting in a total of 91 licensed sites in Missouri. Of the 56 licensed child-placing agencies, 37 of these are accredited by a nationally recognized

accrediting body (Council on Accreditation, Joint Commission on Accreditation or Hague Accreditation). The licensed child-placing agencies facilitated placements of 304 domestic and 98 international children for adoption. Licensed child-placing agencies provided post placement or postfinalization adoption services to families. Several of the licensed children placing agencies also are contracted for foster care case management and specialized care contracted services previously described in this report.

Service Decision-Making Process for Family Support Services

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

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

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

The CTS contract was revised in March 2016. The following services have been added to provide additional 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 created a more streamlined contracting process and better-defined services and provider qualifications.

Populations at Greatest Risk of Maltreatment

The primary concern of the Children's Division throughout the continuum of care is always child safety and well-being. The Children's Division utilizes protocols built upon Structured Decision

Making (SDM) and Signs of Safety to assess for risk, to address threats of danger, and to focus treatment services on families at the greatest risk of child maltreatment.

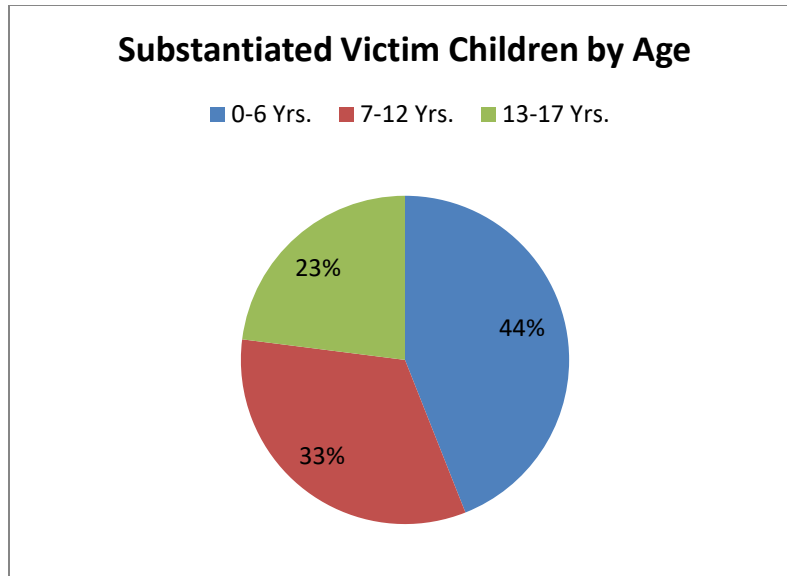
The Signs of Safety Child Protection Practice Framework is used to determine what supports are needed for families to care for their children, whether there is sufficient safety for the child to stay within the family, whether the situation is dangerous enough that the child must be removed, and if the child is in the foster care system, whether there is enough safety for the child to return home. Full implementation of Signs of Safety was completed in CY17. During CY19, staff will continue to receive ongoing training and support on the Signs of Safety Child Protection Practice Framework.

Signs of Safety is a child protection framework built upon solution-focused therapy which stresses the importance of relationships, critical thinking, and workers as change agents. This framework is simple and stresses getting the answers to three important questions: what are we worried about, what is working well, and what needs to happen. Also, a scaling question is used to make judgments about how safe the child is, from the perspective of the worker, the family, their networks, and other professionals, to develop understanding between the parties and to drive change.

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

Identified Population

Pre-school aged children are typically more vulnerable and at the greatest risk of maltreatment because they are dependent on others to meet their nutritional, physical, and emotional needs. No change in the population of children at the great risk of maltreatment has been identified since the development of Missouri's Child and Family Services Plan. Young children cannot 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.



Source: Child Abuse and Neglect Annual Report, SFY18

Based on the chart above, children birth through age six constituted 44% of all substantiated victims in SFY18.

Of all the children found in need of services after completion of a family assessment, approximately 39% were children birth through age six.

It is also important to note the most recent Missouri substantiated child fatality data indicates that in FY18, the majority (71.8%) were two years old or younger.

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

- Children in families with a prior history of abuse or neglect
- Children in families who have previously received services
- Children who had three or more siblings under the age of eighteen living in their home
- Children who presented a history of delinquency had a developmental disability, or a concerning characteristic related to their mental or behavioral health
- Children whose primary parent/caretaker had a historical or current substance abuse problem or mental health concern
- Children whose primary parent/caretaker had a history of abuse/neglect as a child

Services Targeted to this Population

Missouri's early intervention system is known as the First Steps program. The Missouri Department of Elementary and Secondary Education (DESE) is the state's lead agency for the First Steps program and is responsible for ensuring the provision of early intervention services to

eligible children and their families consistent with the requirements of Part C of the IDEA. Under the federal mandate of CAPTA, staff is required to make a referral to First Steps for any child under the age of three who has been determined abused or neglected by a preponderance of evidence in a child abuse/neglect investigation.

Under CAPTA, in all instances that a “Preponderance of Evidence” determination is made regarding a child victim less than three years old, the Children’s Division staff will make a referral to the First Steps program. In the calendar year 2017, 1,147 children were referred to the First Steps program by DSS. Of the 1,147 children, 448 children (39.1%) had a referral source of CAPTA, and 699 children had a referral source of the Department of Social Services. In the calendar year 2018, 1,161 children were referred to the First Steps program by DSS. Of the 1,161 children, 642 (55.3%) had a referral source of CAPTA and 519 children had a referral source of the Department of Social Services. It is believed the increase was due to the release of the new online system where the user has to specifically select if the referral is a CAPTA referral or general DSS. This system was introduced March 1, 2017, to help track CAPTA referrals, as it was suspected most were being coded as DSS instead of CAPTA.

The percentage of children age five and under receiving IIS services has remained stable for the last five years. In SFY18, 38% of the children served by IIS were age five and under. In SFY17 and SFY16, the percentage of children five and under was 38% and 39% respectively. The IIS program provides an array of services specifically targeted towards early childhood.

Legislation was enacted in 2016, requiring children three years of age or younger that are reported as victims of any child abuse/neglect investigation be either evaluated or have a case review completed by a SAFE-CARE provider. The purpose of this legislation is to specifically address those most vulnerable to child abuse and neglect. The Children’s Division is also now required to make a referral to the Juvenile Office anytime a child under the age of four is diagnosed as a victim of physical abuse by a SAFE-CARE provider. While the Children’s Division is not required to recommend removal, the purpose of this requirement is to ensure that information regarding the child’s safety is communicated. Anytime the Children’s Division receives an investigation involving a victim child under the age of four; staff makes a referral to one of the three child abuse and neglect resource center children’s hospitals in the state. Referrals are made early in the investigation process, typically after the investigator makes contact with the child. Child abuse and neglect pediatricians review the referral information and make recommendations for follow up medical care. These recommendations can vary from general medical and preventive care to specific diagnostic testing for child abuse and neglect.

In July of 2016, the Comprehensive Addiction and Recovery Act was signed into law. The Comprehensive Addiction and Recovery Act (CARA) establishes a comprehensive, coordinated, balanced strategy through enhanced grant programs that would expand prevention and education efforts while also promoting treatment and recovery.

CARA amended sections of Child Abuse Prevention Treatment Act (CAPTA) to remove the term “illegal” as applied to substance abuse affecting the identified infant and to specifically require that Plans of Safe Care address the needs of both infants and their families/caretakers. It also added requirements relating to data collection and monitoring. Additions to the Children’s Division’s policy manual include guidance on recognizing infants affected by substance abuse, withdrawal symptoms, Neonatal Abstinence Syndrome, and Fetal Alcohol Syndrome Disorder (FASD). New manual additions also include things to consider when assessing a family that has been identified as having a child with substance abuse exposure.

Policy on Plans of Safe Care was introduced to the field in August of 2017. Field staff was instructed to coordinate with their local multi-disciplinary agencies to assure that the implementation of Plans of Safe Care would be a collaborative effort. A workgroup of Children’s Division staff convened on two occasions in 2018 to look at how the collaborative effort is functioning in all areas of the State of Missouri. The goal was to define Plans of Safe Care on a more consistent state level and disseminate the information to collaborating agencies once that has been achieved on a Division level. The workgroup identified successes and challenges when working with substance exposed infants. One of the challenges for the group was to define “affected” as the law leaves it up to each state to determine what “affected” means when identifying if an infant has been affected by substance use.

The Missouri Children’s Division is defining “affected” as it relates to the CARA law in the Missouri Child Welfare Manual as:

When determining if an infant has been “affected” by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder, Children’s Division staff shall assess if the child’s physical, mental, or general well-being is affected by the use of substances by the parent/caretaker and a Plan of Safe Care is needed. Examples include:

- The infant tests positive at birth for a substance but is not exhibiting withdrawal symptoms. After assessment by a physician or a Children’s Division staff, it is determined that this exposure will have a probable adverse effect on an infant’s physical, mental, or general well-being.
- The infant is displaying withdrawal symptoms due to exposure to substances as determined by a physician.
- The infant is exhibiting Fetal Alcohol Spectrum Disorder symptoms as determined by a physician.
- The infant’s safety could be jeopardized by the continued use of substances by parent/caretaker or another household member.
- Infant tested positive for a substance at birth and did not exhibit withdrawal symptoms, but the parent/caretaker’s continued use may adversely affect the safety and well-being of the infant or other children in the home.

- The infant did not test positive for a substance at birth nor did they exhibit withdrawal symptoms, but parent/caretaker's continued substance use may adversely affect the safety and well-being of the infant or other children in the home. This could include parent/caretaker's inability to make coherent decisions in regards to feeding, caring, or transporting the infant or other children in the home.

If during the initial assessment of the family, staff identifies an infant born being affected by substance abuse, withdrawal symptoms, Neonatal Abstinence Syndrome, Neonatal Abstinence Syndrome, or a Fetal Alcohol Spectrum Disorder, a Plan of Safe Care shall be developed with the family. A Plan of Safe Care should address the health and substance use treatment needs of the infant and affected family or caregiver. The plan should be developed with input from the parents or other caregivers as well as any collaborating professional partners and agencies involved in caring for the infant and family. Staff should observe and assess the needs of each member of the family. The Plan of Safe Care should be distinctly reflected in the documentation of the record.

A Plan of Safe Care should be inclusive of the following:

- Parents' or infant's treatment needs
- Other identified needs that are not determined to be immediate safety concerns
- Involvement of systems outside of child welfare
- The plan can continue beyond the child welfare assessment if a case is not opened for further services

To comply with the requirements of CAPTA/CARA, the State of Missouri developed a Program Improvement Plan (PIP) and has taken the following steps:

The Comprehensive Addiction and Recovery Act (CARA) requires statewide laws, policies, and/or procedures requiring healthcare providers involved in the delivery, or care of infants born and identified as affected by substance abuse, withdrawal symptoms resulting from prenatal drug exposure, or Fetal Alcohol Spectrum Disorder to notify state child protective services for the occurrence of such conditions of infants.

Initial legislation indicated a health care provider may refer a family to the Department of Health and Senior Services when a child may have been exposed to a controlled substance, and the Department was required to offer service coordination services, upon referral, to the family. House Bill 2164 was introduced at the beginning of the 2018 Missouri legislative session that began January 2018. This bill changed the Department to the Children's Division within the Department of Social Services and removes the requirement that the Department offer coordination services to the family. The change was made in SB 819 which was signed by Governor Greitens on June 1, 2018, with an effective date of August 28, 2018.

Revised Missouri Statute Section 191.737 RSMo states:

Notwithstanding the physician-patient privilege, any physician or health care provider may refer to the Department of Social Services (Children's Division) families in which children may have been exposed to a controlled substance or is experiencing withdrawal due to exposure to a controlled substance listed in section 195.017, schedules I, II and III, IV, V or alcohol.

The current language of SB819 does not require health care providers involved in the delivery or care of infants born and identified as affected by substance abuse, withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder to notify the Children's Division of the occurrence of such conditions of infants. Rather the language states that the providers may refer to the Children's Division. The Children's Division is working with the Division of Legal Services to resolve the inconsistency within the Missouri statute to reach full compliance with CAPTA/CARA reporting requirements. However, the Children's Division does receive over 5,000 of these reports annually as Missouri Statute 210.115, RSMo. requires physicians and health care providers to report to the hotline when a child has been or may be subjected to child abuse or neglect or when a child is subjected to conditions which would reasonably result in child abuse or neglect.

Missouri notified external parties of the statute change as well as internal staff. A letter explaining the statute change and Plans of Safe Care was disseminated to all of the birthing hospitals in Missouri. Children's Division staff was directed to work closely with their local community agencies to make them aware of the statute change and to ensure. Plans of Safe Care are made when appropriate. A workgroup was formed made up of all levels of staff to study the statute further and provide guiding tools to frontline staff when working with community agencies and families on Plans of Safe Care. This group will be on-going as needed.

In March 2018, changes to FACES were implemented to reflect if a Plan of Safe Care was developed. Prior to this implementation, information was captured in a narrative format which made reporting difficult. The three data reporting criteria are as follows:

- Number of infants identified under the law
- Number of such infants for whom a Plan of Safe Care was developed
- Number of such infants for whom a referral was made for appropriate services including services for the affected family or caregiver.

As of March 13, 2018, all staff is required to answer the following question to comply:

*Was the identified infant affected by substance abuse, withdrawal symptoms resulting from prenatal drug exposure, or Fetal Alcohol Spectrum Disorder? Staff must check yes or no.

If the staff answers "Yes", the following question will be required:

*Was a Plan of Safe Care developed with the family? Staff must check yes or no.

Also, the option of “A referral was made for appropriate services including services for the affected family or caregiver” has been added to the “Possible Actions to Take” section of the Conclusion Screen in FACES.

The Children’s Division has also been working with the Department of Mental Health in developing a pilot site that targets children who have been drug exposed and wrapping services around the mother/parent that might require assistance. In a partnership with Burrell Mental Health in Springfield, Missouri, the Children’s Division and the Department of Mental Health has developed a program that creates a “team” of wrap-around services that can include substance abuse, mental health treatment, community support, employment, childcare assistance, and other resources as identified. Though referrals can come in through other community partners, the Children’s Division identifies potential clients through the Newborn Crisis Assessment. If during the assessment process, the Children’s Division staff identifies a client or family whose needs are well suited for the services provided by the program, the family is referred to Burrell Mental Health for the screening process. The program is called “IMPART” and was up and fully functioning in February 2019. The Children’s Division and the Department of Mental Health hope to expand the program based on the success of the pilot site through 2019 and 2020.

The hope for those at the greatest risk of maltreatment will be to continue to implement the practice model and expand services for the population at the greatest risk of maltreatment. This expansion is being explored through the Families First Legislation to enhance our prevention efforts.

Monthly Caseworker Visit Formula Grant and 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, the staff is likely to visit with children more than once a month. The majority of the visits must occur in the placement home to assess safety, separation from family, understanding of case plan, adjustment, and sibling/family relationships.

Recent policy enhancements were made to require supervisors to observe at least one worker/child interaction per worker each quarter, providing the supervisor the opportunity to offer feedback and coaching around the worker’s ability to engage youth in quality interactions. This was listed as a key activity in the Program Improvement Plan to increase the quality of worker with child visits. For an update on the strategy, please refer to the PIP Update in Attachment A.

Multiple reports used to monitor and improve performance at the State, Region, Circuit, Office, Supervisory Unit, and Frontline Worker Level, continue to be provided.

Continued use of the electronic FACES monthly worker visit report, which drills worker visit data down to the case level and is accessible by the case manager, supervisor, QA/QI and Managers. Contracted Case Management Agencies can also access this report

The monthly caseworker grant will continue to be used to address any barriers to visitation with children. In SFY18, the grant was used to fund the Mobility Project. This project provides all frontline staff with iPads, allowing for data entry while in the field. The Children's Division has rolled out WiFi in the offices, expanding where necessary. Data plans are paid for on the iPads. It is anticipated the caseworker grant will continue to be used in funding mobility options for staff.

Adoption and Legal Guardianship Incentive Payments

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

FY 2013 \$1,392,000

FY 2014 \$1,799,500

FY 2015 \$1,395,500

FY 2016 \$3,312,500

FY 2017 \$1,486,000

As cited from https://www.acf.hhs.gov/sites/default/files/cb/adoption_incentive_history.pdf
Earning History by State.

These funds have been utilized to support the Missouri Adoption Heart Gallery media site and financial support of the Missouri Adoption Resource Centers. Each year the Division has been able with this funding to expand support of the centers, and as a result, in September 2017 two additional centers were supported by the Children's Division/Adoption Incentive Funding. Missouri currently has centers in Northwest Missouri in Chillicothe, Kansas City greater metro, Southwest Missouri in Springfield, Central Missouri in Jefferson City/Columbia, St. Louis greater metro and Southeast Missouri at Poplar Bluff (The number of families and children served and increased in services is referenced in the Adoption Resource Center section of this report.) Payment has also been possible for funding of contracted termination of parental rights attorneys to expedite timely TPR and Adoption.

The Children's Division will continue to fund the Adoption Resource Centers and their expansion as explained in the Adoption Resource Center section of this report including the three

programs involved with Extreme Recruitment and 30 Days to Family, and Missouri Heart Gallery with the goal of increasing permanency for foster youth timely, as well as funding activities identified in the diligent recruitment plan (Attachment C).

Adoption Savings

Missouri plans to use the Adoption Savings to provide Behavioral Interventionist (BI) programming over the next five years. Behavioral Interventionist program is an intensive, strength-based intervention that replaces the use of or needs for residential treatment. The program is provided in the child's home and is a therapeutically designed program to meet the individual needs of a child with significant behaviors or mental health conditions. The need for residential placement is replaced with the ability to provide services in a family home with support from community-based resources.

After clinically assessing the child, a team including the behavioral interventionist (BI), in conjunction with a therapist and the parent(s), develop and execute a treatment plan aimed at addressing:

- Trauma
- Abuse and neglect
- Bonding and attachment
- Grief and loss
- Emotional and mental health functioning
- Disruptive, harmful, or unproductive behaviors
- Self-regulation on the part of the child
- Support system for the child and family.

The goal of the treatment plan is to modify unproductive or challenging behaviors through positive interventions which rely on all members of the team to implement, monitor, and adjust. Services are provided by the BI but heavily supported by the parent(s) with oversight by the licensed therapist. Ongoing assessments and analysis of the treatment plan by the therapist ensure that modifications are made as needed.

Timeframes for the BI program are dependent upon the improved functioning of the child and their support system and their ability to successfully maintain a child in their home. The intensity of services should decrease over time; however, the treatment plan and extent of services should be assessed and documented on a no less than quarterly basis.

The State of Missouri does not currently have any unused savings. Any unused savings from prior years was spent in FFY2018. The table below shows the carryover and usage.

FFY	Unused Adoption Savings	Total Unused Adoption Savings
2015	\$33,755	\$33,755
2016	\$70,418	\$104,173
2017	\$138,031	\$242,204
2018	\$0	\$0

The State of Missouri does not currently have any challenges spending the unused adoption savings due to the increase of youth determined to meet Title IV-E Adoption Assistance requirements.

Consultation and Coordination between States and Tribes

As of January 1, 2019, there were 98 foster children in Missouri who were identified as American Indian/Alaska Native or who have AI/AN heritage, per DSS Research and Evaluation. This information comes from the Case Member screen in FACES, which requires the case manager to select a “yes” or “no” as to whether the child has Native American Heritage. This information may come from self-disclosure by parents, family members, or, if appropriate, the child. It is also obtained based on the race code provided by the caregiver or child when a Departmental Client Number (DCN) is assigned to a child.

Out of those 98 children mentioned above, 41 are from southwest Missouri, 27 are from southeast Missouri, 15 are from northeast Missouri, six are from northwest Missouri, seven are from Kansas City, Missouri, and two are from St. Louis, Missouri. As of July 1, 2018, Quick Facts Missouri (United States Census Bureau), the population was 6,126,452 with 0.6% being AI/AN. Southwest Missouri continues to have the highest documented population of AI/AN children. This is likely due to the Joplin-Miami, Missouri-Oklahoma 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 in Alaska, Wisconsin, South Dakota, North Dakota, and Michigan.

In southwest Missouri, the Children’s Division is fortunate to have an American Indian foster parent who is willing to help facilitate communication between the Children’s Division and Tribes as well as partnerships developed in the community with other native people. The southwest region also uses the Southwest Missouri Indian Center, located in Springfield, for consultation and mediation services.

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 and consultation continue

to be maintained with Missouri's two active Indian Centers over the past year with in-person meetings, phone, and email conversations.

To more thoroughly capture the AI/AN population who are served by the Child Welfare system, beginning in 2018, the Child Abuse and Neglect Hotline Unit added the question in the intake process to ask the reporter if a child identified as an American Indian/Alaska Native or who has AI/AN heritage. Early identification allows culturally competent services to be provided throughout the Children's Division involvement and be ICWA compliant.

When a referral for protective custody is made for a child, contact is made with the parent or custodian of the child by the Children's Division to inquire if the child and/or family is enrolled or eligible to be enrolled in a Tribe, or if they have any American Indian/Alaska Native (AI/AN) heritage. This inquiry is made again when the child is placed in out-of-home care by the Children's Service Worker at the 24-hour meeting with the family. During this meeting, the Children's Service Worker gives the family the Indian Ancestry Questionnaire, CD-116, to document if the child does or does not have American Indian/Alaska Native heritage. The worker also completes the ICWA Checklist, CD-123, to ensure ICWA compliance throughout the life of the case.

Per policy, phone contact to the appropriate ICWA representative of the Tribe, if known, is made within 48 hours of the child being taken into protective custody and the worker learning of the child's heritage.

Children's Division ensures notification is provided to the parents, custodian, Tribe and BIA Regional Director by certified mail with return receipt requested of the pending proceedings and their right to intervention, either through direct notification or by providing information for the notification to the juvenile court.

Missouri continues to receive Technical Assistance in FY19 from the Capacity Building Center for States to work on enhancing the Children's Division's identification of ICWA eligible youth as well as coordination with Tribes. Missouri is also receiving technical assistance provided with the Capacity Building Center for Courts, 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, a consultant with the Capacity Building Center for States. Since then, focus groups have been conducted with Missouri's Indian Centers as well as local the Children's Division staff. The CD ICWA Specialist has worked closely with Willie in developing a plan of action. Missouri continues to meet regularly by phone with key stakeholders including; Indian Centers, American Indian older youth, and the Children's Division staff to carry out this plan. Missouri has been provided information on genealogy sources, resources on historical trauma for AI/AN youth including those in foster care and adoptions and the North Dakota Plan for implementing ICWA on a statewide basis.

Beginning in 2018, quarterly Roundtable meetings were formed with participation from the Children's Division staff, contracted agencies, and Native American partners to increase the communication, partnership, and planning efforts to expand the knowledge of services available to AI/AN families and children. This has been a successful endeavor and is expected to gain more awareness and resources. This is another way the Children's Division consults with tribal representatives to coordinate services for children and families in Missouri.

In November 2017, the Capacity Building Center for States provided an ICWA Learning Experience starting in Joplin, Missouri. Additional Learning Experiences continued in Jackson County in 2018 and will roll-out in Southeast and St. Louis regions in 2019. This two-day training provides child welfare staff with the knowledge to help them understand, engage with, and support children and families who are AI/AN through their work. The training provides a historical view of State-Tribal relations, history of ICWA, and historical trauma. The training helps staff understand the culturally responsive engagement with AI/AN children, youth, families, and Tribes. Discussions are held on establishing a State-Tribal partnership protocol, how to work effectively with Tribal government and principles that guide good working relationships. This training provides resources for staff to help when questions arise regarding ICWA or Tribal law policy.

One of many goals of this experience is to develop at least one staff from every region of the state as a trainer in the ICWA Learning Experience. Using the same curriculum and materials, staff with help from an AI/AN co-trainer would be able to present to field staff on an as-needed basis. Training objectives include:

- Expand the knowledge of AI/AN children and families
- Know the requirements for serving AI/AN
- Help community partners understand their role in serving AI/AN
- Ensure staff understand the importance of AI/AN and ICWA
- Engage the courts, provide knowledge to courts
- Locate and provide resources for AI/AN families
- Remove the "fear" staff sometimes have when they hear ICWA

Other goals from work already underway include:

- Gather information from all families with children in care who do not already have the ICWA forms in their file
- As a best practice, ask grandparents and any family historian if the family has any Indian heritage when the child is first removed from the home
- Strengthen relationships with the Indian Centers and Tribes by inviting them to be monthly or quarterly meetings
- Update the ICWA forms, notification letter, flow chart, and brochure create a cultural agreement form

- Plan ICWA training for all staff across the state to encompass the culture of AI/AN, the history of ICWA and the importance of this work
- Have foster/adoptive parent recruitment events in combination with Tribal events
- Identify AI/AN homes among existing resource homes

Consistent with the federal On-Site Review Instrument, a new case review tool has been developed in FACES which captures the following for children in alternative care:

- Was a sufficient inquiry conducted with the parent, child, custodian, or other interested party to determine whether the child may be a member of, or eligible for membership in, a federally recognized Indian Tribe?
- If the child may be a member of, or eligible for membership in, a federally recognized Indian Tribe, during the period under review, was the Tribe provided timely notification of its right to intervene in any state court proceedings seeking an involuntary foster care placement or termination of parental rights?
- If the child is a member of, or eligible for membership in, a federally recognized Indian Tribe, was the child placed in foster care in accordance with the Indian Child Welfare Act placement preferences or were concerted efforts made to place the child in accordance with the Act’s placement preferences?

Practice improvements are also addressed through on-going CQI processes at the local circuit level.

All benefits and services under the programs are made available to American Indian/Alaska Native youth in the state on the same basis as other youth. All youth, ages 14 and older, regardless of descent, per policy, are to be referred to the Older Youth Transition Specialists for Chafee/ILP support and services. As of January 31, 2019, there were 32 older youth with AI/AN heritage. Of these 32 youth, two were designated as incapacitated and will not be referred for services, and 30 youth were actively participating in Chafee or ILP services. For additional information, please refer to the Chafee Foster Care Program for Successful Transition to Adulthood section of this report.

Missouri’s APSR is posted on the Children’s Division website and available to all Tribes. Additionally, the CFSR Advisory Committee has a standing member representing the Kansas City Native American Indian Center, Mr. Patrick Pruitt. Dr. Robert Prue, a professor at the University of Missouri, Kansas City also has membership on the CFSR Advisory Committee.

Chafee Foster Care Program for Successful Transition to Adulthood

Chafee Foster Care Program

Planned activities for each of the purposes of the Chafee Foster Care Program for Successful Transition to Adulthood (Chafee):

Staff: Independent Living Coordinator (ILC)

In SFY20-24, the Children's Division will continue to use the CFCIP funds to staff one state-level Independent Living Coordinator (ILC). The state-level coordinator position will continue to be responsible for program development and coordination, implementation, resource development, training, administrative oversight, technical assistance, and policy development. The coordinator will also be responsible for management and oversight of the Chafee, ETV/Missouri Reach, and Transitional Living Program (TLP) contracts, NYTD, and State Youth Advisory Board.

The Children's Division will use Chafee funds to staff four Older Youth Transition Specialist (OYTS) positions to cover four regions of the state – St. Louis, Kansas City, Northeast, and Southwest. There are two Older Youth Transition Specialist positions not funded through CFCIP funds (Northwest and Southeast Regions). These positions will continue to be funded in SFY20-24.

The OYTS will continue to assist with quality improvement and quality assurance for the Older Youth Program in each of their regions. Their job duties include older youth program presentations, training, and participation in community workgroups, task forces, and initiatives concerning Older Youth. The OYTS will attend Family Support Team Meetings and court hearings on older youth in which case plans are discussed. The OYTS will provide feedback on program-related memorandums, assist with the process for re-entry youth, aftercare youth, and exit packet information when requested, assist with promotion and recruitment for older youth-related events such as focus groups or youth conference and develop regional plans for increasing number of referrals, etc.

The OYTS will continue to be the liaisons to the ILC and contracted providers of Chafee and TLP. The OYTS will continue to be responsible for monitoring the contractors for compliance. They will conduct on-site monitoring visits, review expenditure reports, invoices, and outcome reports for accuracy and compliance. They will be the gatekeepers of referrals for Chafee services and TLP placements. The OYTS will verify eligibility for the ETV Program and Missouri Reach. The OYTS will assist with compliance in reporting for the National Youth in Transition Database (NYTD). They will assist with survey reporting, approving services entered by contracted providers, and ensuring current grade level is available on youth 14-21. In SFY20-24, the OYTS will assist with NYTD surveying of youth no longer in care. The OYTS will continue to work directly and collaboratively with the ILC, case managers, contracted providers, youth, and to be responsible for on-going consultation and education to agency staff, providers, and the community. The OYTS may also assist with program coordination in their designated

regions. Conference calls will be held with the OYTS and ILC quarterly and in-person meetings as appropriate. Duties will be revised as needed.

PURPOSE: The Children’s Division Older Youth Program encompasses all the services and programs which are offered to foster and former foster youth, including youth who obtained kinship guardianship or adoption after the age of 16, to achieve positive outcomes in their transition to self-sufficiency

The Older Youth Program encompasses Chafee services to youth ages 14-23 as well as the Transitional Living Program, Education & Training Voucher and Missouri Reach Program and Independent Living Arrangements. Missouri will continue to serve all eligible youth in SFY20-24. Missouri’s criteria are a youth in the care, custody, and control of the Children’s Division regardless of case plan; however youth with extreme special needs are excluded from being referred for services upon discussion and approval with the Family Support Team. Youth are referred to Chafee services regardless of whether or not he or she receives case management services through CD or a Foster Care Case Management agency.

As a response to Fostering Connections, and to ensure all youth residing in Missouri who are in care receive supportive services, Missouri began supervision of older youth in foster care from another state and placed in Missouri over the age of 18 in SFY14, and this will continue. Youth eligible for this service are wards of another state and are in Missouri to attend college, living in an Independent Living Arrangement (ILA) or Transitional Living Arrangement (TLA). The financial responsibility for supporting these placements remains with the state from which the child was sent to Missouri. The sending state should arrange for Chafee services directly via the Chafee contractor from the youth’s residence region. The sending state should also provide for the Educational Training Voucher services if they are needed. Although the referral and reports are being processed through the ICPC unit, these older youth are not included in the Interstate Compact Placement of Children, which ends at the age of majority, 18. This is a service to accommodate the federal law allowing youth to remain in care until age 21. It ensures the safety and well-being of all youth in care, custody, and control of a child welfare state agency residing in Missouri who are not covered by the compact.

Within the Older Youth Program (OYP), there are services and funding provided through the Chafee Foster Care Program for Successful Transition to Adulthood. Chafee is contracted with private agencies to administer and deliver services and funding to older youth in foster care, youth adopted or who have obtained legal guardianship after the age of sixteen as well as former foster youth. Services have been contracted out since January 2008. Services began under the current contract on December 1, 2018. The Chafee contract remains in effect until November 30, 2019, with the option of four annual renewals. 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 Partnership agencies. The Transitional Living Program contract was awarded in April 2017 to ten agencies in six regions. The final

expiration date of the contract is June 30, 2021 (the original contract year through June 30, 2018, with three one-year renewal options). There are 11 agencies across the state providing Transitional Living Group Home Services, Transitional Living Structured Services, and Transitional Living Unstructured Services. TLP services will continue in SFY20-24.

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. Statewide meetings with providers are held when a training need arises; there is an abundance of programmatic changes to discuss, or at the request of providers for peer learning. Communication and meetings will continue as needed in SFY20-24.

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 SFY20-24 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 Adolescent FST Guide (CD94) & Individualized Action Plan (IAP) Goals (CD94);
- Helpful resources to engage youth in transition planning and self-sufficiency.

The Adolescent FST Guide (CD94) and Individualized Action Plan (IAP) Goals (CD94) 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 sixty days of a youth turning 14 or coming into care after age 14, updated every six months and updated 90 days prior to the youth leaving care. The use of the Adolescent FST Guide (CD94) and Individualized Action Plan (IAP) Goals (CD94) will continue in SFY20-24 and will be revised as needed.

A portfolio assessment is used for each youth ages 14-21 to give the youth the opportunity to take some control of the assessment and demonstrate what they have learned. The Portfolio is a

collection of samples which communicate a youth's interest and give evidence of the youth's talents. It is used to show others what the youth has accomplished, learned, or produced. The portfolio is created during life skills instruction and is guided by the learning goals. The portfolio process involves the appreciation and evaluation of one's work. Portfolio items are completed for each life skill instruction and may include report cards, resumes, and certificates, for example. The youth may share their successes included in their portfolio at a job interview, Court, FST, or other time as appropriate. All contracted life skill providers must assist the youth with portfolio development. Performance and portfolio items are recorded on the Individual Life Skills Progress form so staff may see the concrete results of instruction. The Portfolio Assessment will continue to be a contractual requirement of Chafee and TLP providers in SFY20-24.

The Individual Life Skills Progress Form (CD95) is used to record the performance of youth in achieving life skills by using a Likert scale of Got It, Working On It, or Needs Assistance. It is completed through direct observation of the youth's work during, and just after instruction has taken place and helps the youth appreciate what has just been demonstrated. Together, the youth and the instructor decide where the youth is on the three-point scale. It also provides the agency with historical data on the youth's life skill overall development. This form is completed monthly by the person teaching life skills. This is typically a contracted Chafee or TLP provider, and this will continue in SFY20-24.

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. Children's Division and Foster Care Case Management staff use the tools they choose for youth engagement, assessment, and goal development. Youth are evaluated using the Adolescent FST Guide, and progress is tracked on the Individual Life Skills Progress Form. Portfolio items are a component of life skills that have been achieved. Contractors are required to provide outcome data on each youth served with Chafee funds. Contractors work with youth in the National Youth in Transition identified domains of Independent Needs Assessment, Academic Support, Post-Secondary Educational Support, Career Preparation, Budget, and Financial Management, Housing Education/Home Management Training, Health Education and Risk Prevention, Family Support and Healthy Marriage Education, Mentoring, Education Financial Assistance, and Missouri has added the domain of Youth Leadership. Aftercare services are also provided through the contractors. Youth leaving care after the age of 18 and not yet 23 are eligible for these services. Services provided will continue to be individualized.

Children's Division will continue work, ensuring youth receive Older Youth Program services.

The following Older Youth Program forms are available in FACES:

- Adolescent FST Guide (CD-94) (Transition Plan)
- Individualized Action Plan (IAP) Goals (CD-94) (Transition Plan Goals)

- Individual Life Skills Progress Form (CD-95)
- Life Skills Strengths/Needs Assessment Reporting Form (CD-97) (optional tool)
- Quarterly Outcome Reporting
- Referral - Chafee Independence Services
- Referral - Transitional Living Group Home / Scattered Site Services
- Referral - Chafee Aftercare Services

The dates of the annual credit checks can be captured electronically as well on the Adolescent FST Guide (CD-94).

The NYTD/Older Youth Outcome Comparison Report displays outcome information on youth who complete the NYTD Older Youth Survey. The survey contains the youth's direct response to outcome areas such as employment, education, and healthcare. The Outcome Report is the contracted Chafee or TLP provider's record of a youth's outcomes in these same areas. The report can be used to see strengths and needs related to education in a format that is youth reported versus agency reported. As more youth have completed surveys, this information will be more evaluative in SFY20-24.

The Alternative Care Monitoring Screen includes the status of the Older Youth Program forms. This aids in supervision with Children's Service Workers as a live status of completion dates is available of all tools on one screen.

The monitoring of referrals for eligible youth and efforts to maintain and increase referrals to the Chafee program will continue in SFY20-24.

The requirement for Chafee and TLP contract providers to serve a minimum of 70% of referred youth every quarter in the identified domains of independent living needs assessment, academic support, career preparation (combined with employment programs or vocational training), and budget and financial management will continue in SFY20-24. Thirty percent (30%) of the services 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. The older youth program will continue to serve youth in transitional and independent living placement settings.

The Children's Division policy currently requires all staff to begin transition planning for all youth ages 14 and older. The purpose of conducting transition planning is to identify anticipated service needs and arrange for meeting the needs of older youth who will soon be exiting foster care. To prepare youth for their exit from the foster care system, the Case Manager or Children's Division Worker meets with their youth to complete exit planning 90 days before release from custody. The Adolescent FST Guide (CD94) and Individualized Action Plan Goals (CD94) is used to capture the transition plan for the youth and is intended to be a proactive, youth-driven case planning tool. This tool should be discussed and utilized at least every six months at the

FST meeting with youth ages 14-21. A critical alert notifies the case manager that a youth's transition plan needs to be updated per the federal requirement within 90 days of turning 18 and 21.

Exit packets are also provided to youth upon discharge from care. Exit packets contain information on ETV, Missouri Reach, MO HealthNet, Chafee Aftercare Services, National Youth in Transition Database (NYTD), Healthcare Treatment Decisions, re-entry, social security benefits, 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. A PowerPoint presentation on exit planning is available on the Children's Division intranet. If a youth is age 17.5 or older at the time of case closing, an exit packet section will appear and require Yes/No checkboxes be answered along with the date the information was provided. Documentation of youth receiving personal documents and exit packet material is completed in FACES on the youth's transition plan, the Adolescent FST Guide and Individualized Action Plan Goals. Chafee and TL providers are to attend the exit meeting (when invited) with youth who are aging out of care and share information regarding the contractor's aftercare program with the youth. Education of staff around transition planning will continue in SFY20-24.

Youth will continue to receive information about available Chafee services through their case manager, OYTS, youth boards, the Children's Division website, OY newsletter, and FACEBOOK page. Services are to be used to assist youth in complementing their efforts to achieve self-sufficiency and to assure 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. Children's Division and Foster Care Case Management staff use the tools that they choose for youth engagement, assessment, and goal development to embed and align Children's Division's foundational work in with older youth. Portfolio Assessment and Performance Assessment are used to establish goals and monitor progress and achievement. The Adolescent Family Support Team Guide (CD94) and Individualized Action Plan Goals (CD94) are utilized by case managers for development and documentation of the youth's transition plan, for youth ages 14 to 21.

The use of technology as a means to stay connected to Older Youth will continue in SFY20-24 via a FACEBOOK page entitled "Missouri's Older Youth Program." This FB page began in 2010. Events, web resources, leadership opportunities, NYTD information, and general information about Older Youth are posted to this page. This is also connected to other youth-serving organization's pages. As of March 2019, 406 people like the page. The Children's Division hopes to increase this number in SFY20-24. Links to web resources regarding Older Youth will continue to be added to the intranet and internet. Also, 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 October 2010, Missouri implemented the National Youth in Transition Database (NYTD). Identification of at least three permanent connections used as supports, mentors, and emergency contacts who will know how to locate the youth in the next few years regardless of status in care is entered on the permanent contact section in the FACES case member screen. The permanent contacts are also recorded on the transition plan, Adolescent Family Support Team Guide (CD94) and Individualized Action Plan Goals (CD94). 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. Missouri has designated the OYTS to locate and survey those youth no longer in care. Children's Service Workers continue to follow-up with youth in care. A listing of both reporting periods of youth that are in the baseline population and need to be surveyed is distributed statewide prior to the survey period. The listing is updated throughout the reporting period denoting survey completion for each youth and distributed to the regions. A case manager receives an email when a youth on his/her caseload with an active AC function, legal status one, turns 17 or 19. The email will be sent only on youth who are in the NYTD survey population as a reminder that the youth needs to complete the NYTD survey.

Since NYTD went into effect in October 2010, Missouri has been compliant with one exception for completion of surveys after the 45-day reporting timeframe. The penalty was 1.25% of the Chafee allotment and amounted to \$41,589. Missouri intends to use all available resources to continue to be compliant in SFY20-24.

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

Missouri participated in the NYTD Assessment Review (NAR) Pilot in SFY15. The purpose is to evaluate the state's policies and practices related to collecting and reporting reliable and accurate data on youth in transition. Going beyond the compliance checks performed on semi-annual data files, the NAR assesses the extent to which a state is meeting all of the NYTD data collection and reporting requirements and has sustained a high level of quality data. A complete review of the state's survey methodology was conducted.

The Children's Division staff and contracted providers are and will continue working jointly in the NYTD effort in SFY20-24. The program and information technology units work closely to ensure timely submission and compliance measures are met, and this will continue in SFY20-24.

The Children's Division plans to comply with the requirements outlined to receive the full Chafee allotment in SFY20-24. It is difficult to survey the 21-year-old cohort, however, some staff is successful in reaching these youth.

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. Also, older foster youth also receive education, training, and other services necessary to obtain employment, and prepare for and enter post-secondary education and training.

PURPOSE: To help children who have experienced foster care at age 14 or older achieve meaningful, permanent connections with a caring adult. Young people transitioning out of or who have exited foster care need to develop a support network. The influence of informal role models to serve as mentors in a support network is critical.

Missouri currently offers personal and emotional support to young people through job placement, extracurricular activities, community involvement, and formal and informal mentors. Committed and caring adults are essential in guiding young people and helping them maneuver in their community.

It is in this belief that the Adolescent FST Guide and Individualized Action Plan were developed. The Children's Division staff intends to cultivate the 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 adults supports to be identified by the youth, and this is an integral part of the NYTD requirements.

In SFY17, Children's Division began using FosterClub's Permanency Pact, and this will continue in SFY20-24. A Permanency Pact should be completed whenever either of the two permanency options, Placement with a Fit and Willing Relative or Another Planned Permanent Living Arrangement (APPLA), is selected for a youth. The purpose of the Permanency Pact is to identify permanent supports for the youth who will continue to play a permanent role in the youth's life. The Permanency Pact is a tool to be used for the ongoing conversation regarding permanency planning. It is a pledge by a supportive adult to provide specific support to a young person in foster care. Developed by FosterClub, the Pact provides the structure that is needed to help both youth and adults establish a positive, kin-like relationship. It is important that both the youth and the permanent connection identified understands their involvement with the youth.

A Permanency Pact provides:

- structure and a safety net for the youth

- a defined and verbalized commitment by both parties to a long term supportive relationship
- clarity regarding the expectations of the relationship

A Permanency Pact creates a formalized, facilitated process to connect youth in foster care with a supportive adult. The process of bringing the supportive adult together with youth and developing a pledge or “Permanency Pact” has proven successful in clarifying the relationship and identifying mutual expectations. A committed, caring adult may provide a lifeline for a youth, particularly those who are preparing to transition out of foster care to live on their own. It is also hoped that through the use of connection tools and by ensuring permanent contact information is captured and visited throughout beginning at age 14, the Children’s Division is more likely to locate youth at age 19 and 21.

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 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 about community activities with which the local boards are involved such as ringing the bells for the Salvation Army during the holiday season.

The Missouri Children’s Division promotes interaction between youth and dedicated adults through the Transitional Living Advocate program. This program will continue in SFY20-24. Through this program, youth are connected with adults who become their advocate or mentor. These adults receive 18 hours of training from the Children’s Division staff on adolescent issues, including three hours each in cultural/race sensitivity, Older Youth Program life skills training overview, adolescent development with an emphasis on what to expect from adolescent behavior, emotional obstacles out-of-home care youth must overcome, adolescent sexuality, and behavior management via natural consequences. These adult advocates provide the youth a safe place to stay, continued life skills training, encouragement and guidance concerning employment, education and/or training, and preparation for a successful transition from the Children’s Division custody.

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

The Missouri Mentoring Partnership (MMP) will continue to be a resource and provide resource coordination for youth and volunteer mentors recruited from the community. These mentors provide positive role modeling, friendship, and guidance around employment and parenting

issues to youth who are entering the workplace or have become parents. MMP helps prepare youth for success and self-sufficiency. The hallmark of MMP is the support youth receive from volunteer community mentors and committed local businesses.

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

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

Local and State Youth Advisory Boards are a means for youth to have peer mentorship opportunities, and this will continue in SFY20-24.

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.

PURPOSE:

- To help children who have experienced foster care at age 14 or older engage in age or developmentally appropriate activities, positive youth development, and experiential learning that reflects what their peers in intact families experience;
- To ensure children who are likely to remain in foster care until 18 years of age have regular, ongoing opportunities to engage in age or developmentally-appropriate activities (as those terms are defined in section 475(11) of the Act.

In alignment with federal legislation H.R. 4980 and state statute H.B. 1877, Missouri's Children's Division has continued efforts to implement policy, procedure and practice changes to ensure that young people have the opportunity for 'normal' life experiences where they can develop meaningful connections to supports, develop skills for a successful adulthood, and have the same life experiences as their peers, which includes key milestones in adolescent development.

In 2018, several new efforts were implemented to this end. First, HB 819 431.056 was signed into law, allowing youth in foster care 16 and over to open a bank account with the consent of the Children's Division or Juvenile Office, without a co-signer required. This will help overcome some of the barriers to independence experienced by youth in foster care. Second, the policy was updated to allow youth 18 and over to make their own choices about participating in public performances or appearing in the media. This practice is consistent with their peers who are not in foster care. Finally, the Missouri Children's Division released an RFI to the banking community for Electronic Payment Cards for clothing vouchers to be provided for youth 14 and over. Allowing youth the experience to choose their clothing from the retailer of their choice as it is needed is a valuable developmental opportunity.

Additional plans include the development of a stakeholder survey on the topic of Normalcy to be implemented in 2019, an update to the Tip Sheet and the development of technical assistance for field staff and partners as needed.

"What's It All About? A Guidebook for Youth in Out-of-Home Care" is a resource for youth information. The guidebook is to be given to all youth coming into care after age 14 and those youth turning 14 while in care. The book is intended to assist youth while in care and transitioning out of care. The last page of the guidebook contains an acknowledgment form for the youth to sign, and a copy is to be placed in the file under the Older Youth Program. Documentation of a youth being provided the guidebook occurs on the Adolescent FST Guide in FACES. The Foster Care Bill of Rights is included in the guidebook. The guidebook is available on E-forms and located on the Children's Division website so that youth may access it electronically at any time. However, Children's Service Workers are responsible for ensuring youth receive the information. Ensuring youth know of their rights and services available to them will continue in SFY20-24 with the use of the guidebook.

PURPOSE:

- To support all youth who have experienced foster care at age 14 or older in their transition to adulthood through transitional services such as assistance in obtaining a high school diploma and post-secondary education, career exploration, vocational training, job placement and retention, training and opportunities to practice daily living skills (such as financial literacy training and driving instruction), substance abuse prevention, and preventive health activities (including smoking avoidance, nutrition education, and pregnancy prevention); and
- To provide financial, housing, counseling, employment, education, and other appropriate support and services to former foster care recipients between 18 and 21 years of age (or 23 years of age, in the case of a state with a certification under subsection 477(b)(3)(A)(ii)14 to provide assistance and services to youths who have aged out of foster care and have not attained such age, in accordance with such subsection) to complement their own efforts to achieve self-sufficiency and to assure that program

participants recognize and accept their personal responsibility for preparing for and then making the transition from adolescence to adulthood

In the 2014 legislative session, HB 1092 was passed, which allows youth 16 and older in Children's Division custody to contract for automobile insurance with the consent of the Children's Division or Juvenile Court. Before this legislation, Missouri youth under the age of 18 were not allowed to enter into a contract, such as automobile insurance, on an individual basis. This legislation applies to youth in foster care only and benefits youth who own a vehicle – a co-signer is not needed. The youth is responsible for paying the costs of the insurance premiums and is liable for damages from an automobile accident. In 2012, CD12-96 introduced a Non-Owner Insurance Policy for Older Youth available exclusively through Missouri's Automobile Insurance Plan. Children's Division introduced this policy for 18-21-year-olds. As a result of this legislation, the Non-Owner Insurance Policy was revised to include youth 16-21 in Children's Division custody. A Frequently Asked Questions document was developed by the Department of Insurance for youth and caretakers and is available on the Children's Division website in the Older Youth Program Section.

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 will also provide career planning, which consists of job shadowing, internships, and job site tours. Career center information has been shared and is utilized across the state. Contracted providers are required to assist youth in developing these skills. Foster Care to Success, the Educational Training Voucher Program provider, will continue to provide education around this domain.

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

Missouri plans to continue to support and sponsor national internship opportunities for youth through FosterClub All-Stars and Foster Care to Success as well as other opportunities that present themselves for Older Youth in SFY20.

Education: (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. 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.

As a result of legislation passed in SFY14, beginning July 1, 2014, youth age 15 or older who are in the foster care system within the Children's Division are to receive a visit to a state university, community or technical college, or an armed services recruiter before being adopted or terminated from foster care. The visit is to include an entry application process, financial support application and availability, career options with academic or technical training, a campus tour, and other information and experience desired by the youth. Beginning in SFY19, data on this has been provided from Central Office to each region and Foster Care Case Management agencies to increase the number of youth receiving a visit. Efforts towards compliance with this legislation will continue in SFY20-24.

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

The Children's Division plans to continue collaboration with the "Foster Care 2 Success" in providing ETV and Missouri Reach services to youth as well as providing support and training to staff that works with older youth. The ETV and Missouri Reach contract was awarded on July 1, 2018, through June 30, 2019, with the option to renew for three additional one year periods. The Children's Division will rebid this contract in SFY21-22.

Health:

In 2012, the Department of Health and Senior Services (DHSS) began collaborating with the Children's Division on implementing Missouri's Personal Responsibility Education (PREP) Program, specifically the Making Proud Choices (MPC) and Becoming a Responsible Teen (BART) programs.

"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, other STDs, and significantly decrease their chances of being involved in unintended pregnancies. The curriculum acknowledges abstinence is the most effective way to eliminate these risks. However, realizing abstinence is not the path many young people will choose; the curriculum encourages the practice of safer sex and condom use. The curriculum also addresses the underlying attitudes and beliefs many young people have about

condoms; provides information and exercises which teach adolescents how to use condoms correctly; and give them the confidence they need to choose and negotiate safer-sex practices.

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

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

- Healthy relationships, including the development of positive self-esteem and relationship dynamics, friendships, dating, romantic involvement, marriage and family interactions;
- Positive adolescent development, to include the 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 who issued a separate contract specifically to Chafee providers. Although initially a pilot in two areas of the state, this service is available statewide for youth in foster care. Continuation of grant funding will continue with collaboration from the Children’s Division.

Financial Capacity / Trust Fund Program:

Missouri has not established a trust fund program for youth receiving independent living services or transition assistance however to encourage financial responsibility and capacity among youth, the Chafee and Transitional Living Providers are to work to establish Individual Development Accounts (IDA) for youth.

Transitional Living Providers are required contractually to help youth transition to independence, including financial. Per the TL contract, each contractor shall have a savings account for each youth. When the contractor requires the youth to be independent and pay bills that the contractor is receiving funding for, the monies the contractor is receiving for these bills from the state agency shall be deposited in the youth's savings account for future use for the youth. The funds shall be used for the youth to use for other means such as aging out expenses, transportation expenses, or other needed services specifically for the youth.

The Children's Division also has a KIDS Account – Children's Income Disbursement System. A youth who is placed in Alternative Care and has an independent source of income (i.e., Social Security Income (SSI), Old Age Survivor Disability Income (OASDI), Veteran's Affairs benefits (VA), and/or Railroad benefits, [excludes the child's personal income, inheritance, or settlement income] etc.) have a KIDS account established. A KIDS account is a type of savings account for the youth. Only youth who receive benefits will have a KIDS account. Expenses are paid towards the youth's care from their KIDS account. For youth receiving income from SSI, the maximum amount that a youth can have in the account and still qualify for this benefit is \$2000. Child support, however, is placed in a separate account. Child support funds collected on behalf of youth under age 16 while in custody are utilized for the cost of the child's care.

At age 16, a savings of up to \$999.00 of the money deposited into the KIDS Account will begin to accrue to assist youth when they leave care. Regardless of age, there may be a balance of funds in the KIDS account once the youth leaves care. When a youth leaves care, any back state debt that could have been paid for the previous five years from this account but was not will be recouped to other funding sources. However, if a youth leaves care after age 16, the savings (up to \$999.00) will be released to the youth's guardian, adoptive parent, or released directly to emancipated minors. Any remaining funds from social security benefits will be returned to the Social Security Administration.

Missouri Children's Division was selected to participate for a second year in the 2018 cohort with the Consumer Financial Protection Bureau and ICF International to implement the financial capability curriculum, Your Money Your Goals and this curriculum will continue utilization in SFY20-24.

The goal of this partnership is to improve the practice of Children's Division and its partner agencies around financial education for older youth and families. The desired outcome of this

effort is to develop financial capability in youth in foster care ages 14-21, for financial success in adulthood as they prepare to transition out of foster care.

Children's Division and ICF developed a sustainability plan including the development of a video training series on the topics identified as most important for older youth, which will be available to Children's Division staff and partner agencies on an ongoing basis. They will be made available to a pilot group of frontline practitioners who carry older youth caseloads in early 2019 and expanded to the entire staff and partner Foster Care Case Management agencies later that year.

In SFY12, Missouri implemented the provisions of the Child and Family Services Improvement and Innovation Act which amends the case review system definition to require that each child age 16 and older in foster care receives a copy of any consumer credit report each year until discharged from foster care and the youth must be assisted in interpreting the credit report and resolving any inconsistencies. With the passage of H.R. 4980, the Preventing Sex Trafficking and Strengthening Families Act, the requirements of The Child and Family Services Improvement and Innovation Act (2011) were amended to include ages 14 and 15. Building and maintaining credit is vital to a successful transition from foster care. Information on credit reports is used to evaluate applications for credit, employment, insurance, and renting a home. Monitoring credit reports is one of the best ways to discover identity theft. The Division of Legal Service assists in resolving any inconsistencies or identity fraud. If there is a need to further educate youth regarding credit, Children's Service Workers are to document this on the Adolescent Family Support Team Guide (CD94) and Individualized Action Plan Goals (CD94) and submit new goals to the Chafee provider. The Chafee provider will assist with the identified tasks related to the new goals. The Adolescent Family Support Team Guide (CD94) and Individualized Action Plan Goals (CD94), has been revised to include a section on credit reports. The CD94 is to be updated to reflect when a credit report has been received every year, beginning when the youth turns 16 or comes into care after age 16 and each subsequent year thereafter while in foster care. All documentation about the credit checks is filed in the Older Youth Section of the youth's case record. Supervisors are to monitor completion of credit reports on a yearly basis during case consultations.

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

Missouri has an agreement with TransUnion to use a web-based portal for 14-17-year-olds in a batch process. Central Office personnel run the process and send information via email to staff regarding the checks. TransUnion will assist with children under the age of 14 if there is a reason to believe that the child's identity may have been compromised.

Missouri will continue monitoring credit for youth age 14 and older and assisting with credit recovery for discrepancies. Missouri will continue to educate staff on this topic in SFY20-24.

Aftercare:

In SFY14, Missouri legislators passed re-entry legislation per S.B. 205 (2013) and S.B. 208 (2013). Effective August 28, 2013 youth who left care and are over age 18 but are not yet 21 may elect to come back into care if it is deemed to be in the best interest of the youth. The youth may have his or her custody returned to the Children's Division through a petition to the Court from the youth, Children's Division, or Juvenile Officer. Youth are expected to participate in the case plan, meet with his or her Children's Service Worker, Juvenile Officer, and Chafee provider, or go to school and work to demonstrate his or her efforts towards independence. 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 Services Worker, the Juvenile Office, and Chafee Provider, as required.
- Participate in any services provided such as Chafee and Transitional Living Program Services.
- Enroll in and attend a "secondary school program of instruction" or an "institution of vocational or higher education," if it is 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 efforts towards independent living.

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

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

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

Youth who exited foster care on their 18th birthday and have not yet reached age 21 are eligible to receive Chafee Aftercare services. Youth may access Chafee services as needed while in the Children’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 Children’s Division 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.

Case managers are required to provide an exit packet to youth prior to their release from the Children’s Division 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 Children’s Division website for Children’s Service Workers to review as needed. Information on aftercare services is on the Children’s Division internet’s website.

Contracted providers are encouraged to speak with youth at exit time as well regarding services available through their programs should there be a crisis when the youth is no longer in care. Language is contained in the contract that the contractor shall attend the exit meeting with youth who are aging out of care when possible and share information regarding the contractors' aftercare program with the youth. Exit packet information is also to be provided in a portable format such as a binder or USB flash drive to youth who are age 17.5 and older from the provider.

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 since 2007. Effective August 28, 2013, SB127 expanded this coverage to include youth "in foster care under the responsibility of the state of Missouri on the date such persons attain the age of eighteen years, or at any time during the thirty-day period preceding their eighteenth birthday, without regard to income or assets, if such persons:

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

Youth who are "not eligible under another mandatory coverage group" are those who are disabled, receiving Supplemental Security Income (SSI), or receiving Medicare. Youth must have aged out in Missouri and reside in Missouri. Coverage can still be provided in another state if a provider is willing to participate in the MHD program. As of December 2013, 1,417 youth are receiving this service.

Efforts will continue to ensure that youth are made aware of this benefit and how to access it in SFY20-24.

The Missouri Reach Credential Completion and Employment Financial Assistance Program will continue to serve youth who have transitioned from foster care in SFY20-24PREP.

Training Planned for SFY20-24:

All new employees are trained through a separate curriculum regarding the OYP requirements in most regions as training is region-specific. The Older Youth Program Training, which includes training on the Adolescent FST Guide (CD94) and Individualized Action Plan Goals (CD94), positive youth development, permanency issues specific to older youth, cultural competency, and community collaboration was incorporated into the core curriculum for all new hires in July of 2008. The training is conducted by the Children's Division staff trainers in the Professional Development Unit. Sessions are held across the state with youth co-trainers, if available

The Older Youth Transition Specialists will continue to provide follow-up training to case managers, contracted staff, and supervisors in their respective Regions regarding the Older Youth Program when requested or problems are identified in a specific area.

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

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

As webinars and other training opportunities present in SFY20-24, staff will be notified and invited to participate.

Activities Undertaken to Involve Youth in State Agency Efforts, such as the CFSR/PIP Process:

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 training. Youth also speak at the Older Youth Program (OYP) training where it is provided to all new employees. The Professional Development and Training Unit receive the State Youth Advisory Board members’ contact information every quarter and work with the contracted Chafee providers to provide speaking engagements for youth. Other opportunities for youth include Transitional Living Advocate and Court Appointed Special Advocates training. Youth are often invited to participate on panels and to facilitate and lead workshops. Youth will continue to speak at events as requested, such as foster parent appreciation dinners held throughout the state.

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

Members of the SYAB represent all children and youth who have been or are currently in out-of-home placements from his/her area of the state. Each member of the board is an outstanding youth in foster care or youth who obtained adoption or guardianship after the age of sixteen.

SYAB members are responsible for providing Children's Services policy and procedural input to Children's Division administrative staff/Juvenile Court. The SYAB determines the goals and activities to pursue upcoming meetings and carries those out accordingly. The SYAB also works as a network by bringing back important information to the Area Youth Advisory Board (AYAB). The youth must be ages 15-21 to serve, but if a youth turns 21 or leaves Children's Division custody during the term; he/she can finish the remainder of the term if in good standing. During a conference planning year, a youth may stay on the board until the conference is over, even if they have turned 21 and their term expired so they may finish the commitment they started. The youth must be an active participant of a Chafee or Transitional Living Program (TLP) and must have a good attendance record for activities in which he/she is involved, such as AYAB meetings, school, work, etc. The SYAB has a Chair, Co-Chair, Scribe, Co-Scribe, Censor, and Media Specialist. 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. Ex-Officio members must apply each year and can serve no more than two years. Community members are also invited to participate in meetings for topical issues. A community member is a non-voting member with no more than three per meeting in attendance. The community member understands and respects the guidelines that are adopted by state board members.

The SYAB meets every quarter and will continue to meet quarterly in SFY20-24.

The Chafee contract contains language requiring each region to nominate up to three youth for potential membership on the board. Regions are allowed to have additional youth as well, but membership overall is kept at approximately thirty youth to be manageable and productive. The SYAB vote and determine if the youth nominees become a delegate member of the SYAB. SYAB has final authority on membership approval. As a regional delegate/SYAB member, the youth is expected to attend or otherwise participate in the SYAB meetings for a one-year commitment. The regional delegate/SYAB member is also asked to participate in speaking engagements and leadership activities. The Chafee contracted providers transport the regional delegates to and from the meetings and provide chaperoning throughout the attendance at SYAB meetings and activities. The Chafee contract was rebid in SFY19 with five annual renewal options.

The Transitional Living Program contract contains language for youth to participate in a local board as well.

Contracts for Chafee and Transitional Living Program will be rebid in SFY20-24, and the requirements regarding SYAB will be reevaluated at that time as well as at a stakeholders' meeting held.

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

They have three goals:

1. SYAB will plan and facilitate a conference for youth in summer 2019 – including developing workshops, eligibility for attendance, and seeking donations.
2. SYAB and regional boards will continue to make a difference in communities by establishing annual or bi-annual goals, maintaining consistent communication and completing a community project.
3. SYAB will be an effective, educated, and productive board by receiving training as deemed necessary, advocating, providing input, attending local advisory board meetings, and staying informed on policy updates.

The SYAB handbook will be reviewed and revised as needed in SFY20-24.

The Board uses a creed to assist with conduct at meetings. Potential members must agree via signature to the conditions of the creed before becoming members, and the creed is kept on file with the ILC. The board has had minimal conduct issues, but this was thought to be another step of solidifying expectations of youth leaders on the board and was modeled after 4-H. The creed will be modified as needed in SFY20-24.

Local, regional boards continue to struggle with development and implementation in some parts of the state. Membership stability for local youth advisory boards will continue to be a focus in SYF20-24.

The Children's Division will continue efforts to include Native American youth participation in leadership activities in SFY20-24 as well as incorporate diversity of all cultures.

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, and this will continue in SFY20-24.

- An SYAB member is available on an as-needed basis for participation in the Continuous Quality Improvement (CQI) Statewide meetings.
- Several youth from across the state have participated in Older Youth Summits which is an extension of the Youth Independence Interdepartmental Initiative that began in April 2010. Missouri plans to continue summits throughout the state, and youth will be an integral part of these events.
- An “adult former victim” of child abuse/neglect is a member of the Missouri Task Force on Children's Justice.
- SYAB members participate ongoing in STARS training.
- A youth is a member of the Healthcare Coordination Committee.

- Two youth are members of the Child and Family Services Review (CSFR) Advisory Committee.
- Youth have been invited to participate in stakeholders meetings and will continue to be invited to meetings of this nature.
- Youth will continue to participate annually in Foster Care 2 Success internship.
- Youth will continue to participate in FosterClub All-Star internship.
- Youth will continue to be nominated for FosterClub's Outstanding Young Leaders.
- Missouri will continue to encourage youth to apply for the Congressional Coalition on Adoption Institute internship.
- One youth is on a workgroup for education regarding psychotropic medications from the youth perspective.
- Youth will continue to participate in video's to help train and educate staff and stakeholders.
- Youth will continue to be invited to participate in the national Independent Living Coordinator's Meetings in the role of youth ambassador.
- A youth is on a workgroup on LGBTQ training, policy, and practice development.
- Youth will continue to participate in focus groups and panels as the need arises, and the opportunity becomes available such as CSFR reviews and NYTD reviews.
- Youth will continue to participate in regional convening's hosted by Children's Division.

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, GroupMe, and Facebook, and this will continue in SFY20-24. The SYAB uses the GroupMe app, and email for communicating events, seeking input, and to correspond outside of meetings on tasks for planned events, and this will continue in SFY20-24.

Input will continue to be provided as needed in SFY20-24.

For SFY20-24, SYAB members and youth from regional boards will participate in Child Advocacy Day. Missouri's annual Child Advocacy Day is an opportunity for parents, providers, youth, and community members to speak up and ask lawmakers to make the health, safety, and education of Missouri's children a top priority for the state. The SYAB develops talking points and meets with legislators from their area. Youth participate in a rally at the Capital and an educational workshop on advocacy. Lunch is 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.

Missouri Children's Division has invested in the FosterClub All-Star Program to send a youth to leadership training and participation in national leadership events since 2006 and will continue to do so in SFY20-24. The FosterClub All-Star program is in Seaside, Oregon during the summer. Youth are provided with an intensive leadership and public speaking training, and then sent to

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

It is the philosophy of the agency by providing this type of leadership training and national exposure, one youth will be able to directly impact the lives of many youth within the state of Missouri. This youth will also be a trained leader in which he/she can better advocate within the system on behalf of youth in foster care.

Each year, in addition to the FosterClub All-Star internship, FosterClub, the national network for youth in foster care, recognizes 100 outstanding youth who have been in foster care across the nation in celebration of National Foster Care Month. The recipients were honored by FosterClub for their demonstrated resilience, leadership, accomplishments, educational achievement, and community service. Missouri will continue to nominate youth for this honor in SFY20-24.

The SYAB will continue to host an Adult Leadership and Empowerment conference biannually in SFY20-24. The conference will be held over three days with 200 youth and adults in attendance from throughout the state. The event will continue to be planned and facilitated by members of the SYAB every other year which much of the year being devoted to this project in the conference year. Workshops and presentations will be geared toward topics related to transitioning and life skills, including NYTD, Chafee, and ETV. The event will continue to be fun, educational, and allow youth to interact with other youth and supportive adults throughout the state.

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

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

The SYAB will continue to be the voice of youth in care and increase their visibility and participation in communities in SFY20-24.

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 SFY20-24.

Older Youth Efforts

In SFY20-24, the Children's Division would like to incorporate more information into practice and policy on Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) youth.

The policy has been drafted and is pending. Missouri would also like to offer statewide training for staff. Missouri has addressed this issue minimally but will continue to work on improvement efforts.

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

The Adolescent FST Guide and Individualized Action Plan (CD94) incorporates documentation that the option of designating another individual to make healthcare treatment decisions on their behalf was discussed with the youth, which may be necessary if the youth becomes unable to participate in such decision.

The ILC is a member of the Council for Adolescent School Health (CASH). 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. Professional development is a component of CASH. Members of the task force share resources via e-mail regularly and connect to collaborate on efforts for other projects. The ILC will continue participating in this task force.

The ILC is a member of the Child and Family Services Review Advisory Committee, and a coworker is a member of the Department of Elementary and Secondary Education's Missouri Interagency Transition Team (MITT). 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. Participation in both groups will continue in SFY20-24.

The OYTS will continue involvement on local workgroups and boards pertaining to older youth in SFY20-24.

The Children's Division will continue to issue memos specific to older youth and provide program presentations and training in SFY20-24. Issues on older youth will continue to be incorporated in newsletters in SFY20-24.

The Children's Division intranet and internet will continue to be updated in SFY20-24 with resource information specific to older youth. CD also utilizes FACEBOOK as a means to share information specific to the Older Youth Program and on average makes one post per week, and this will continue in SFY20-24.

For SFY20-24, the Children's Division 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 SFY20-24.

Children's Division will continue participation in any national evaluations of the effects of the programs in achieving the purposes of the Chafee Foster Care Program.

Education and Training Vouchers

Missouri uses grants, scholarships, state funding, tuition waiver, and the Education and Training Voucher (ETV) funding to assist youth with costs of attendance for post-secondary education 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 or educational institutions.

Youth applicants must have a high school diploma 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 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 the 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 Children's Division has contracted with Foster Care 2 Success since 2006 to provide ETV services, allowing consistency and familiarity. The Children's Division, 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 12 years. Contracting services has allowed for a central application method as well as provided a database and evaluative reports on services. As part of the contract, Foster Care 2 Success also provides 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.

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 who exited care after the age of 18. Foster and former foster care youth participating in ETV remain eligible until their 26th birthday, provided they are making satisfactory progress. ETVs are also offered to youth who were adopted or achieved legal guardianship after age 16 up to age 26. Youth who move to Missouri for residence after transitioning out of care from another state are eligible for funding as well. Youth may receive ETV for a maximum of five years within the age ranges, but the years do not have to be consecutive.

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

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 online application process. Foster Care 2 Success (FC2S) reviews each student’s online budget to help determine unmet need while helping them understand financial aid and the necessity for budgeting and money management. All first-year students are required to participate in an individualized budget session before receiving ETV funding in the fall and spring semester. Budgeting and financial planning are done with upperclassmen each semester recognizing their strengths, developing independence, and increasing financial responsibilities. The online eligibility approval tool includes a field to be used for youth in care to show stipend/housing information and amounts as well as agency service information.

Along with the Cost of Attendance and other financial aid information FC2S receives as part of each student’s application, the agency/stipend/housing information forms a complete picture of the youth’s financial status and needs. This enables Foster Care 2 Success to administer ETV dollars with a complete view of the student’s financial situation and help students understand and budget their resources wisely and feel more secure financially so they can focus on their studies and plan. The application process and database track services and expenditures to ensure vouchers do not exceed the total cost of attendance or \$5,000 per year.

Foster Care 2 Success has a portal for Missouri Public Colleges and Universities to make the process for school reporting on financial aid for ETV and MO Reach students easier. The process allows for reporting online versus faxing paperwork, as soon as the student applies. The student’s digital signature meets the FERPA requirement that the student authorizes the school to release data to FC2S and then the financial aid office can print a PDF copy of the digital signature for school records. The financial aid office can download a single report for the semester, listing all students and award amounts for both programs. Foster Care 2 Success continually trains/retrains the colleges on the technicalities such as updating records when youth declines/accepts a student loan, or drops to part-time. Before the start of new semesters registered users are invited to a brief discussion on trends, and it is reiterated that the timely entering of correct information is critical to students’ success – reducing their stress, needed for the Children’s Division to educate youth on financial literacy, etc. Foster Care 2 Success answers any questions and asks for feedback on form recommendations, etc.

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 the financial aid letter from their chosen school, providing all other financial aid awarded. Youth may choose to attend public, private or non-profit four-year universities or colleges, two-year community colleges, vocational/technical schools or specialized one-year training programs. Educational or training programs must be accredited/pre-accredited or certified. Youth must be willing to participate in the Federal Work Study program or work part-time.

Missouri will continue to monitor any fluctuation in numbers of funded youth. If there is a significant change, the Children's Division will evaluate with service providers.

Foster Care 2 Success continues to reach out to youth who do not start school after application and eligibility determination to offer suggestions about how they can develop a plan as long as Foster Care 2 Success can contact them. Foster Care 2 Success continues to send e-mails and texts to youth who correspond with them, even when no longer receiving assistance.

In 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. Implementation of the program fully began in the fall of 2011. This funding is dependent annually on budget appropriations. Funding appropriations were provided for this program for SFY19 for \$188,000.

As this is limited funding, and for the funding to be best utilized in conjunction with ETV, a priority criterion 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

To apply, youth must go to <http://www.fc2sprograms.org/> and complete the online application. Older Youth Transition Specialists verify eligibility once the application is made. The Missouri Department of Higher Education (MDHE) approves applications based on the priority criteria. Youth eligible and accepted are notified as funding is available on behalf of MDHE.

Foster Care 2 Success processes the applications determined eligible by reviewing the applicants' transcripts to determine academic standing, confirming the applicants' tuition and fees with the college or university, and working with students to develop a community service action plan.

MDHE has established the following types of community service and public internships in which youth may participate to meet this requirement:

- Volunteering with a non-profit community service organization
- Community service club activities (not meetings)
- Campus coordinated community service projects include unpaid practicum and internships as well as philanthropic activities conducted by student service organizations
- Institutional and community sustainability projects
- Volunteering at a hospital, convalescent home, or group home for youth in foster care
- Unpaid peer mentoring or tutoring programs, both on- and off-campus
- Weekend campus clean-up, beautification activities
- Helping with a community team such as AYSO soccer or Little League (helping with sports events of younger children, refereeing, etc.)
- Volunteering for Habitat for Humanity, locally or abroad
- Unpaid internships with local, state or federal agencies

The following are not considered appropriate for community service:

- Work which is often done by the office, teacher, or library student aides
- Services performed for a profit-making organization
- Services accomplished without obtaining prior approval
- Activities usually considered normal extracurricular (or co-curricular) activities,
- Services performed by a student for a family member or in instances where the family member supervises the service
- Services related to a class, credit for a class, or the making of profit, defraying costs of trips, etc.
- Pay is received for the service rendered

Institutions of Higher Education the youth attends are to monitor compliance and report it to MDHE per the statute, but Foster Care 2 Success also assists with the monitoring. Once a youth is approved for the tuition waiver, continued participation in the program will be determined by academic standing, community service participation, and funding of the program.

Missouri has utilized the funding since the inception of the program and will continue to do so.

In SFY17, additional funding was provided as a line item in the budget to assist youth in obtaining postsecondary education. With the additional funding of \$450,000, the Missouri Reach Credential Completion and Employment Financial Assistance Program (CCE) was developed and implemented. The Missouri ETV/Missouri Reach contract with Foster Care 2 Success (FC2S) includes this program for administration. This program uses the same application website as the tuition waiver and ETV, making the process streamlined for youth who are applying and

ensuring eligibility for all three programs, and the right fit is explored. The program was designed in coordination with the expertise of FC2S. Based on national statistics of time it takes for foster care youth to earn a degree or certificate after first enrolling and through monitoring of enrollment and completion of degree obtainment for Missouri ETV recipients through the National Student Clearinghouse, in Missouri, 16-20% of youth who receive funding from the ETV Program or MO Reach Tuition Waiver will earn a degree.

With the CCE, Missouri is committing to helping all youth earn a credential by age 26 to increase the number of completers who experienced foster care. Based on brain development and the unique social-emotional challenges associated with exposure to trauma, it was thought that a new approach would benefit former foster youths' transitions into adulthood.

The program complements but does not duplicate existing education and training funding and assistance. The funding fills the gap between the more traditional funding available for youth enrolling in higher education and the reality that many young people are not on a linear path and do not earn a credential within the framework of thought that college is the only path for youth after high school to obtain employment.

The CCE is a program to help youth successfully pursue an education or training pathway that leads to a recognized credential and entry into the workforce.

Missouri Reach CCE Requirements:

- Eligible youth are currently in care, exited care after age 18, or obtained legal guardianship or adoption after age 14.
- Youth ages 19–25 are eligible (the credential must be earned by 26th birthday).
- Program participation is limited to 12 months, including pre- and post-training time, of comprehensive support and funding leading to credential completion.
- The credential must be earned in less than nine months.
- The maximum award amount is \$8,000 over 12 months.
- CCE participants **are not simultaneously** receiving:
 - Postsecondary funding from ETV or Missouri Reach Tuition Waiver, or
 - other (specific) public education and training funding (i.e., workforce stipend). Exceptions may be approved by the Older Youth Program Development Specialist or Older Youth Transition Specialist in cases of documented need or extenuating circumstances.
- Participants may be in a no-cost Workforce Program but need living assistance – 3rd party rent payments, gas cards, etc. (less than 25% of funding will be given to program participants.)
- If a youth needs 15 credits or less to earn a Bachelors or Associates degree and has expended all federal and state higher education funding (such as PELL & ETV) MO CCE funds may be used to pay tuition, fees and buy books.

- Participants must complete a skills and abilities aptitude test, phone/meet weekly with their FC2S navigator and build an online success profile (record personal and training goals and accomplishments).
- All applicants are screened to determine if they are in default of federal student loans and coached to enter into a loan repayment plan. This is a program requirement for participants.

Information on the CCE was shared with staff via memorandum. Information was put on the Children’s Division website and the Older Youth Program’s Facebook page. The policy was revised to include information on the CCE as part of the exit packet information. “What’s It All About – A Guidebook for Youth in Care” was revised to include information on the program. Foster Care 2 Success developed a postcard for distribution and included information on their website.

The Missouri CCE program is underutilized as of SFY20, and the ETV population expanded due to Family First Prevention Services Act of 2017, so some of CCE funds will be used to offset the additional youth. MO CCE funds may be used to pay tuition, fees, and buy books. The CCE funds will be preferred to fund youth towards credential completion programs however with the expanded population for post-secondary, this program and use of funds may need to be adjusted more as we move further along in implementation to make the most use of funds ensuring all eligible youth receive as much assistance as possible.

In addition to financial assistance, the contracted provider has been able to offer outreach programs, probationary services, individual and group virtual mentoring and three care packages a year to eligible youth. Scholarships and internships are also provided through Foster Care 2 Success. These services will continue.

As part of the contract, Foster Care 2 Success provides an annual report. A brochure for ETV/Missouri Reach is on the Children’s Division Internet website and Intranet, and a description of the ETV/Missouri Reach program is on the internet. The brochures have also been provided to the local Children Division field offices and providers via the Older Youth Transition Specialists. Information regarding FASFA is on the website as well as PowerPoint presentations on ETV/Missouri Reach and websites containing scholarship links. Information regarding ETV is also in the Child Welfare Manual. The brochures are included in the exit packet information. The Independent Living Coordinator also shares information on Facebook on “Missouri’s Older Youth Program.” The Department of Elementary and Secondary Education has also provided links for ETV/Missouri Reach on their agency’s website.

Foster Care 2 Success’ contract expired on June 30, 2018. The new contract was awarded on July 1, 2018, through June 30, 2019, with the option to renew for three (3) additional one year periods. Because Foster Care 2 Success has a longstanding history as the provider with expertise, knowledge and has been the sole bidder on this contract for three consecutive bids, Children’s

Division was able to pursue Foster Care 2 Success as a Single Feasible Source and not go through the competitive bid process. In SFY21, the Children’s Division will rebid this contract.

In May 2017, a stakeholder’s meeting was held in which the contract and program requirements were reviewed. Prior to the contract being rebid in SFY21, the Children’s Division will conduct a stakeholder’s meeting to evaluate the current program and services and the contract requirements. Information gathered will be used to determine the direction of the program.

The Children’s Division plans to continue the program structure in place as funding is utilized, and can meet the needs of youth with the additional funding of Missouri Reach.

In SFY20-24, CD with its partners will continue having Older Youth (OY) Summits which began in SFY14. 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 to develop a common vision of where a community is and where they would like to be in helping older youth transition successfully to adulthood. The summit is intended to allow community members to identify next steps and responsible partners to achieve community vision.

For FFY20-FFY24, Missouri plans to continue providing ETV services through Foster Care 2 Success and 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.

Targeted Plans

As specified in ACYF-CB-PI-19-02, the following plans are being submitted as discreet sections:

- Health Care Oversight and Coordination Plan (Attachment B)
- Foster and Adoptive Parent Diligent Recruitment Plan (Attachment C)
- Disaster Plans
 - CD Emergency Operations Plan (Attachment D)
 - CAN Emergency Plan (Attachment E)
 - Out-of-Home Care Emergency Plan (Attachment F)
- Training Plan (Attachment G) and Training Plan Matrix (Attachment H)

Financial Information

Please see the following attachments:

FY19 Financial Information

Attachment I—Missouri FY19 CFS-101